YOUTH SERVICES GAP ANALYSIS

Cowichan Region

ABSTRACT

In 2024, youth in the Cowichan region are experiencing a mental health crisis, with 43% of youth reporting that their mental health is poor or fair. To better understand the state of youth services in the region, a gap analysis project was undertaken. This report is meant to provide an overview of the state of the sector. It is also meant to serve as a road map for the sector to build on its strengths and address the gaps and issues that were identified. The challenge is to meet the needs of youth today while ensuring that children get the supports they need sooner, to prevent a continuation of the youth mental health crisis.

Bev Suderman and the Research Team

Cowichan Women's Health Collective

Youth Services: Cowichan Region

Gap Analysis

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Territorial Acknowledgement

At the Cowichan Women's Health Collective, we acknowledge that for thousands of years the Quw'utsun, Malahat, Halalt, Penelakut, Stz'uminus, Lyackson, Ts'uubaa-asatx, and Ditidaht Peoples have stewarded the traditional, ancestral, and unceded territories now known as the Cowichan Valley. We are grateful to be living and working in this place, and offer our respect and solidarity for the struggles to achieve reconciliation. We take seriously our role in responding to the Truth and Reconciliation Commission's Calls to Action, which includes advancing our learning about decolonization and seeking to implement the Calls to Action. We also seek to partner with Indigenous organizations and individuals in respectful ways and learn from Indigenous communities and teachings.

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Bev Suderman

On behalf of the CWHC Board of Directors

Acronym List

Acronym	Meaning	Acronym	Meaning
CVOLC	Cowichan Valley Open Learning Cooperative (Alternate High School)	**ED**	Executive Director
CVSD No. 79	Cowichan Valley School District No. 79	**EFAP**	Employee and Family Assistance Program
CVYS	Cowichan Valley Youth Services	**EI**	Employment Insurance
CWHC	Cowichan Women's Health Collective	**ER**	Emergency Room
CYMH	Child & Youth Mental Health (a Division of MCFD)	**GP**	General Practitioner (also known as family doctors)
CYSN	Child & Youth Special Needs (a Division of MCFD)	**MCFD**	Ministry of Child and Family Development

Executive Summary

In 2024, the Cowichan Women's Health Collective (CWHC) undertook a youth services gap analysis project with support from major players in the youth services ecosystem.

For the purposes of this research, youth are defined as individuals between 12 and 25 years of age, but not all youth services use this broad age range to determine eligibility for services.

The research indicates that "hard lines" around eligibility for services can cause challenges for youth, i.e. because their developmental age doesn't match their chronological age, or because they can "age out" of services and be cut off from the services they need, or because, at a younger age, they need the types of services typically offered only for older youth. Some service organizations are focusing on meeting the needs of families (children of all ages and their parents/guardians/caregivers), which avoids the challenges presented by targeting services to a specific age group.

Here is what we learned:

Youth

- The top-of-mind issue for interviewed youth is safety, with a clear linkage expressed between personal and community safety. Youth need the responsible adults in their lives to be paying attention to safety: safe places to hangout, to walk alone, and to feel protected, whether in schools or homes. This includes providing for the necessities of life, such as food and housing. For visible minority youth, Indigenous youth, and gender-diverse youth, the issue of safety is amplified.

> "Youth services should collaborate more to meet the needs of youth, because that is in the best interests of youth." – Youth focus group participant

- Youth are asking for the following things from service providers:
    - Increased collaboration between services in the best interests of youth
    - Safe, trauma informed and culturally attuned services
    - Use of clear language, not jargon, to break down the barriers to accessing services
    - Safe spaces
    - More time with their workers/counsellors/mentors/teachers
    - Easier ways to find out about available services
    - Assistance with procedures related to resumes, getting identification, drivers licenses, and related tasks, such as having navigators to assist.
- For Indigenous youth, access to culturally safe programming that incorporates language and culture is also fundamentally important.
- Youth seek to belong. Important components of belonging include having friends, a job, recreational activity, good teachers, and access to nature.
- Youth expressed interest in better transportation options (schedules/destinations), and safe bus stops. For youth with disabilities living on-reserve, these needs are amplified.

Parents

- Parents feel that they are often shunted to the side when their youth are in crisis, although they provide the first line of defence for their youth, and (for most youth) are the primary caregivers.
- There are dramatic economic implications for parents of youth with disabilities and parents of youth in crisis, even if the parents have good employment benefits, but especially if not.
- Parents are asking for the following things from service providers:
    - Single point of entry into the system and assistance with navigating the system;
    - Parental support groups, to provide education and reduce isolation;
    - Earlier interventions when their youth start having problems, to reduce the risk of escalation
    - Preventive measures to avoid the escalation of problems for youth.

Service Providers

- The social services sector is challenged and collaboration is not as strong or deep as desirable. Two organizations[1] have shuttered their doors since this project started. There has been considerable staff turnover in the COVID and post-COVID period. Most organizations, particularly in the non-profit sector, are under financial stress, which is resulting in competitive pressures.
- Wait lists for many services are too long, particularly from the perspective of a young person.
- COVID has changed the landscape of youth needs. The post-COVID period is characterized by youth who have lost valuable time developing social skills, have become addicted to screens and technology, who are lacking physical activity, and who have lost the feeling of being safe. Anxiety amongst youth is at an all-time high, at 43% of Cowichan youth.[2]
- The current post-COVID economic crisis is putting additional stresses on families, with attendant implications for youth. More youth are being "fledged" early because families can no longer afford to keep them. Food insecurity and affordable housing have become critical issues for these young people.

The path forward

One of the observations by the research team is that service provision is driven, in large part, by the needs of the system, in the way that age parameters are determined or the definitions within contracts or legislation as to how to respond within the system to youth in crisis. As the sector moves forward, it is important to maintain a focus on the humanity and needs of the youth who are the reason for the existence of the youth services ecosystem, rather than focusing exclusively on the systemic needs and issues. Sectors approaches may need to be more flexible, addressing the basic needs of youth for food, housing, connection, or trauma response, as well as addressing the need for medical or mental health interventions. Disconnected kids need to feel attachment and a sense of belonging.

A detailed list of tasks to address the identified gaps is included in the concluding sections of this report, with a focus on:

1. Establishing a youth table, to facilitate coordination and collaboration within the youth sector;

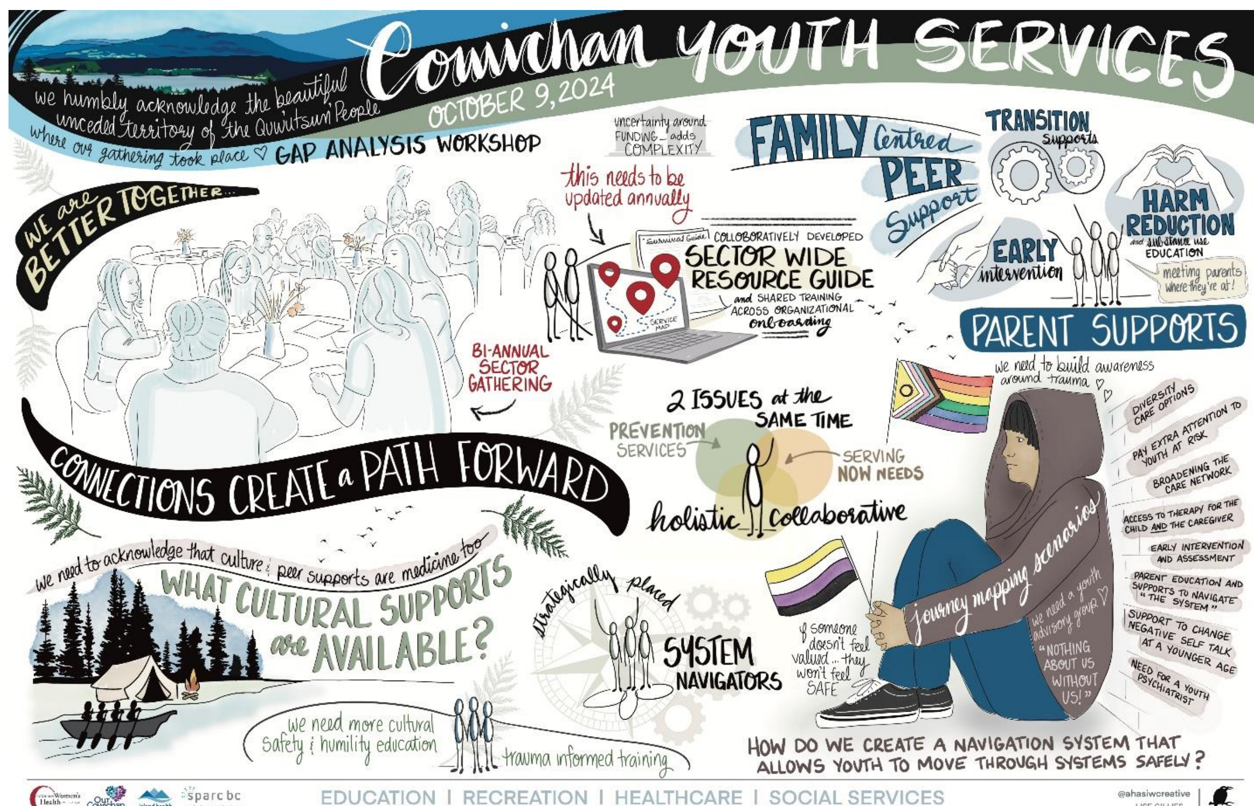
[1] Cowichan Family Life Association, and Big Brothers Big Sisters. Additionally, the employment support program at CVYS did not receive government funding this year. This program was instrumental in supporting young people to get jobs in today's employment market.
[2] McCreary report for CVSD No. 79.

2. Establishing a Youth Advisory Group to assist the sector with understanding youth needs;
3. Recruiting a child and youth psychiatrist to serve the needs of the region, and to ensure that this position is "nested" within a supportive network;
4. Systematically addressing key gaps and issues, including:
    a. Parental supports,
    b. Upstream (early years) interventions,
    c. Community safety,
    d. Sector complexity, and
    e. Gendered service provision.

On the Radar

Although social work has been a self-regulating profession since 2008, in June 2024 the Social Workers Amendment Act 2024 was introduced into the BC legislature. Currently, not all social workers in the province are required to register with the College of Social Workers, allowing some individuals to practice without systematic oversight. The intent of this Act is to require all social workers to belong to the College of Social Workers, which would require that all social workers adhere to the same educational requirements and ethical standards. The hoped-for outcome is to reduce risks to the welfare of vulnerable British Columbians.

This initiative, should it become provincial law, may affect contractual and hiring requirements, particularly within the First Nations and non-profit organizations offering counselling and other social work activities.



Introduction

The consulting team presents this report with grateful thanks to the Project Advisory Committee members and the project participants for their guidance. We did not fully understand the nuances and complexities of the sector prior to starting this work, and now stand in awe of the challenges being faced daily by service providers in the community.

We offer this gap analysis report as a discussion starter within the sector to address the issues identified by the sector, both service providers and service recipients.

Purpose and Intent

The purpose of a gap analysis in a social services context is to be able to evaluate the availability, accessibility and quality of services available within a particular sphere. This provides a basis for understanding the current state of service provision, and for comparing it against the desired state. It also provides a foundation for developing strategies and interventions necessary to address unmet needs.

For the purposes of this gap analysis, which addresses the youth services available in the Cowichan Valley Regional District, the desired state for youth services includes the following elements:

- All homeless youth have a safe space to take shelter, where they can stabilize and receive the types of services which would assist them to live to their fullest potential;
- All youth have access to the services they need to live to their fullest potential, whether medical, mental health (counselling, psychiatric assistance), education, recreation and education supports, adequate food and safe housing.

Definitions

For the purposes of this report, youth are defined as the people between the ages of 12 and 25 years of age who live within the boundaries of the Cowichan Valley Regional District. These jurisdictional boundaries include four municipalities (City of Duncan, District Municipality of North Cowichan, Town of Ladysmith, Town of Lake Cowichan), 9 electoral (unincorporated) areas, and 9 First Nations with Rights and Title claims to these lands. Of these, Cowichan Tribes is the largest with a total population of 5,000+ people. [3]

Important theories related to the analytical framework for this gap analysis include:

- Maslow's Hierarchy of Needs: a psychological theory which identifies a five-tier model of human needs, often depicted hierarchically within a pyramid. The five levels of the hierarchy are physiological (food, water, housing), safety, love/belonging, esteem, and self-actualization. Lower-level basic needs like food, water, and safety must be met first before higher needs can be fulfilled.
- Social determinants of health: the non-medical factors that influence health outcomes, and can result in health inequities. Health Canada identifies 12 key factors which influence population health, including: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and

[3] https://cowichantribes.com/about-cowichan-tribes/demographics

coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.[4]

- Circles of Courage, a holistic approach to reclaiming youth, grounded in resilience science and in values of deep respect for the dignity of children and youth. To thrive, all children need the opportunity to be reared in schools and communities that cultivate belonging, mastery, independence, and generosity.[5]

Research Methodology

Research for the Cowichan Youth Services Gap Analysis project included the following tasks:

1. Demographic analysis: the number of youth located within the region, and what can be learned from existing statistical data about their profile and situation. Cowichan Valley School District No. 79 was a major partner for this phase of the work.
2. Internet research: Identifying youth serving agencies and their programs, hours of operation, etc. This work relied on BC211 and Pathways Community Service Directory.
3. Interviews with leaders in the youth services sector, focused on identifying the current strengths of the sector, any weaknesses (such as lengthy waiting lists, gaps in service provision, and so on), and observations about the needs within the specific client group being served. In total, 28 interviews were conducted, reaching 42 service sector leaders and staff.
4. Youth consultation sessions, organized in different ways depending on the context. A total of 4 youth sessions were conducted, reaching 25 youth.
5. A parent focus group, which invited parents who had had youth in the system to speak about their experiences, and suggest changes in how youth services are offered.
6. Analysis of the information received, and its organization into a coherent whole, extracting direct suggestions for changes to the system.
7. Drafting of the report, and testing the findings with the Project Advisory Committee members and other stakeholders.
8. Conducting a stakeholder workshop to address and refine the report recommendations.
9. Finalizing the report.

At the same time that this youth service gap analysis research was being undertaken, there were two other research projects related to youth taking place:

1. The Clements Centre was undertaking "Community Conversations" i.e., research to talk about current services available to children and youth with disabilities, particularly focused on neuro-divergence. This research was part of a provincial initiative. Information was shared between research teams.
2. North Cowichan was undertaking a youth services gap analysis project, focused primarily on recreation services. There was some limited collaboration between the research teams as well.

[4] https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/what-makes-canadians-healthy-unhealthy.html
[5] https://martinbrokenleg.com/wp-content/uploads/2016/02/12_1_Brokenleg_Van_Bockern.pdf

Figure 1 Word Cloud generating from service provider data (Source: Wordclouds.com)

Context: Youth Services Ecosystem in Cowichan

Demographics

The priority population is youth residing in the Cowichan region, between the ages of 12-25. The 2023 BC Stats estimate numbers for youth aged 12-25 within the region to be 14,964.

- Extrapolating from 2021 Census Canada data, it is estimated that approximately 23% of all youth in the region are Indigenous.
- 43% of youth in the Cowichan Valley School Division rate their mental health as poor or fair, which is an extremely high number (McCreary report)[6]
- 2023 Point in Time count identified that approximately 20 youth were homeless on that date (7% of total), and that 49% of the individuals surveyed that day were under the age of 24 when they first became homeless.[7]
- The BC Coroner's Office has reported 126 children and youth lost to drug overdoses over the past 5 years (2019-2023). Thirty-five (35) of these deaths occurred within the Island Health region. Several of these deaths occurred in the Cowichan Region.[8]

"Resources for mental health support are very limited in the Valley and waitlists are long." -- Interviewee

Organizational Ecosystem

We are choosing to characterize the plethora of services available for youth in the Cowichan region as an ecosystem. Ecosystems are made up of individuals (in this case, organizations) pursuing their own objectives. Sometimes this looks like competition, while other times it looks more cooperative or symbiotic. In this sense, ecosystems are relational networks that, for the purposes of this analysis, are worth considering as a systemic unity.[9]

In alphabetical order, the youth services ecosystem in the Cowichan region is anchored by four major types of organization including:

- Education and schools,
- Healthcare,
- Recreation and parks,

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[6] Data from the 2023 BC Adolescent Health Survey specific for the Cowichan Valley School District is not publicly available. The SD79 report was shared with the research team for the purposes of this research. The survey is conducted every 5 years by the McCreary Society. More general information about the McCreary report can be found here.

[7] https://www.cowichanhousing.com/_files/ugd/c1f54f_484fb5435f704c6a81b5108e383d5bcd.pdf

[8] https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/youth_unregulated_drug_toxicity_deaths_in_bc_2019-2023.pdf

[9] **In defense of ecological metaphor,** February 19, 2021 by Adrian J Ivakhiv, (https://blog.uvm.edu/aivakhiv/2021/02/19/in-defense-of-ecological-metaphor/)

- Social services, including the youth justice system which is often the first point of entry into the social services system.

Underlying these four major organizational types is the network of relationships that most youth have with parents and family more generally, as well as with friends. Family and friends are major protective factors[10] for most youth, so long as those relationships are also healthy.

Each of the four anchors of the youth services ecosystem are also meant to support youth to develop into healthy adults and/or mitigate those elements of youth experience which can be classified as risk factors.

For a full description of the four anchors, please see Appendix 4.

Emerging initiatives

In addition to the construction of the new hospital and the Urgent and Primary Care Centre, there are three youth-specific initiatives currently underway for the Cowichan region in August 2024. It is important to note that psychiatric emergency services will be located immediately adjacent to the regular Emergency Room (ER) in the new hospital, which will also fill a gap that is not specific to youth, but should help youth who present at ER with a mental health crisis.

The new services include: a Youth Emergency Shelter, a youth clinic at the high school, and ICY teams.

YES: Youth Emergency Shelter

- Opening fall 2024
- Beds for 3 youth
- 24/7 services for youth, particularly those aged 15 to 18

"What this shelter does is not just offer a safe place to stay and sleep, but [it offers] day programming, connection to longer term supports and outreach which is critical for making those links to youth and community," Grace Lore, B.C. minister of Children and Family Development, says.

The Cowichan Youth Emergency Shelter project is a cross-ministry collaboration with the Ministry of Family and Children and the Ministry of Mental Health and Addictions to address the issues around at-risk youth and substance use. The program will also help youth navigate challenges such as family conflict, housing instability and mental health. – Source: The Discourse (Cowichan)

Youth Clinic (Island Health, at new High School)

This clinic will make public and primary health care conveniently available to high school students. These services will be provided by Island Health's Margaret Moss Centre team.

Integrated Child & Youth (ICY) Team

- Partnership between SD79 and Island Health;

[10] The BC Adolescent Health Survey (McCreary Report) examines different aspects of youth experience in terms of protective and risk factors. Protective factors are those which support youth to develop into healthy adults, while risk factors (as the name implies) are things that risk that development.

- Intent: Provide school-based wrap-around care for youth to access, with a focus on issues related to mental health and substance use
- Team and service will be based in Duncan, but there will be outreach teams to serve Lake Cowichan and Frances Kelsey Secondary Schools
- Team will include clinical counsellors, clinicians, family care-giver, and other team members

What the interviews revealed

The sector representatives interviewed feel that the sector is well connected, that collaboration is good, that the current network of agency leaders is aligned, and that "referrals are easy." The sector is filled with passionate, skilled professionals with lots of heart – people who go above and beyond – to meet the needs of youth. One interviewee particularly noted that service providers in this region will "pick up the phone" so that professionals can communicate directly and in a timely fashion on urgent matters. It was noted by interviewees that some of the professionals in the sector have lived experience of multiple vulnerabilities themselves, as a strong basis for being able to relate to the needs of youth.

Some expressed the view that the Cowichan region is a small enough community that it is relatively easy to develop and/or maintain relationships. However, there is also the recognition that there has been a lot of turnover in the sector in the past few years, so a lot of new relationships are being built.

Partnerships and collaboration are "expensive" because they require investments of time in building the relationships on which collaboration is based. Collaboration also requires trust, as well as shared values, to be successful. In times when funding is tight or vulnerable, organizations will naturally retrench and focus inwards, often at the expense of collaboration.

Outlying communities feel less connected to services, and the youth in these communities have higher barriers to accessing services. Collaboration with outlying communities can also be "expensive" in terms of time for travel, i.e. physically taking time away from service delivery, and expenses related to actual costs of travel. Sometimes, to ensure value, attendance targets[11] will be set as part of the collaboration agreements, which can be challenging for outlying communities with their smaller populations. For collaborative efforts, whether in the Duncan area or in outlying communities, transportation for youth is a barrier to getting them to the program offering.

Partnerships are manifesting in collaborative programming, or the sharing of space, or the sharing of information through "info fairs" or other means. Throughout the region, schools are central to connecting youth to services beyond what the schools can provide. In some cases, organizations attend at the school and do intakes there, which removes an immediate barrier for youth to access services.

> "Collaboration is happening all the time in the form of cross-referrals. Everyone has their own lane for service delivery, so not collaborating in that sense." -- Interviewee

While the Cowichan region is noted for its strength in collaboration at collective impact tables[12], it appears that

[11] Attendance targets specify the minimum number of participants for a program to operate, and are part of the contract to offer services.

[12] Collective impact is a structured way to achieve social change: https://collectiveimpactforum.org/what-is-collective-impact/. An example in the region is the Cowichan Action Team (CAT) addressing the opioid crisis and homelessness advocacy.

this is a gap for youth services. Some interviewees identified that there are monthly meetings of service providers, but this doesn't seem to be accessible to all, because other service providers expressed the need for a "youth table" to discuss issues and share information.

Participants identified that one of the strengths of the sector is the variety of services offered, in a variety of settings, including:

- One-on-one
- Group
- Family
- Outreach
- Drop-in
- Free food
- Safe place
- Low barrier
- Self-referral
- Online presence.

However, this strength can also be seen as a challenge. Another way of looking at this list is to say that services are not "bundled". They are divided up between organizations. As a result, there is extensive duplication of paperwork and intake processes, wait times are long[13], clients are bounced around between services, and holistic care is not happening. One interviewee suggested that we should assess a sample of clients to see how many agencies they have to work with to get their needs met. Another interviewee identified that there is no central place to call for help or to connect to services.

One of the barriers to collaboration is a lack of awareness of other organizations, which may indicate that the current network of service providers is too complex. It also explains the concern from one interviewee that there were so many players, and they are not talking with each other.

Collaboration requires capacity, which is stretched thin across the sector, exacerbated by the ongoing COVID fallout: ongoing job losses, family disruption, economic hardships,

> "There needs to be more funding for non profits to be able to support the work to improve the lives of vulnerable people.
>
> Often I would receive calls from distraught parents/grandparents who have children or youth in their care and they would need therapy/support and were often turned down. It was hard to reject those reaching out for help….or refer them to Duncan Mental Health….let alone giving a toll free crisis line number.
>
> There were many times I would do therapy/de-escalation over the telephone just to ground someone as I knew what the outcome was going to be….another referral to Duncan Mental Health or Cowichan Family Life (when they were in operation)." -- Interviewee

[13] Interviewees reported wait lists both in terms of numbers of people on the list, as well as length of wait time. Most of the reported wait times ranged from 3 weeks to 3 months, with only one organization reporting no wait list because they kept someone available at all times for walk-ins. Another reported no wait list because the organization has a 72 hr 1st contact standard, but the sacrifice made to maintain this standard is the frequency within which they can see clients. One agency identified that they can bring on additional supports if it feels that there will be an overload, but this is unusual.

which are being felt now. Some organizations are deeply overwhelmed, while MCFD is triaging its wait lists.

> "The way the system is set up means that each agency is able to offer only very specific services – so often clients have to engage with multiple service providers to have their needs met. This is both costly and inefficient … to say nothing of challenging for clients to navigate effectively. -- Interviewee

One interviewee thought that acute care clients are receiving good attention and support. Elsewhere in the sector, there is a feeling that the goal posts are changing for those agencies offering services to youth with the most severe and acute needs, which is putting downward pressure on those organizations designed to meet the needs of youth with mild to moderate symptoms. This increases the number of clients with complex needs at the local non-profit organization level, without increases in funding to hire more staff and/or staff with higher qualifications.

For most organizations, money is tight which creates additional challenges for service provision and collaboration. When there are not enough resources for operations, one of the outcomes is lack of capacity, which in turn can lead to burnout (trying to do too much with too little). One interviewee suggested that the funding system was "too competitive for a small town." Another said that "Time is a luxury." What is true is that there is a tension within the sector between providing services directly to clientele, and building relationships for potential future collaboration. Networking and co-design of programming takes "too much time."

A key barrier to shared programming is the hard lines around eligibility criteria for youth to access services. Youth are accepted for service when they meet criteria, and are referred out when they don't. These hard lines can refer to age, First Nations membership, diagnosis, or other criteria which are dependent, primarily, on funding sources and the contractual requirements that these impose. One interviewee pointed out that the hard line between youth and adult that is present for so many services is not present in the Foundry world. Cowichan Tribes also offers counselling services to its members regardless of age.

It is relatively easy to collaborate on programming for groups (boys group, girls group, Pride group, and so on), but it is challenging to collaborate in terms of meeting the needs of specific clients. This requires consent from the clients for it to happen, the need for which can't always be anticipated. Another option, as suggested by an interviewee, is to create an integrated response model or team approach to care. This can (and is?) happening with extreme cases or critical incidents, but not at the level of prevention or moderate intervention.

A particular gap in collaboration that was identified was for discharge care planning when youth are in the hospital. Better linkages need to be made between the hospital and community-based supports. This was echoed with frustration by another interviewee, who indicated that they wanted the "hospital to talk with us, particularly when youth present at Emergency." In this case, it seems clear that collaboration is needed, and that parties may be open to figuring out how to collaborate to meet the needs of youth.

The relationship between healthcare services and social services are not especially strong, but when youth are poorly attached to healthcare, it can create barriers for accessing other services. Therefore, this relationship needs to be given a higher priority in meeting the needs of youth. However, given how

culturally different the two sectors are, communications can be difficult due to misunderstandings about respective roles and responsibilities, as well as power dynamics between the two sectors.

One of the key issues to be addressed in promoting collaboration between healthcare and social services is the limited hours of service, for the most part, within the social services network. Healthcare services, particularly in the Emergency Dep't at the hospital, are offered 24/7, whereas most social service agencies answer the phone 9-5, Monday through Friday. Those kids who have an emergency after hours or on weekends have limited services available to them.

While most interviewees seemed to feel that more collaboration would be better, a divergent perspective that emerged is that silos can be a strength in the overall provision of services, rather than a weakness. The proviso to this view is that the respective roles and responsibilities must be clear, including how the various silos inter-connect with each other.

Summary: Context

Collaboration within the youth services sector is reasonably strong. In addition to the examples revealed in the interviews, another example of strong collaboration within the sector is the Cowichan Youth at Home team, which was recently able to stand alongside Chief Cindy Daniels and Minister Grace Lore to the official announcement of the youth shelter which is being established in Duncan. This team is made up of representatives from Canadian Mental Health Association, Cowichan Tribes, Cowichan Valley School District, Cowichan Valley Youth Services; Island Health Child, Youth and Family Mental Health and Substance Use Services, Island Health Population and Public Health, Our Cowichan Communities Health Network and the Ministry of Children and Family Development.

However, it is also true that the youth services ecosystem in the Cowichan region is complex and fragmented. When help is needed, there is no single point of access to find the services required or to answer the question as to what services are available. This poses difficulties for youth, their parents, guidance counsellors in the schools, and healthcare professionals. This is particularly true for mental health concerns or when youth are in trouble due to trauma, suicidality, or drug overdose. In other words, when youth are clearly signalling the need for help, there are often challenges in accessing that help in a timely and consistent manner.

Youth Needs

Youth focus groups incorporated a game as a discussion starter, based on Jenga. Small wooden blocks were labelled with various types of services[14]. Youth were asked to organize the blocks in a way that made sense to them. There were a few blanks. Very few groups added additional labels, but in one focus group, youth added the following:

- Family inclusive group
- Mental health support
- Substance use support and services
- Access to language and culture

[14] See full list in Appendix 2.

Once the blocks were organized, the groups were asked to let the facilitators know how they organized the blocks, and why they organized them in that way. See Appendix 2 for images of these Jenga arrangements.

What the youth had to say

Four youth-focused events were held as part of the Cowichan Gap Analysis research: CMHA Youth Centre, Cowichan Intercultural Society, Cowichan Secondary School, and Kw'umut Lelum Youth Advisory Committee. What follows is an amalgam of the results of those four events.

Safety the top priority for youth in the central part of the region:

- Four students have seen people stabbed (Superstore incident);
- Two students have seen people die from drug OD.

From the perspective of youth who identified this issue, community or public safety appeared to be the main focus, with stories told about the impacts of open drug use or issues of mental health on youth who are trying to move through their community, to get to school or work. However, from some of the stories told, there are so many dimensions of safety to be addressed that go beyond the obvious, such as racism, online bullying, and food security.

For the Indigenous youth who participated, access to language and culture is also a fundamentally important issue.

What could make things better for youth in their community? Their responses:

1. Increased collaboration between services in the best interests of youth[15]
2. Youth services should be trauma informed and culturally attuned
3. Services should use clear language, not jargon, to break down the barriers to accessing services.

Feeling of Belonging

- The Cowichan Secondary School group talked about how cliquey the school is and how if you don't have friends, it can be really hard to feel like you belong
- The Cowichan Intercultural Society and Cowichan Secondary School youth answered the question of "What makes you feel like you belong?" with the following observations:
    - Language and communication skills:
        - English language training and having good English skills
        - Helps to find information about activities and resources
    - Have a job, which provides a community
    - Training programs – made friends
    - Friends
    - Cowichan Intercultural Society – helps to build community
    - Somebody who is there for you, including helping you to access services
    - Sport, which transcends language and makes community. Example: soccer, but anything that brings people with similar interests or passions together helps

[15] "Youth services should collaborate more to meet the needs of youth, because that is in the best interests of youth." – Youth focus group participant

- School
- Dance
- Learned how to belong
- Baby groups (for mother of participant)
- Good teachers
- Access to nature, i.e. Skutz Falls
- Some shops that they liked, i.e. Wishes
- The way that people in the community are "there" for each other, close knit, good way, but can also be a problem
- They like where they live

- They also observed that:
  - It is hard to get information about activities – you have to go out looking for it
  - Connecting reduces isolation – but connecting can be hard from an information perspective (where are the services, what is available, etc.), and from a transportation perspective. Without family members willing to drive, very challenging due to the absence of effective public transportation
  - It can be challenging for youth to learn English – without it, it is harder to do everything
    - Need more tutors/mentors for youth
    - School system – doing the best they can, but not enough time or resources for English language support (25 minutes/week) – need more and better ESL class availability (although one participant said that he has ESL every day of the week, which was different than the others) – School District may be in "catch up" mode for resources, because it is new for so many immigrants, with diverse backgrounds, to be moving into small towns (rather than the big cities)
  - Settlement Workers are helpful for immigrant youth, but this service needs to be embedded in the school system at the elementary, middle school, and high school levels. Now the CIS Settlement Worker is primarily at Cowichan Secondary School (where relationships were established by her predecessor), and where she feels like her work is understood and valued. More problematic at Frances Kelsey, even though she attended there herself and has pre-existing relationships with principal and some teachers.
  - Are there organizations that can provide youth with in-school support, including ESL or academics?
  - Could student mentorship be an option within the schools? Fulfill requirement for community service hours? Or volunteer hours?

> "Seeing people using drugs or high on the street is scary because you don't know how they will react – sometimes just passed out, but sometimes really aggressive. Screaming and other behaviours are scary." – Focus group participant

Safety

- Youth are worried about their safety. When asked if they felt safe, they said "mostly yes" BUT don't feel safe with

    - Large groups of homeless people
    - Walking alone – getting catcalled
    - Threatening behaviour
    - Active drug use in the streets (shooting up, smoking crack), which make people unpredictable. One of the girls has to walk the steps at the end of Cairnsmore to get to school, and has to step over bodies on her way to school
    - Bullying (not physical), lots of gossiping, making fun of others. Unable to access responsible adult when this happens because of the feeling of "snitching" – no way to win in these situations
- One group talked about how they feel unsafe walking around the downtown area because of the increasingly unpredictable homeless people. This was an all-girl group so the feelings were intensified. Many in the group discussed how they felt unsafe walking to work even in the day. Another group talked about how they don't feel safe outside, especially at night, because of the hazards that are out there, including other people.
- For the BIPOC youth, the issue of safety is amplified.
- The buses don't always feel safe, especially at night.
- The absence of gender inclusive bathrooms is a big problem. One participant spoke of driving home to use the bathroom because they felt unsafe in the school
- Mixed age groups can be a problem. Youth spoke of the negative impact older youth had on the younger ones accessing care.
- Youth feel the need for training with naloxone kits
- Youth observed that there is no place to sit, because benches are being taken away, or because homeless people are sleeping on them. They have to be careful where they are walking due to needles and other garbage

Need for more Safe Spaces

The youth in Cowichan don't feel that they have safe places to be. This often causes them to gather in large open spaces where they are considered by other community members to be threatening. In reality they just need somewhere safe and communal that they are allowed to be in a big group. One group talked about how they would really like a place with couches and a television. One girl mentioned how it would be nice to have a space outside that they could have food. They talked about how they used to go to the parks but no longer feel safe because of homeless people using them.

They want more places to go and hang out:

- Indoor mostly
- A mall, with shopping for younger people, which would provide a destination to walk around and a place to hang out
- They find Starbucks welcoming but expensive – other coffee shops in Duncan not welcoming
- Need a CIS Drop In Centre (safe, cool youth space for immigrant youth)
- The current youth centre is only open until 4 pm, but youth would like to see it open for longer hours.

> "The Town needs to work on it [the drug crisis]. Youth are being victimized by the hazards. Our community should be doing something, not giving out free drugs." – Focus group participant

Supportive Adults

Many of the youth that we met, particularly those who come from challenging home environments, were engaged with more than one service provider in the region, and sometimes additional service providers outside of the region. MCFD, CWAV, Ravens Nest, CVYS, and school counselors were all mentioned as 'other sources of support.' The youth who are involved with several different players in the service system indicated that these service providers were aware of each other but to the best of their knowledge, they did not work together on behalf of the young person. They understand the need to agree to every interaction in order to protect their privacy, but the 'rules' of decision-making seem to be quite restrictive. Reading between the lines, this seemed to indicate multiple service interventions but lacking a coordinated care plan.

Youth want to be able to access one-on-one support for any challenges they are facing. Many felt that they wanted more hours with their workers, because they needed that support. Youth spoke about their need for consistency in the relationships with supportive adults, and that they were hurt when the relationship ended.

Youth expressed that they could get help from teachers easily, but they also felt like some teachers had favourites, so if a teacher liked you, you could get help more easily. But they feel that everyone deserves to be able to get help easily, and for some people it is hard to get the help that they need.

Youth felt that, while there are lots of supportive adults at school, not many students know of other possible supportive adults, and the only way to find out about other services in community is to go into the counsellors' offices, or by word of mouth, which is not ideal. When asked about other ways to make info available, the following suggestions were offered:

- Being online
- Having nurses come into the school
- Having presentations at the school, in the Thrive classes, via Zoom or other means

On a related note: Young people expressed the desire for better options (or more choices) for education at the high school level. A young woman told her story about wanting to transfer to CVOLC but the principal refused her request, in favour of a new program at the new Cowichan High, which would be a "better fit" in the principal's opinion. This experience left the young woman frustrated. As researchers, we don't know how the story turns out.

Access to Food

Many youth are not having their basic needs met: adequate nutrition, safe place to live or sleep, feelings of love and/or belonging. A basic recommendation is to have food readily available wherever youth go for services. Another concern is to provide enhanced services for people with eating disorders, which seemed to be very common amongst teenage girls in particular, but may be more broadly distributed within the youth population. Specific comments included:

- People go to the Youth Centre to eat. Focus group participants were there to get lunch. NOTE: the CMHA-operated Youth Centre offers breakfast & lunch every day;

> "The counselling staff at the youth center are much appreciated, primarily because they are willing to assist on any number of issues." – Researcher observation

- The group talked about the price of groceries and how expensive everything was;
- Need for healthy food options;
- Students not eating enough or not making good food choices;
- Lack of services for people with eating disorders;
- Lunch line-up at school – if students aren't there right at the bell, there isn't enough food for everyone, so they go without;
- Youth don't know about other lunch resources in the community.

Economic Considerations

Many youth alluded to the financial pressures that their families are facing, which has implications for family stress overall:

- Everything is expensive;
- It would be nice if organized sports were free. Many of them are not accessible to kids who don't have money and these activities can be very helpful. They noted that supportive adults are also found in these spaces;
- They would like more recreational spaces. When the topic of the gymnastics gym was brought up, they loved the idea of being able to go there, but they felt that it was not socially accepted by gym, but all had interest in going and behaving like kids.
- The group wanted better transport. There is not enough public transit. There needs to be more buses on key routes and for special events (free transit for youth would also be a nice addition).
- Access to health care services is an issue for some young people. The nurses coming into the school are helpful as is the Margaret Moss Center, but it would be good to have additional services for youth. (NOTE: These services were not specified.)

Medical Access

- Problem: Lack of GPs – Interestingly, all youth participants in the focus groups where this topic came up had family doctors … but the workers did not have family doctors.
- Emergency health care: It takes a really long time to be seen.
- Issues re accessing the hospital or other health care due to transportation costs.
- Also cost of prescriptions.
- Dental care is the hardest, because youth are not yet included in the dental plan.

What the parents had to say

One focus group was held with parents, all of whom responded to a Facebook ad posted by CWHC, and all of whom had had children in the system. The research team fully acknowledges that this is a small and biased sample of experiences, but feels that the perspectives are valid and provide a foundation for examining how services are provided to youth and how families are seen by service providers.

The consistent theme from all of the stories is that the parents learned distrust of the system that they thought would help their kids. They felt unsupported at the time of crisis, which (with wait lists, etc.) was an extended time. They felt that their concerns tended to be dismissed, i.e. they were overreacting to normal adolescent behaviours, but in their experience, they had observed behaviour change which were directly linked to a traumatic event in the life of their child, although the trauma was only revealed years later, in some cases. Some services were identified as being very helpful, but even those were criticized for a variety of reasons.

The following bullet points provide a high level overview of their stories:

- MCFD Eating disorder clinic: Free if a youth – amazing support. Year long process/support for most youth and then are ready to transition to a new level of care.
    - Once in remission no continuity of care.
    - Not allowed to continue to see the counsellor who youth had a relationship with.
    - Passed onto different counsellor without proper introductions or handovers.
    - No support through the transition time and not a lot of clarity around ongoing support once age 18.
- Hospital experience not positive with suicide attempt: initial support from ER staff ok. Kind, supportive. Put in seclusion room with open door. Mom able to be present. Had necessities: blanket, sheets, water, toilet paper, phone etc. Mom left to go home to shower, change, check in with family; psychiatrist went in and made assessment. All supports taken away, parent not allowed to go in to see child once back, not given water, toilet paper. Nursing staff apologetic but could not change psychiatrist's orders. Communication between service providers not in place.
    - Transferred to Comox where care much improved. Believe this to be due to staff more in alignment with approach/care.
- Once youth was labelled care changed: youth not necessarily believed that what they were experiencing (pain, anxiety, emotions) was real. Youth not trusted and experiences not validated.
- Had trauma incident (sexual assault) and behaviours escalated over time. When trauma event was identified (years later, by parent not by service provider) is where change in behaviour happened.
- Time as family/mom providing support to child was not supported by a service agency. Supports for mom did not exist. Had to quit job to full-time care for child. Initially able to get EI as homecare provider but following suicide attempt needed to convince GP for ongoing access to regular EI. Felt that in order to get EI coverage had to have their own mental health crisis.
- Had trauma incident (sexual assault) and behaviours escalated over time
- Access to EFAP-differing number of appointments, depending on the type of service required.
- GP not helpful, with no training or background in mental health.
- Private counselling very expensive.
- Reached out to CVYS, waited 6 weeks for call back after intake. Counsellor not a great fit.
- CYMH long wait; took 9 months before seeing counsellor. Had good relationship and then counsellor sent to 100 Mile House.
- No psychiatric consult made/available.
- Seen in ER following suicide attempt. Discharged after being stitched up (by resident). Did not see ER doc before being sent home. No follow up care plan for wounds. ER knew she had a counselling appointment in 2 weeks and said that would be sufficient follow up.
- Long wait before being able to engage or get support within the system despite knowing child had significant issues. Feeling of being super isolated in the system. Hard to feel heard or that concerns were valid.
- CWAV parents of youth group who have experienced sexual assault very helpful. Helped reduce feelings of being alone, isolated, and shame.
- Parent of struggling youth not supported by GP, Counsellor, Psychiatrist. Major financial implication and emotional and mental impacts when supporting youth.

- Had trauma incident and behaviours escalated over time until incident disclosed to sibling.
- RCMP office closed at 4pm. Had to stand outside and use their phone to describe sexual assault story. Got a call back at 9pm. Police did provide information regarding Ravens Nest (youth advocacy with legal issues). However, there was a 2-3 month gap between telling story and seeing someone at Raven's Nest.
- Family support available from CWAV and saw counsellor.
- GP made pediatric referral which was helpful but no access to child psychiatrist as no one in Duncan offering service, only Victoria.
- Identified that it is family connection that is keeping kids alive which is not a fair role to have to have in the system. System not meeting the needs of the kids or the family.
- People coming together with lived experience reduces isolation, builds strength and resilience. Knowing that she wasn't alone changed her perspective, provided strength and courage.
- Need to strengthen parents especially mothers as they tend to provide the majority of the emotional support to the children.
- Experiencing intergenerational trauma and its impact on children. History of abusive relationship in pregnancy and ongoing in co-parenting relationship. Long story about how an unhealthy relationship between parents can impact child ability to access support. Lack of agreement, power and control dynamics impacts child's ability to have their needs met.
- On wait list age 10 months to 1 year before being able to see counsellor.
- Pediatric referral: Youth put on medications with no parental involvement. Parent does not need to know what child has been prescribed at age 14. Difference between medication and mental health needs. System needs to value and understand mental health issues better.

"Schools were safe spaces for kids. Post-COVID, they are no longer seen as safe." -- Interviewee

What the service providers had to say

Service providers were asked about how their client base was changing over time, how the needs of BIPOC, gender-diverse, and youth with disabilities were being met, and whether gendered service delivery was required.

Changes Over Time

Research confirmed that the needs of youth have become more complex. Many of the service providers attribute these changes to post-COVID impacts, including changing the school from a safe place into a perceived unsafe place (due to germs, and other COVID-related reasons), and due to the stresses placed on families and other social connections due to COVID. Schools provide structure and access to food, as well as education, but youth perceive them as less safe post-COVID. It was noted that there is an increasing incidence of food insecurity within the youth population. Regardless of whether or not this is attributable to COVID, basic needs (food, housing, stability) and social/emotional/mental health needs are not being met.

Several interviewees identified an increased need for support for parents, while another reported that there was a developing phenomenon of "absentee parents" even if they are home. Families are experiencing unprecedented economic pressures, so that parents are holding down multiple jobs. Some interviewees noted that youth are being "launched" too early, because parents are no longer able to support them. It was noted by one service provider that youth are accessing food security and bus ticket programs more frequently now. A number of service providers noted that many families will not access CYMH supports, or other supports, because they are linked (in some way) to MCFD. There is a lot of fear about that connection.

One of the many fallouts attributed to COVID is the increasing amounts of time that youth spend on technology and screens, rather than outdoor activities and active lifestyle. This has led to the loss of social and interpersonal skills, increased social media engagement (with associated anxieties and vulnerability to bullying), and addiction to technology.

The addiction to technology may be connected to increased use of social media, such that youth are continuously bombarded with messaging, whether positive or negative. Social media is noted for aggravating tendencies to look outward for validation (how many likes did I get?), and can also increase vulnerability to online bullying, as well as create unrealistic ideas about body image and sexuality.

"The question needs to be asked about how we are nurturing kids. This is missing. We need to move back to a more holistic (less clinical) approach." -- Interviewee

One teacher went so far as to suggest that increased screen time has led to declining curiosity, reduced vocabulary, and lower literacy levels amongst youth. Increased screen time has also led to increased exposure to harmful information on the internet, with limited ability to process this information. One service provider identified an increased dependency on music, which may relate to the management of anxiety or other cause, such as addiction to technology.

Loss of social skills can lead to desensitization of youth, as well as difficulties with emotional regulation. In turn, this translates into lack of group readiness, which impacts dynamics in school classrooms and after-hours programming, including planned excursions. One organization identified that it was no longer safe to take youth on excursions because of the lack of respect and tendency to violence amongst the youth. Another organization identified that certain youth had to be banned from their services because those services needed to be safe for everyone.

One interviewee reported that mental health issues have shifted from anxiety and mild depression to moderate intensity mental health issues, including audio/visual hallucination and more suicidality. Current pressures mean that kids have to be more "sick" to be able to get help. There are more adolescents as "familiar faces", i.e. repeat clients in the ER. Service providers identified that youth have "a huge decline in feelings of well-being" and increased needs related to:

- Mental health supports (depression, anxiety, eating disorders) – One service provider identified the anxiety as coming from fear
- More ADHD
- More youth waiting for autism assessments

"Parents are afraid to take away the device, because the child may turn to something else that is more harmful …" -- Interviewee

- More substance use (drugs and alcohol, including more "scary" substances) and addictions, including to technology
- More grief and trauma
- More family struggles
- More hunger
- More desensitization, possibly attributable to compassion fatigue or continued watching of violence, whether in reality or in media
- Recurrent overdoses
- More street entrenchment
- More cutting and other self-harms
- More gender identity exploration (and they show up in ER because of the dysphoria associated with it)
- Difficulty with emotional regulation
- Sexually transmitted diseases
- Birth control[16] and
- Suicidal ideation.

All of this is challenging for staff in the social services sector, and more so if it is volunteers who are providing the services. The increase in intensity and complexity for youth requires more highly trained and skilled staff, using different approaches to meet the needs of youth.

Schools report a significant increase in anxiety, and in youth experiencing grief due to loss of family members. There are additional issues for MCFD-associated youth. They also report increased substance use, with associated sexual exploitation and prostitution for youth to be able to source drugs, and increases in overdoses. One teacher identified having to do chest compressions on the school grounds three times in the past year. Some youth are using drugs to self-medicate for their anxiety.

Other service providers identify that there is an increase in youth needing to access the Safe House, as well as more youth with different MCFD placements, such as Extended Family Plans. Changes to post-majority agreements offer more flexibility and more supports to youth who are aging out of care.

Referrals are being received for younger kids. It used to be age 15 before youth were referred for services, and now it is 12, with even younger kids needing help due to suicidal ideation and other severe issues.

There is more gender exploration happening, with more gender identity options available for youth. While this is great for the kids, it can cause problems within their families, schools, and community. It also leads to an increased need for gender-affirming care.

Overall, service providers report that there is an increase in the complexity and intensity of youth's needs, which also requires increased case management.

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[16] With the recent changes making many forms of birth control free through a pharmacy, this may decrease. https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/prescription-contraceptives

BIPOC Youth

> "Gender diverse and trans youth need a big safety net of support around them, and right now there is no support." -- Interviewee

Service providers were specifically asked to comment on how the needs of BIPOC[17] and new immigrant youth are being met in the region. It became clear, through the interviews, that this question is problematic because of the high rate of services available for Indigenous folks, as compared with the availability of services for Black folks or People of Colour. So the responses to these questions have been divided to address the needs of immigrant youth, who are often visible minorities, as compared with Indigenous youth.

Immigrant

Although the schools also provide services, essentially there is one service provider specific to immigrant families in this region. When needed, it refers youth to other service providers for counselling or other services, and it provides translation services to other organizations who are serving immigrant youth.

Within this population, which is very diverse despite its small size, there are cultural barriers to asking for help, including cultural stigmas associated with mental health concerns. The school system also addresses the needs of international students, who also can have high needs, but who don't know how to talk about it, given cultural stigmas associated with mental health.

> "Creating a safe space for all is a tricky situation. Selecting out certain kids based on demographics is tricky. Programming has to have universal application. All kids have to be safe in programming." -- Interviewee

Overall, there is limited programming available for immigrant youth, and not much engagement with that programming, although there are needs for safe spaces for immigrant youth to be able to share experiences.

Indigenous

When asked specifically about services for Indigenous youth, the consensus appears to be that the services are decent, but the hours are limited.

Indigenous youth services are offered by all First Nation agencies and organizations, as well as all other service providers.

FNHA has a list of practitioners, not exclusively Indigenous practitioners, for service providers to access when needing assistance. See Appendix 5 for a full list of FNHA resources.

Gender Diverse Youth

Gender diverse kids do not feel safe in schools, communities or their homes. Parents are struggling with how to support their youth, and they are often misinformed. There is a need for parental education, as to how to support their gender diverse and trans kids.

Access to mental health supports is challenging for this group. The mental health needs of gender diverse youth may be too complex for CVYS, although this organization provides a lot of supports. Other services include:

- CYMH only sees youth who are very complex and at high risk of harm;

[17] BIPOC=Black, Indigenous, and People of Colour

- YSTAR requires that youth have a substance use issue, in addition to being complex.

A service provider told the story of a 14 year old girl who needed supports, had complex needs, and in all ways would have been perfect for the YSTAR service, except that she didn't have a substance use issue. Therefore, she fell through the cracks.

Most Indigenous organizations are not dealing with gender diverse youth because not many Indigenous youth are "out." This is largely due to the community not being in a space to accept this diversity, which is probably due to colonization.

There are both community-based and school-based programming to support gender diverse youth, and successes are mixed. Sometimes the programs work for awhile, but it has happened that the youth have been bullied when leaving the group setting at school, so attendance drops and the program ends.

Youth who are transitioning have complex medical regimes, and there is limited support for GP's who are expected to support these youth. It is far beyond the usual scope of practice for a family doctor.

A properly constituted team of support for a transitioning youth would include:

- Family physician
- Psychologist
- Youth Psychiatrist
- Social worker
- Counsellor
- Outreach worker
- Peer program

This type of team approach doesn't exist in the region. At this time, services are disjointed and healthcare followup is limited.

Youth with Disabilities[18]

Youth with disabilities may have visible or invisible disabilities or both. The responses received to this question relate primarily to invisible disabilities, with a focus on neurodiversity and FASD specifically.

Prior to diagnosis, parents are often blamed for poor parenting when they have children who are on the spectrum. Although the Province appears to be moving in another direction, service providers identified that assessments should take place early, because having an assessment is the only way to access supports, whether sooner or later. Without assessments in hand, older kids can't access services. If assessments are not completed by age 6, they may not be available.

Services available to assist with meeting the needs of children and youth with disabilities include:

- Clements Centre
- CYSN program (part of MCFD)

[18] Information for this section was supported by the 2024 research undertaken by the Clements Centre ('Community Conversation'), which primarily consulted parents on the needs of their children and youth with disabilities. Therefore, this section reflects the perspectives of both service providers and parents of children and youth with disabilities.

- Diverse ability summer camps, such as Camp Shawnigan (Easter Seals)
- Inclusion BC
- Cowichan Therapeutic Riding Association
- CLBC, although this service has been identified as high barrier.

Funding for youth with developmental disabilities is provided to the school system, but there is a hard line for funding cut-off, which is the 19th birthday of the student. This results in youth unable to complete high school because they need more time, but they are no longer eligible to receive supports.

> "We are losing our boys. The region lacks role models for healthy masculinity, as the healthcare professions, counselling services, and other services are dominated by women. Boys are more developmentally vulnerable than girls, and have higher rates of substance use and higher suicide rates. Girls also face specific challenges." -- Interviewee

Many parents of youth with disabilities are struggling to access services for their youth. They may be on the spectrum themselves, but never diagnosed. Low literacy levels can make access to resources challenging for parents. Access to services for children and youth with disabilities are based on age, diagnosis, and other factors. Lots of advocacy is required to obtain optimal services for children and youth. Autism diagnoses are better funded than other diagnoses. Ultimately, the well-being of the kids depends on parental ability to figure out the system, which is very complicated.

A recommendation from the Community Conversations process is to have a system navigator position to assist with this work, someone who knows the system and can help point parents in the right direction and provide advice as to how to proceed. Relationships are very important in navigating the system. The turnover of social workers, for example, impacts levels of service, as parents are required to "start from scratch" again with every new social worker. This recommendation has been built into the overall recommendations of this report.

There are more supports available to foster families than to biological families, which results in poverty for the biological families. One parent must be a caregiver, which means that these families are managing on a single income. Foster families are eligible for respite care, but biological families are not, although they also need respite. The stresses of raising a child with autism or other invisible disability can impact marriages. Parents are often too busy caring for their youth to be able to care for themselves.

Transportation options for youth with disabilities are lacking. Neither SD79 nor HandyDART pick up on-Reserve, which eliminates two potential sources of accessible transportation.

Recreation access can be problematic for youth with disabilities. For example, if a class is going on a recreational outing to the pool, it appears that decisions about the eligibility of a particular individual to participate is based on the diagnosis, rather than on the specifics of the youth's ability. A case-by-case approach would better meet the needs of youth, who may wish to participate in outings with peers in their class.

Gendered Service Delivery

Service providers were asked whether there was still a need for gendered service delivery, i.e. services specific to self-identified girls or boys. Service providers identified that

> "Key messaging for all youth should be something along the lines of: We see you -- We are inclusive -- Our programming is sensitive to your needs." -- Interviewee

some clients were more comfortable with same sex service providers, and theorized that the clients may be more open in situations where they are more comfortable.

For the most part, where group work is involved, service providers identified that this approach was more common pre-COVID, but now the focus is on creating safe space for all. One argument for this approach is that having gendered service delivery would be confusing or problematic for non-binary kids. Another argument is that gendered service provision is just another way to segment an already very confusing service environment. Only one offered that they provide a mix of co-ed and same sex programs.

There appeared to be, amongst the service providers interviewed, a breakdown along Indigenous and non-Indigenous lines on this question, with Indigenous organizations clearly being in the camp of offering gendered programming, and non-Indigenous organizations offering co-ed or collective programming. One service provider identified that "The biggest gap is in programming for boys, such as modeling healthy masculinity, etc. Boys need programming the most because they can't talk about their feelings, and have the most extreme outcomes: suicide and other harms."

Residential addictions programming is generally segregated by gender, which has presented problems for trans people wanting to access it. The exception is a new facility, called Orca Lelum, operated by Kw'umut Lelum, which offers co-ed services for ages 12-18.

It seems clear that there is a need to provide a diversity of access and programming types to accommodate the various needs, and that neither approach is right or wrong on its own merits. However, there is a need for both collective programming, where all are welcome, and gender-specific programming to address specific needs. This is particularly important for Indigenous male youth.

Challenges & Gaps

The challenges and gaps identified by all research participants are summarized here.

Collaboration

Despite the many good experiences of collaboration, and the commitment to doing collaboration, there are significant barriers to collaboration as well. These include:

1. Tension between providing services and building relationships that make collaboration possible
    a. Service providers lack capacity (bandwidth) to be able to do collaboration, which takes work
    b. There are no financial resources to support collaboration
2. Privacy and confidentiality requirements
3. Funding inequities between different parts of the sector, and alongside that, power dynamics
4. Tensions between organizational collaborations, and the individuals who are involved with these. When the individual moves on, the collaboration can be over.

One suggestion for addressing these tensions might be to establish one or more collaborative youth tables. The purpose of having one would be to ensure that all parts of the youth services sector would know who the other players were. The purpose of having multiple, perhaps focused on specific subsets of concern, would be to be able to address issues within that area of need, i.e. probation, or substance use, or sexual exploitation, or any other specific issue that needed to be addressed.

Other suggestions:

- Use a “Circle of Care” approach, similar to that used by Foundry in Comox/Courtenay, where youth provide informed consent for service providers to share information about their care.
- Develop a way, perhaps through an online platform, to track clients in the system, as a way to promote collaboration between service providers regarding specific clients.
- Create greater collaboration:
    - accessing and participating in professional development and training opportunities.
    - with parks and recreation departments, to ensure accessibility for youth to opportunities for physical activity.
    - around youth needs within the hospital, and between the hospital and service organizations that support the youth.

Complexity and Hard Lines

The youth services sector is complex, with multiple organizations based on specific needs, specific issues, and specific approaches to addressing problems. It is clear, based on feedback received from parents, youth, and service providers that there is no central point for accessing services or information about services available within the region, and that this presents a barrier for people needing or wanting to access services, who include:

1. Doctors who want to refer youth to other services
2. Parents who want to find services to help their youth
3. Youth who need services
4. Service providers who are not equipped to provide services to presenting youth

> “People encountering the system for the first time are often baffled by it.” -- Interviewee

Multiple interviewees identified that some sort of hub for the sector is required, for it to meet the needs of youth.

It is very challenging to navigate the system. As a parent, you are already in crisis because of your child’s crisis and you simply do not have the time, energy, or where-with-all to navigate what feels like a very complicated and often fractured system. You feel, from the time you begin, that it is your job, on behalf of your child, to get it right and yet it is almost impossible to get it right. There needs to be some kind of navigator support – people who are skilled, knowledgeable, and connected to help families feel that they are supported from the outset

When you happen to find a counsellor in the system that ‘clicks’ with your child, it is completely devastating when they are handed off because of the end-of-service term, or because the worker burns out, or is moved to another location. It breaks down young people’s trust in participating at all. It can be life-threatening to have these relationships end.

> “Pathways is not helpful to parents in crisis. It is not helpful to be told to “check out” something on the internet, or to google resources. Parents need actual activity-based learning like sitting in circle with moms felting. We don’t want to just be given something to read.” – Focus group participant

COVID

COVID definitely made matters worse for many young people. They had their faith in the universe seriously undermined. The healthcare profession does not appear to have recognized the depth and breadth of this challenge. Respondents characterized it as "most young people now have PTSD but nobody is talking about it."

Funding and Contract Dynamics

A theme which emerged from the service providers is that more funding is required, because that would enable more staff people to be hired, which would result in increased services for youth. This funding should be multi-year funding, rather than the annual contracts which are more common, and which leave the sector in a state of uncertainty. One service provider suggested "flipping the narrative" with government to a discussion of the need for core funding to secure excellent staff and focus on service delivery, rather than grant chasing and fundraising, and their associated reporting challenges.

In considering increased funding requests, service providers also talked about:

- Having adequate space for programming and staff offices
- Funding for both programming and capital costs, such as buildings, building maintenance, and vehicles
- Needing the ability to go out to kids who are in crisis, rather than waiting in their offices for the youth to arrive on their own accord, either on their own or in partnership with outreach teams. Of particular concern are those youth who do not have extended families to assist with providing support
- Providing transportation for youth, to assist them to access the supports they need
- Needing to stop age classification in service contracts, so that the hard lines are eased somewhat and that youth can receive the services they require until they are developmentally able to manage without them

> "There are issues with regard to the equity of resources being allocated for services today. All children matter. Things were wrong before, with Indigenous children being under resourced and under served. They are still wrong now, when Indigenous children are being better resourced than other children." -- Interviewee

Key messages from the research indicate that:

1. Funding is distributed inequitably
    a. Healthcare and schools appear to be funded adequately, although more could be done with more resources
        i. School counsellors, in particular, want more resources to support mental health for students and for teachers/guidance counsellors
        ii. Clear suggestions emerged for enhanced communications between ER and social workers at the hospital, as well as youth serving agencies and organizations outside of the hospital

iii. Need for 24/7 youth worker to be attached to the hospital, to support youth who come in and either need to be admitted (onto the 4th floor) or who decline to stay (but need to be connected to someone)

b. Non-profit services are inadequately funded:
   i. Lower wages, leading to high staff turnover
   ii. Higher wages in other parts of the ecosystem attract talented staff away from the non-profit organizations
   iii. Limited capacity, based on funding models
   iv. Having higher levels of accountability for funding received, and
   v. Needing to fundraise to cover basic costs
   vi. Since starting this research, two non-profit services have announced that they will shutter their services

c. Resources appear to be adequate for high needs kids, but inadequate for low to moderate needs kids
   i. Barriers to accessing services through MCFD & Discovery
   ii. Increasing pressures on other organizations to handle increasing numbers and increasing severity of needs
   iii. No increases in funding for non-profit contracts to be able to have more staff, or more highly qualified staff.

Healthcare

There is no child psychiatrist in the Valley. This represents a significant gap in service. Currently youth in crisis are sent to either Comox or Victoria if they are considered high risk and vulnerable. This removes them from their support systems, isolates them from their community, and makes it difficult to create clear pathways for after care

> "Many queer and gender diverse youth in the region feel isolated and under supported, which affects their mental health." -- Interviewee

Service providers identified the need for a variety of healthcare workers and positions, including:

- 24/7 youth workers to be based at the hospital to provide supports to youth arriving for care. These supports could include contacting family, advocacy, companionship, assisting with connecting with youth services, and so on
- More pediatricians and family physicians and other primary care providers
- A child and youth psychiatrist, and more psychiatric resources generally for children and youth. However, as one service provider pointed out, a child and youth psychiatrist needs a safety net to work within; otherwise, it is too risky. This is part of the challenge in attracting someone to fill this gap, because the safety net in the Cowichan region is not strong enough.
- A psychiatric ward suitable for youth
- More gender affirming care specialists
- Addictions medicine services for non-Indigenous youth
- Public health teaching support, and
- Youth specific protocols at the hospital.

> "Dr. McDermid is missed! His departure left an enormous gap in the community safety net for youth and children who need help." -- Interviewee

Poverty

1. Medicalization and clinical treatment of conditions caused by lack of basic social determinants of health: safe housing, enough food to eat, safety
    a. Need to meet kids where they are at … all services should provide food
    b. Youth Emergency Shelter will help once it opens in the fall of 2024.
2. Poverty and lack of housing are growing issues for youth
3. Cost is a barrier to accessing counselling services, unless parents have benefits packages which include such services.

Schools

- Need internet safety workshops
- Address the lack of preventive or protective children's programming
    - Strong Start recently cancelled, and other services such as Big Brothers Big Sisters have recently shuttered their doors
    - Add programming such as Brave in my Body and others that teach children about appropriate touching.

Social Services

- Need a youth table
- More services for early years, and for kids ages 5-12
- Only 1 sexual abuse & exploitation worker for the region, with a 4 month wait list
- Need one or more psychologists – at this time there is one with responsibility for the region who attends 4 days/month
- Not enough wrap-around supports for youth – need to provide more
- Expand capacity of CYMH to meet the needs of youth who need their services, and provide rapid access to these services through other organizations, such as ER
- Need speech therapist, as well as specialized physio and occupational therapies equipment.
- Need housing for young families, not just young moms
- Need life skills programming for high risk youth
- More capacity for outreach services
- Need for system navigators for youth and their parents
- Need more after-hours availability of services, including after school care and weekends
- Find a way to reconnect with teens who are slipping through the cracks, as represented by increases in vandalism and bullying

More attention needs to be paid to building resilience in our children and youth. Schools, recreation programs, health systems should be trained to ensure that young people have coping skills, communication skills, crisis management skills. This should be a core competency for anyone who is coming into contact with youth

The agencies each have their own mandate. Some are a 'fit' for your particular circumstance and some are not. Some work for awhile and then are no longer appropriate. As young people move through this system of service, there needs to be clear rules around handoff and handover, support for the in-between periods of waiting, and extreme professionalism

Supports for Parents

When you are home because you have to be home as the primary caregiver for a struggling teen, there is very little financial support which adds additional stressors to the family. EI will pay some modest wage for caregivers for some diagnosis but not for others – for instance, diagnosed eating disorders are considered EI eligible for caregivers but suicide attempts are not.

Parents who are advocating for their young people are often labeled as 'crazy' or 'aggressive' or 'high needs'. This does not help them to do their frontline job and it undermines the ability to get the right/best help to the youth.

Trauma

Multiple stories from parents identified how a traumatic event in the life of a youth caused behaviour changes, which were not acknowledged by professionals, which then escalated into a life-threatening situation. The revelation of these traumatic events, often to parents or siblings, were the start of a changed trajectory in the life of the young person, i.e. the start of the road back to health.

The role of trauma in causing behaviour changes should be more broadly recognized; parents perceptions should be validated; and counsellors should do their best to assist the youth in crisis with identifying the cause of the trauma to get them back on the road to health as soon as possible.

> "Waitlists, when you are in a crisis, are almost impossible. To be told that you cannot see a counsellor for several months when every minute feels like the last one, is just impossible. There must, somehow be more resources infused into the system – even something like structured group meet-ups so families feel they are not doing it all alone." – Parent focus group participant

Wait Lists

Service providers and parents have different perspectives about wait lists. While service providers may see them as a necessary evil, so that potential clients are provided with a fair chance to obtain help from an organization, parents with youth in crisis see them as a barrier to obtaining help. It is important to note that the youth perspective on this question is not clear. However, if a comparison is drawn between wait times for mental health and physical health when the condition is life-threatening, the system has a whole has better capacity for addressing physical health concerns than mental health concerns.

Different organizations handle demand differently. Some organizations do almost exclusively group work, so that new clients are easier to slot into groups. Others do almost exclusively one-on-one counselling services, in which case it can be a long wait to have an available counsellor free. There are merits to both approaches. However, one-on-one counselling supports are much more expensive types of interventions than group supports, and in both cases, parents are unlikely to receive parallel supports.

Summary

This section of the report summarizes the input received from all sources during the gap analysis project, and lists specific suggestions that emerged during the interviews or focus groups. The specific issues that

the summary is organized around include: resources, need for prevention, sector/system coordination, supports for parents/families, collaboration, and supporting Indigenous youth and gender-diverse youth.

Resources

The region has a lot of resources (more than many regions) to address youth needs, BUT they are not equally distributed within the region or between organizations within sectors, and they are not well organized around priority issues.

One interviewee thought that acute care clients are receiving good attention and support. Elsewhere in the sector, there is a feeling that the goal posts are changing for those agencies offering services to youth with the most severe and acute needs, putting downward pressure on those organizations designed to meet the needs of youth with mild to moderate symptoms. This increases the number of clients with complex needs at the local non-profit organization level, without commensurate increases in funding to hire more staff and/or staff with higher qualifications.

An additional consideration is the potential changes to requirements for the sector, due to the Social Workers Amendment Act 2024, which was introduced into the BC legislature in June 2024. Currently, not all social workers in the province are required to register with the College of Social Workers, allowing some individuals to practice without adequate oversight. The intent of this Act is to require all social workers to belong to the College of Social Workers, which would require that all social workers adhere to the same educational requirements and ethical standards. The hoped-for outcome is to reduce risks to the welfare of vulnerable British Columbians.

This initiative, should it become provincial law, may affect contractual and hiring requirements, particularly within the First Nations and non-profit organizations offering counselling and other social work activities. This will depend on what the educational requirements end up being for membership in the College. Many First Nations and non-profit organizations hire counsellors with Bachelor's degrees, and have them working under the supervision of a member of the College, which requires a Master's degree.

For consideration:

- Address the recruitment of a child and youth psychiatrist, as a major gap in the services available to meet the needs of youth. Note that, to be effective, a child and youth psychiatrist needs a well-functioning support network, so that the psychiatrist is not isolated and the youth receiving psychiatric care is well supported.
- Change the contracting arrangements at the non-profit organization level within the system to increase the amount of funding available to be able to hire more staff or staff with higher qualifications.

Need for prevention

More upstream work needs to be done to address the crisis in mental health facing youth in the region today. Referrals are on the uptake for younger kids. It used to be age 15 before youth were referred for services, and now it is 12,

> "The sector needs safe, sane, fair levels of core funding." -- Interviewee

with even younger kids needing help due to suicidal ideation and other severe issues.

> "A first-stop resource and referral site would be a huge asset in the Valley." – Workshop participant

There is a significant gap in the area of preventive services. The range of needed preventive services should include (at a minimum) addressing issues of food and housing insecurity, family instability, and provide more education and resources to enhance resilience in the youth population. Recreation opportunities are also important to enhance mental and physical health for youth, and as preventives for mental health issues.

There is also a need for early intervention post-trauma, to prevent the escalation of mental health issues. Consistent feedback from the parental focus group was that their youth got better once the traumatic incident that caused the changes was revealed, often to the parents or sibling, and not to counsellors. Parents also consistently reported that they contacted service providers shortly after behaviour changes were identified, only to be told that this was a "normal part of adolescence" and that there was nothing to worry about.

For consideration:

- Work with youth to develop new services that are focused on promoting mental health and resilience.
- Review existing services to see how mitigation for various aspects of social determinants of health can be better integrated into existing programming.
- Review practices within organizations to ensure that traumatic issues are addressed as early as possible.

Sector/system coordination

There may be a need for re-alignment within the sector to meet present needs. The needs of youth have changed, and so the responses to those needs also need to change, if not presently aligned.

The coordination of intake and services needs to be addressed, as the lack of coordination is causing problems for youth, their parents, and service providers within the ecosystem. The division of services between organizations results in extensive duplication of paperwork and intake processes, wait times are long[19], clients are bounced around between services, and wrap-around care is not happening.

A centralized, single access intake would make it easier for parents or youth to find appropriate services when they are needed and could assist with ensuring that service delivery is more holistic, i.e. meeting all of the youth's needs, rather than taking a piecemeal approach. It could also assist with coordinating how people move through the system as their needs change. This would assist with a careful and deliberate alignment between the needs of the client and the services offered.

[19] Interviewees reported wait lists both in terms of numbers of people on the list, as well as length of wait time. Most of the reported wait times ranged from 3 weeks to 3 months, with only one organization reporting no wait list because they always kept someone available for walk-ins. Another reported no wait list because the organization has a 72 hr 1st contact standard, but the sacrifice made to maintain this standard is the frequency within which they can see clients. One agency identified that they can bring on additional supports if it feels that there will be an overload, but this is unusual.

This alignment could also provide support for youth through times of transition, for example, when they need different services providers as they are on their journey to health. Critiques of the current system include that there is

- No support through the transition time;
- Limited clarity around ongoing support once age 18;
- Communication between service providers not in place;
- Youth are not trusted and their experiences are not validated by the service providers.

While the Cowichan region is noted for its strength in collaboration at collective impact tables[20], it appears that this is a gap for youth services. Some interviewees identified that there are monthly meetings of service providers, but this doesn't seem to be accessible to all, because other service providers expressed the need for a "youth table" to discuss issues and share information.

For consideration:

- Find ways to ensure that all parts of the youth services sector would know who the other players are. This could include collaborative professional development opportunities, info fairs, and other means.
- Establish one or more inclusive youth tables to consider how to better meet the needs of youth through centralized intake, better coordination of services for individual youth, better supports for parents and families, or to address specific subsets of concern, such as substance use, sexual exploitation, criminal justice concerns, or others.
- Establish a central coordinating youth service agency, to assist youth and service providers with accessing services, reduce intake paperwork, increase hours of service availability, to address the needs of all youth in an appropriate and timely manner through better system coordination, and to reduce the number of youth slipping through the cracks.
- Find ways to better support youth to transition once they reach the maximum age for service provision by the organizations they are working with.

> "I'm wondering if this is one place where service providers working with the 18+ youth should be more involved in reaching out to the School Board and connecting to youth there before they graduate."
> – Workshop participant

Supports for parents/families

Interviewees expressed the need for creating places in the system to provide better supports to families and parents, who are (in many cases) key to supporting the youth themselves. Parents spoke of the "learned distrust" they now have because, from their perspective, the system failed their youth.

When youth are in crisis, families are usually (not always) the first line of support. In general, the parents did not feel supported by the agencies and other caregivers to do the supportive work. Parents need to be trusted that they are recognizing a problem in the moment, rather than having their concerns dismissed. They also need systems navigation support to assist their youth with accessing appropriate

[20] Collective impact is a structured way to achieve social change: https://collectiveimpactforum.org/what-is-collective-impact/. An example in the region is the Cowichan Action Team (CAT) addressing the opioid crisis and homelessness advocacy.

services. Parents also need support groups to assist them with coping with the needs of their youth when they are in distress or have high levels of need.

In addition to the emotional and mental impacts for parents, there are major financial implications when supporting their youth, and there are limited economic supports in place for these challenging times. One parent reported that she was initially able to get EI as a homecare provider, but this was temporary. Biological families of youth with disabilities do not receive any financial support, which generally means living in poverty because one parent needs to stay home as a caregiver. Foster families, on the other hand, receive financial supports and respite care.

For consideration:

- Establish and coordinate support groups for parents, to reduce the feelings of isolation and shame, and assist with understanding the system's processes, and assist with accessing appropriate supports
- Provide referrals for parents to organizations to meet their financial, mental health or other needs, to assist with easing stress. These services should be available at no cost to the parents.

Collaboration

There is a need to support better collaboration within the ecosystem and reduce competition. This has been discussed in the System Coordination section, but there are also specific needs for collaboration where coordination may not be appropriate.

The sector representatives interviewed feel that the sector is well connected, that collaboration is good, that the current network of agency leaders is aligned, and that "referrals are easy." But they also say that partnerships and collaboration are "expensive" because they require investments of time in building the relationships on which collaboration is based. Collaboration also requires trust, as well as shared values, to be successful. In times when funding is tight or vulnerable, organizations will naturally retrench and focus inwards, often at the expense of collaboration. Outlying communities feel less connected to services, and the youth in these communities have higher barriers to accessing services.

Despite the many good experiences of collaboration, and the commitment to collaborating, there are significant barriers to collaboration as well. These include:

1. Tension between providing services and building relationships that make collaboration possible
    a. Service providers may lack capacity (bandwidth) to be able to do collaboration, which takes work
    b. There are no financial resources to support collaboration
    c. There can be a direct relationship between time taken for collaboration and time taken away from service delivery.
2. Privacy and confidentiality requirements
3. Funding inequities between different parts of the sector, and alongside that, power dynamics
4. Tensions between organizational collaborations, and the individuals who are involved with these. When the individual moves on, the collaboration can be over.

Several specific suggestions for areas needing focused collaboration are presented here for consideration.

For consideration:

> "It is quite noticeable that there are Indigenous that are homeless/ using substances/couch surfing from Malahat, Cowichan (all 7 reserves), Penelakut, Halalt, and Stz'uminus. MCFD and other 1st Nations may be able to create after hours outreach/support workers." -- Interviewee

- Find a way for enhanced collaboration between the social services sector and parks and recreation departments, to ensure accessibility for youth to be able to have physical activity opportunities. This collaboration may involve specific things like the ability for social service organizations to book time for swimming lessons, for example, without having to compete with the general public, or offering specific services for specific groups. It may also include giving swimming pool or fitness centre passes to organizations to support their youth.
- Enhance collaboration between the hospital and service organizations that support the youth. This may require enhanced collaboration around youth needs within the hospital (such as between the Emergency Room (ER) and social work), to assist with discharge, notification of family and/or service providers, etc. But also to connect the service care provider with the hospital to ensure that the youth's needs are met. This may require the hospital to hire additional staff, such as a youth worker, navigator, or health and human service worker to support ER medical staff to support and meet the needs of youth who need help at the ER.

> "Creating a safe space for all is a tricky situation. Selecting out certain kids based on demographics is tricky. Programming must have universal application. All kids must be safe in programming." -- Interviewee

Supporting Indigenous youth

Given the high presence of Indigenous youth within the population of youth needing supports, it is incumbent on service providers to ensure the cultural appropriateness of services. Indigenous youth services are offered by all First Nation agencies and organizations, as well as all other service providers. Within the education, healthcare and social services sectors of the ecosystem, there are separate systems in place for Indigenous and non-Indigenous youth. Different organizations handle the dichotomy differently, but in some areas, there are two parallel systems that do not meet well.

The question to be asked is how to best meet the youth's needs in this context? When asked specifically about services for Indigenous youth, the consensus appears to be that the services are decent, but the hours are limited.

For consideration:

- Find a way to expand the hours-of-service provision for Indigenous youth.
- Bring together all local First Nations Child and Family Welfare Organizations, First Nations Health Departments and Organizations, local First Nation/Metis/Intercultural Indigenous Governance Organizations and Service Providers in the Cowichan Valley, including MCFD. Together this group of organizations may be able to create after hours outreach.

Supporting gender-diverse youth

Although the impulses for sexual exploration have not changed over the past decades, what has changed is the number of youth who identify as an alternate gender. This has launched the sector into a quest to provide appropriate services for gender-diverse youth, to ensure that they feel safe and that they belong.

None of this has disrupted the ongoing need for gender-specific supports as well. Sexual exploitation, grooming, and other behaviours continue. The need for training around consent, positive body image, and role modeling of healthy masculinity or femininity continues, although it may take new forms due to the influence of social media and access to other technologies.

For consideration:

- Develop a comprehensive set of supports for gender-diverse youth: medical and healthcare, mental health, safety, feeling of belonging, and related considerations. A properly constituted team of support for a transitioning youth would include:
  - Family physician
  - Psychologist
  - Youth Psychiatrist
  - Social worker
  - Counsellor
  - Outreach worker
  - Peer program
- Provide gender-specific programming so that boys, in particular, are exposed to role models of healthy masculinity, and girls are provided with skills to deal with issues related to body image, consent, and related matters.

The Path Forward

One of the observations by the research team is that service provision is driven, in large part, by the needs of the system, in the way that age parameters are determined or the definitions within contracts or legislation as to how to respond within the system to youth in crisis. As the sector moves forward, it is important to maintain a focus on the humanity and needs of the youth who are the reason for the existence of the youth services ecosystem, rather than focusing exclusively on the systemic needs and issues. Sectors approaches may need to be more flexible, addressing the basic needs of youth for food, housing, connection, or trauma response, as well as addressing the need for medical or mental health interventions. Disconnected kids need to feel attachment and a sense of belonging.

Perhaps what is needed is a more seamless set of program offerings, designed to meet the needs of families (children of all ages and their parents/guardians/caregivers), rather than being specifically targeted to a specific age group. This could mean that a paradigm shift is required, away from a focus on the individual and towards a focus on the family system.

Suggestions that emerged from the research process include the following options for moving forward to address the gaps and issues that were identified in the process.

1. Form a Youth Table, designed to maintain intentional communications across the sector and promote collaboration, founded on the principles of collective impact. Our Cowichan Community Health Network is uniquely situated to house this table, which it is already doing to support

work with seniors, the Community Action Team, and the healthcare sector more broadly within the Cowichan region. Key tasks for the Youth Table would include:

   a. Host annual meetings similar to the recent youth sector workshop, to promote connection and cohesion within the sector.
   b. Build bridges between the institutional players (Ministry of Child and Family Development, Island Health, Cowichan hospital, School District 79), First Nations health centres and youth programs (Malahat, Qu'wutsun, Stz'uminus), local government departments including community safety and recreation, and the non-profit organizations (CVYS, CMHA-Cowichan, CWAV and Ravensnest, Clements Centre, Hiiye'yu Lelum, LRCA, LCCSSS, and others). This may require both a cultural shift and community buy-in.
   c. Organize information fairs to promote youth services, so that youth, their parents, and services providers can know about resources available in their community, particularly since this environment is changing rapidly over time.
   d. Advocate for needed services within the region, including the development of more flexible systems to meet the developmental needs of youth and families, i.e. reduce the gaps created by the contractual "hard lines" that determine eligibility for services
   e. Help to monitor and maintain the health of the people working in the sector, so that the workers are able to continue to provide services to youth[21]

2. Establish a Youth Advisory Group to assist the sector with understanding youth needs. "Nothing about us without us." Key considerations for the youth advisory group:
   a. Consider the model used by Kw'umut Lelum for their youth advisory group.
   b. Consider the model used by the CAT team for peers.
   c. Be linked to a supportive not-for-profit organization, to serve as a backbone organization[22] for the Youth Advisors
   d. Ensure cultural supports for members of the advisory group.
   e. Create a positive working atmosphere for participants.
   f. Recognize the economic needs of the youth serving on the advisory group.
3. Initiate discussion and action aimed at the successful recruitment of a child and youth psychiatrist to serve the needs of the region, and to ensure this position is "nested" within a supportive network. This may include:
   - Establishing a Foundry or related type of holistic, integrated care organization, OR
   - Cobbling together a group of services that can attract a psychiatrist to the region, that includes access to medical supports, counsellors, peer supports, cultural supports, and other services
4. Systematically address key gaps and issues as identified by the Cowichan Youth Gap Analysis including:
   a. Parental supports
   b. Upstream (early) interventions

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[21] Workers in the sector, including teachers and counsellors, are burning out because the need is so great and the tools available are so limited. Reducing isolation can go a long way towards supporting these workers.

[22] A backbone organization does not to work one-on-one with individuals or organizations, but provides the supports to create a broader understanding of what a community needs and provides capacity to address those needs in the community. This concept is linked to the Collective Impact approach.

c. Community safety
d. Sector complexity – make services easier to access by youth, by parents, and by care providers
e. Gendered service provision

Details for each of the key gaps and issues follow.

Parental supports

An ideal structure for parental support, as a way of supporting children, youth and families, will:

- Take a holistic approach, putting the person and/or family at the centre, and be empowering, supporting the family to address issues as they come up;
- Focus on the universal parenting skills required at the various developmental milestones for children and youth;
- Provide a variety of ways of accessing support: one-on-one, group, peer, and be flexible and accessible
- Help parents get to the place where they can understand the work that needs to be done
- Focus on mental wellness: reduce parental isolation, including feelings of shame and incompetence
- Focus on reducing harm in relationships.[23]

Specific suggestions include:

- Public health does a lot of parental engagement at the pre-natal stage. It may be possible to extend these services for supporting parenting at different stages of children's lives, such as:
    - Parent support groups
    - Parenting programs/activities
    - Create mechanisms to support informal parental networks
    - Parental coaching programs that are accessible on an as-needed basis. Example: make more use of Foundry Virtual programming[24]
- Create parent/teen mediation services that are accessible and affordable
- Provide a training module to parents when onboarding youth into services at different organizations, i.e. CVYS. This would include what to expect, how to get support
- Create a Parent/Teen Survival Guide (comic book format? With parents as the superheroes and the youth as the villains?) that:
    - Provides strategies for communication
    - Provides suggestions for external supports when needed, including local and online resources

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[23] This could include such things as fostering a non-judgmental environment between parents and youth, which would reduce the stigma and shame around various situations, such as gender orientation or substance use. Another way of reducing harm in relationships is to coach parents to be able to advocate for less harm in the context of care for their youth, whether it is between the parents themselves or the care being received by their youth within agencies or institutions.

[24] https://foundrybc.ca/virtual/. This programming is available to youth ages 12-24 and their caregivers. The service requires downloading the app and registering for an account, but then the service is available for same day counselling. There are peer-led caregiver online support groups offered bi-weekly.

- Normalizes hardships in the relationship(s), as teens navigate a path to independence and adulthood
- Would need to be kept up-to-date

Upstream (early) interventions

Take an upstream approach to addressing youth needs, i.e. more emphasis on prevention and early interventions. This can include:

1. Meeting youth "where they are at" including meeting their physiological needs (housing, food, and so on). This means having more integrated wrap-around supports available for youth in community, including housing for young families, life skills programming (including nutrition, parenting, and so on), and related supports.
2. Address the recreational needs of youth. Not all youth can afford to participate in organized sports, for example, or there are barriers to recreational activities due to transportation or other factors such as cost. Young people's mental health is enhanced through the integration of physical activity into their daily routines, particularly when taking place in nature
3. Enhance the availability of life skills and employment training for youth
4. Early interventions post-traumatic experience, to avert serious mental health issues
5. Develop services that are preventive, and that meet the needs of younger ages
    a. Ensure all children have the opportunity to learn about safe touch at a young age.
    b. Teach positive self-messages at young age.
    c. Provide parent support groups, both peer-based and more educational.
    d. Provide parenting programs/activities that engage parents where they are already at, supporting their youth, i.e. at soccer practice, Parent Advisory Committees (PACs) or other places where parents already gather. Need to find ways to engage with parents that do not feed insecurities.
    e. Embed youth outreach workers in schools, and start providing services at age six.

There are roles for public health, schools, community-based non-profit organizations, RCMP and other crisis responders, local governments, and others (see below). All initiatives require improved collaboration between agencies, which might be embedded services (such as the ICY teams which are being launched in the fall of 2024) or the one-stop shop idea. Services need to be accessible and immediate, i.e. in hospitals, community centres, etc.

A note about housing: In addition to the youth mental health crisis the region is facing, there is an affordable housing crisis as well, which is creating huge stresses for families. While this plan identifies the need for shelter for youth and housing for young families, the backdrop is that there is a global need for safe, affordable, and low barrier housing in our region.

Public Health

- Parenting support classes, ex, attachment, positive parenting – could take place within the community centre
    - Mothers groups, prenatal groups, fathers groups
- Sexual health education
- Teaching about phones and social media, i.e. intimate images, bullying, social media, appropriate use of phones

- Teaching parents about healthy coping strategies and safety planning
- Need health attachments for youth, i.e. connections with family doctors

Non-Profit Sector

- Substance use education and prevention
  - Parent education around substance use, including marijuana
  - Recovery can be applied before substance use is an issue
  - Community/networks/support
- Employment programming
  - Teach life skills
  - Provide opportunities for independence
- Youth Centre(s) – longer hours, safe space to be, activities (not just sports), food
- Early interventions post-traumatic experience, to avert serious mental health issues

Schools

- Pre-Kindergarten orientation – networking and support between parents
- Pre-high school orientation for parents
- Orientation purposes: reduce anxiety, build confidence in parents which will trickle down to children
- Universal food program
  - Accessible, takes stress off parents, non-stigmatizing
- Have better tools and strategies for identifying kids at risk
- Use the Early Development Instrument (EDI[25], [26]) to identify and develop targeted programs to support children to excel, and to advocate to government for additional supports, as needed, working closely with early years educators and daycare providers

RCMP and other crisis responders

- Need youth specific mental health crisis team to respond to mental health calls to prevent hospital admissions
  - Need Indigenous representation and liaison on crisis response team
- Example: prevention & crisis response team in Calgary – diversion program. Resource parents and youth based on single session therapy
- Would benefit from mental health and social determinants education
- Suggestion: Not showing up in uniform

Recreation and Other

Young people's mental health is enhanced through the integration of physical activity into their daily routines, particularly when taking place in nature:

[25] https://edi.offordcentre.com/about/what-is-the-edi/

[26] EDI data specific to SD79 can be found here: https://earlylearning.ubc.ca/app/uploads/2022/03/edi_w7_communityprofile_sd_79.pdf. Unfortunately this data covers Wave 7, and was published in 2019, so it is 5 years old and entirely pre-COVID.

- Address the recreational needs of youth. Not all youth can afford to participate in organized sports, for example, or there are barriers to recreational activities due to transportation or other factors such as cost.
- "Get Active" programs to encourage families to engage in recreation

Community safety for youth

In the youth focus groups, youth specifically mentioned that they did not feel safe in the parks or on the streets of Duncan, partly because of the homeless and substance-using population that is seen to be unpredictable. For young women and youth of colour, the lack of safety is amplified due to racism and sexism in our community. Focus group participants identified that they felt safer moving in groups, but that this opened them up to the vulnerability of being treated as "gangs."

To address these needs, there is a role for:

- Local governments, through advocacy, land use decisions, and parks management to make the community safer – by approving shelter space, making different choices around benches, cleaning up in parks, and so on
- Non-profit organizations and social service agencies, through programming, to assist youth with feeling safe in community: training to reduce stigma within community, self-defence training (physical, psychological, emotional, communications, and so on), and other means, including providing safe spaces to "hang out."
- Federal and provincial governments, to enhance the available transportation systems to rely less on private vehicles, and make more public transportation options available.

The group addressing safety in the workshop identified that lack of safety can mean many things, including lack of respect and a sense of not being valued, stigma, power imbalances, and other factors. Responses must include cultural safety, safety for gender diverse youth, addressing stigma, and create a sense of community and belonging to that community. Recommendations from this group included:

- Create/continue larger conversation that integrates health, social services, education, and recreation, so that a holistic (and integrated?) approach to safety can be developed
- Create a youth advisory committee/group, made up of 12 youth and 3 agency leaders/facilitators, to create a community and a sense of belonging. Belonging = safety
- Create training opportunities for cultural safety and trauma informed care for non-profits. [Lise Gillies offered to facilitate these offerings, through her role at Island Health.]
    - Purpose: support for service providers to better support youth, create better understanding of intergenerational trauma and its impact
    - Because training is expensive, find ways to collaborate between organizations to acquire training
- Reduce stigma with regard to MCFD
- Find creative ways to access money and supports that focus on prevention
- Develop a community advocacy program
- Provide assistance through systems navigators, to help with filling out forms, getting access to the dentist, overcoming the "I can't"
- Create a Foundry, weaving together medical, social services, mental health & wellness – links services; addresses needs of youth who aren't in crisis, prevention model

    - Circle of care model[27] – way to empower youth
    - Attract more professions to the community
    - Reduce confusion and competition; streamline access to services
    - Collaborative centre point, becomes a portal
    - Promoting interdisciplinary, holistic, wrap-around, team-based care
- Intergenerational supports across the lifespan

Additional Safety Considerations

Additional considerations include:

- Ensuring that services available to Indigenous youth integrate culture as a foundation for better outcomes, and are available beyond standard office hours.
- Finding ways to successfully transition youth, as they "age out", to adult programs and services. This can include:
    - Program alignments
    - Flexibility, i.e. "softer edges" between programs
    - Time for counsellors, for example, to work together, i.e. double up on service provision to smooth the transition
- Lower barriers to accessing services so that life-saving relationships and supports can be maintained while entering a new service. The example shared was that for a specific program, eligibility criteria includes that no current relationship with any supports are in place. But the youth needs the program, and currently has a relationship with a counsellor, and therefore is not eligible.

Address Sector complexity

Sector complexity emerges because:

- Differences in funding streams and requirements
- A history of ad hoc addressing of gaps that are identified in community services
- Differences in theories about how to best resolve the issues, leading to different strategies. How people think about things affects the treatment strategy. Example: carpenters will see every problem as a nail; doctors will see every problem as a medical one; counsellors will see every problem as one requiring counselling.

The ecosystem needs to address a multiplicity of youth needs, which are applicable for all youth, but there are also specific youth needs that require a specialized approach to meet. These include the immediate adaptation and integration needs of immigrant youth, the systemic needs of youth with disabilities and their families, the cultural needs for Indigenous youth, and the gender-specific needs of young men, young women, and trans kids.

[27] The circle of care model was described as a system where, at the time of intake, the youth provides consent for all anticipated care providers to be able to communicate with each other about the particulars of the youth's situation. This provides a safety net for the youth, knowing that the providers are communicating and providing mutual support to enhance meeting the needs of the individual youth. This model is used at the Foundry in Comox/Courtenay.

Youth workers can be holistic in practice, and different modes of therapy can be equally impactful or effective as standard mental health approaches of counselling and drugs, for example: wellness events, land-based, animal-based, nature-based therapies, Big House and cultural approaches. A lot depends on the context and the specifics of the challenge.

Complexity becomes a challenge when it is difficult to navigate, which was a theme that emerged repeatedly in the gap analysis interviews. Two major strategies to reduce complexity emerged from the workshop discussions:

1. Establish a hub (sometimes known as a one-stop shop);
2. Pursue a strategy where "every door is the right door."

Hubs can:

- Serve as an attractant; can be advertised broadly as the place to go, can be seen as a safe and knowable space for youth and their parents/caregivers, can communicate to a youth psychiatrist or other professional that this community has it together and will support that professional
- Help with providing a focal point for people to access services, but they can't meet all needs;
- Can serve a system navigator function, helping police, hospital, schools, parents to connect to the right services in community when dealing with youth, and
- Can provide integrated services.

Hubs cannot be everything to all people and do it all. Hubs need to be supported by a strong safety net of other organizations.

A strategy to ensure that "every door is the right door" requires that a map of services available in community is developed, identifying the location, mandate and criteria for services, so that system navigators within each organization can assist youth and their parents/caregivers with finding the right services. This means that an organization would have to "own" this document, and keep it up-to-date. Pathways is useful in this regard, but not always up-to-date or comprehensive enough, since it was originally developed as a support to doctors.

Another approach to making sure that "every door is the right door" requires system navigator training. Example: Nanaimo Child Development Centre has a Family Navigator service, which can provide information about community resources (financial, social, health, parenting and special needs), ways to access those resources, help navigate health, social services, schools, and other systems, and facilitates opportunities for community and parent networking.[28]

At the workshop table, concerns were expressed about this approach, in that it could overburden service providers who would not be resourced to do this work. And it adds to the duplication that already exists within the sector, such as multiple intakes for clients at each of the agencies that they engage with to meet their needs.

Nevertheless, both approaches are necessary to resolve the dysfunctional aspects of current system complexity within the Cowichan region.

[28] https://nanaimocdc.com/

Gendered Service provision

Gendered service provisions includes:

1. Addressing the need for enhanced trans care services within the community, together with an appropriate network of supports for trans youth and the doctors that support them.
2. Providing gender-specific programming to support young men, young women, and young trans folks with issues related to:
    a. Healthy masculinity – what does it mean to be a man in our society today? How can we "stop losing the boys"?
    b. Sexual health and boundaries
    c. Body image and healthy eating
    d. Bullying
    e. Relationships and consent
3. Providing both collective programming and gender-specific programming, so that specific needs can be addressed while also providing safe spaces for all youth.

Appendix 1: Full List of Interviewees

Canadian Mental Health Association: Lise Haddock, ED, and Adrien Haddock, Youth Services Manager

Clements Centre, Dominic Rockall, ED

Cowichan District Hospital: Vanessa Bramhill, Social Worker; Dr. Isabel Rimmer, Emergency Room Physician

Cowichan Family Life Association: Madeline McLeod, ED

Cowichan Intercultural Society: Amanda Vance, ED

Cowichan Lake Community Services: Jocelyn Lundberg, ED

Cowichan Neighbourhood House (Chemainus Harvest House Society): Emily Holmes, Coordinator

Cowichan Tribes, Ts'ewulhtun Health Centre:

1. Marnie Elliott, Health Director;
2. Anna Martin, Associate Health Director;
3. Belinda Pierre, Executive Assistant;
4. Erin Kapela, Mental Health Manager

Cowichan Valley School District No. 79, School Counsellors:

1. Jas Doman, CSS
2. Robby Wright, FKSS
3. Gillian Beny, Quamichan
4. Sue Cross, Quamichan
5. Leigh Blacklock, CSS
6. Nic Schofield, CVOLC
7. Mitch Knippelberg, CHSS
8. Barbara Stoochnoff, CHSS

Cowichan Valley Youth Services: Wendy Montgomery, Counsellor, and Sinthu Ratnasami, Counsellor

First Nations Health Authority, Vancouver Island Region: Alexis Stuart, Regional Mental Health and Wellness Manager, and Tara Jacobs, Coast Salish Child and Youth Wellness Coordinator

Generation Farms: Patti Kirk, Learning and Behaviour Specialist

Primary care professionals:

1. Dr. Elizabeth Plant, Addictions Medicine, Slhexun Sun'ts'a Clinic (Cowichan Tribes)
2. Dr. Morgan Lindsay, First Nations Health Authority (and other places)
3. Dr. Patricia Seymour, Coleman Clinic

Hiiye'yu Lelum House of Friendship: Max Henry, Youth Worker

Island Health, Discovery Youth Services: Douglas Hardie

Island Health, Margaret Moss Centre:

1. Kathy Berghuis, Manager;
2. Devon Stuart, Coordinator (Sexual Health), and
3. Rhonda Wylie, Lead, Youth Team

Kw'umut Lelum: Cherie White, Team Lead, Post Majority Youth Services

Ladysmith Resources Centre Association: Carmen Barclay, ED

Lake Cowichan Secondary School: Caitlyn McNamara, Noni Battye, Lindsay Hartshorn

Malahat First Nation:

1. Shawna Karr, Director of Community Programs;
2. Jessica Stevens, Director of Early Learning, Child and Family Supports
3. Mariah Crow, Child and Youth Team Lead

Primary Care Network: Amy Rosborough

RCMP: Staff Sergeant Ken Beard, Constable Pete Sanders

Take a Hike Foundation: Elisabeth Tilstra, Mental Health Clinician (embedded at CVOLC)

Appendix 2: Jenga Block Arrangements

How the youth focus groups organized the blocks

Figure 2 from Kw'umut Lelum Youth Advisory Board

The Kw'umut Lelum Youth Advisory Board organized a pile, with the most important on the bottom, and the "nice to haves" on the top.

Items on Jenga Blocks

- Good cheap buses
- Help to navigate the system
- Part-time jobs
- Organized outings or events
- Easy to get help
- Supportive adults
- Options for education
- Easy access to health services
- Problem solving help
- After hours care
- Peer mentors
- Skills: learning; mentors
- Access to nature
- More recreation options: cheap or free
- Good place to sleep
- Sense of safety
- Safe places to hang out
- Access to food

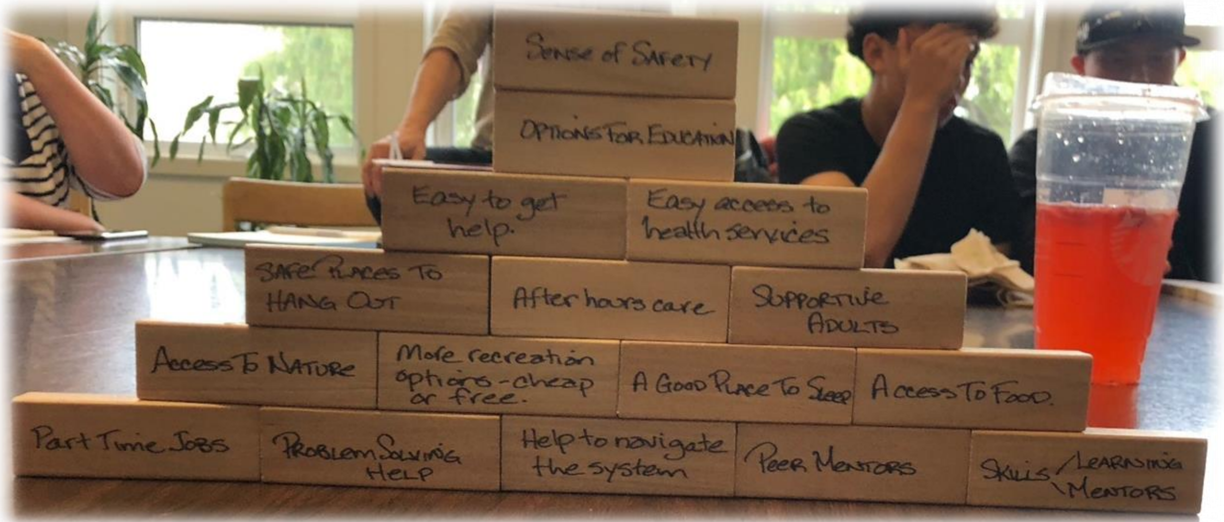


Figure 3 Cowichan Secondary, Group 1

Cowichan Secondary School Group 1 organized a wall, with what they thought was the most important thing on top, supported by the lower levels.

Figure 4 Cowichan Secondary, Group 2

Group 2 organized the blocks into a pile, with a roof on top, symbolizing how important housing is.

Figure 5 Cowichan Secondary Group 3

Group 3 organized their blocks into a road or pathway, showing how they thought that their road should be laid out.

Appendix 3: Youth in the Cowichan Region: Demographics

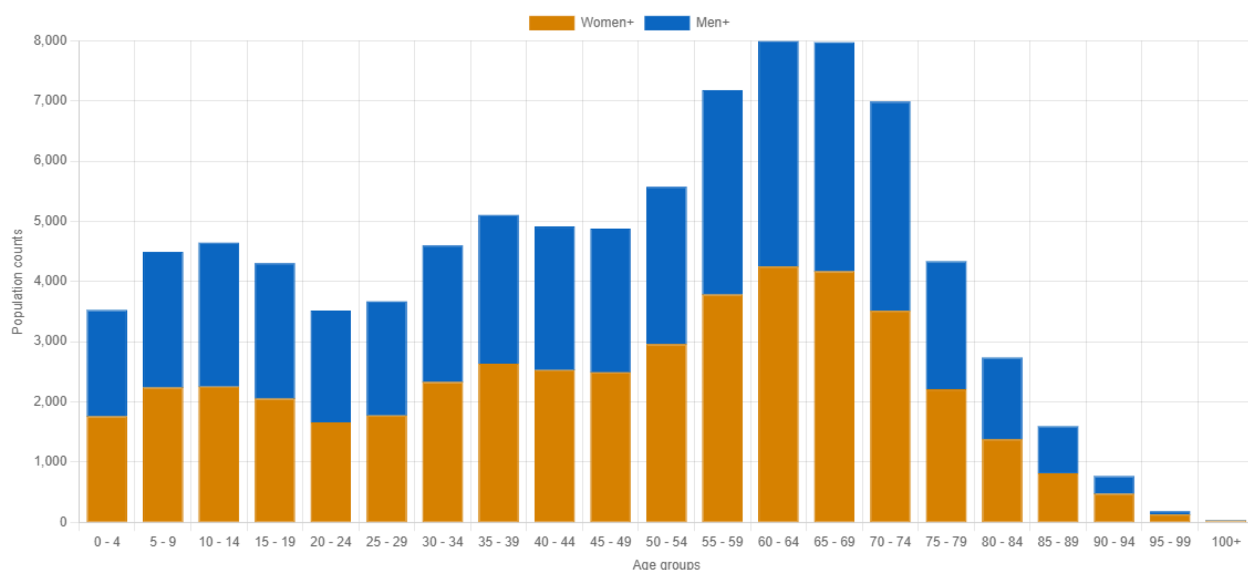
Executive Summary

- The youth population within the Cowichan region is anticipated to grow until 2038, at which time, it will begin to decline. This is due to generally lower birth rates, but also lower rates of in-migration possibly due to the high cost of living in this region.
  - The 2023 BC Stats estimate numbers for number of youth aged 12-25 is 14,964, with approximately 50% female and 50% male;
  - By 2030, BC Stats projects that the youth population of the Cowichan region will grow by 14%, from a total of 14,964 to 17,089, but then will start to taper off, but still be higher in 2038 (at 16,274) than in 2023
- Over time, the percentage of Indigenous youth will grow. Currently children and youth within the Indigenous population make up 26.8% of the total, while the average for this age group within the overall regional population is 12.6%.
- Indigenous people make up 12.6% of the total Cowichan regional population, which is much higher than the provincial or national average.
- There will be another Census Canada data collection period in 2025.

Census Canada data (2021)

CVRD Total population: 89,013

- Population change (as %): 6.3% since 2016
- Average age of population: 47.0
- Major population change since 2011 is in the age 65+ demographic:
  - 2011- 15,915
  - 2016- 20,065 – Increase of 26.1%
  - 2021- 24,605 – Increase of 22.6%



Youth in the Cowichan Region

Total number of youth, ages 10-24: 12,470

Percentage of youth in the CVRD population: 14%

Age	Gender	Number		Female	Male
10 to 14	Women+	2,255		2,255	
10 to 14	Men+	2,390			2,390
15 to 19	Women+	2,055		2,055	
15 to 19	Men+	2,250			2,250
20 to 24	Women+	1,660		1,660	
20 to 24	Men+	1,860			1,860
Total		**12,470**	**Total**	**5,970**	**6,500**
				48%	**52%**

Family Structure

- Approx. 65% of children, ages 0 to 14, are in two-parent families (non-stepfamily) -- increasing
- Approx. 11% of children, ages 0 to 14, are in two-parent stepfamilies – decreasing
- Approx. 22% of children, ages 0 to 14, are in single parent families – decreasing

Indigenous Identity

In 2021, there were 10,990 Indigenous people in Cowichan Valley (Regional district), making up 12.6% of the population.[29] [30] The majority of the Indigenous population reported a single Indigenous identity—either First Nations, Métis or Inuk (Inuit). Of the Indigenous population in Cowichan Valley (Regional district), 72.6% (7,980) were First Nations people, 24.7% (2,715) were Métis, and 0.3% (25) were Inuit.

Within the First Nations population, 81.0% (6,465) had Registered or Treaty Indian status, as defined under the *Indian Act*. The other 19.0% (1,520) of the First Nations population did not have Registered or Treaty Indian status.

In general, the Indigenous population in Cowichan Valley (Regional district) is younger than the non-Indigenous population. Indigenous children aged 14 and under represented 26.8% of the total

[29] In Canada, overall, the proportion of the total population which identifies as Indigenous is 5%, and in BC, overall, it is 5.9%.

[30] NOTE: Published Indigenous population figures are not broken down into the 5 year groupings similar to the total population. Rather, they are identified as ages 0-14, 14-65, and 65+.

Indigenous population, while non-Indigenous children aged 14 and under accounted for 12.6% of the non-Indigenous population.

The average age of the Indigenous population in Cowichan Valley (Regional district) was 33.3 years, compared with 48.6 years for the non-Indigenous population.

The percentage of Indigenous people ages 14 & under is 26.8%. A rough estimate is that there are 2,945 Indigenous youth, ages 14 or less.

Cowichan Valley School District 79: Population Analysis

Of the 2023 school district population:[31]

Age	Number
12	795
13	740
14	770
15	805
16	825
17	730
Total ages 12-17	4,665

Total April 2024 pupil data for SD79 indicates that there are 9,080 students enrolled within the public school system.[32] Of these 9,080 students, 4,074 are in grades 7-12. Within this number:

Grades 7-12	Number of students	Percentage
Have designations, indicating a disability of some sort	836	9%
Have recently arrived in Canada[33]	259	3%
Speak a language other than English at home[34]	271	3%
Identify as Indigenous[35]	913	10%
Live on-Reserve[36]	344	4%

[31] These numbers are reasonably accurate, but subject to rounding.
[32] Disclaimer: There are also significant numbers of school-aged youth who are enrolled in private schools or being home-schooled or not in school
[33] This figure includes all students, grades 7-12, who have permanent resident, refugee, or other international status, other than Canadian citizen.
[34] The languages, other than English, include: Arabic, Bulgarian, Cantonese, Catalan, Chinese, Croatian, Finnish, French, German, Greek, Gujarati, Hindi, Indian, Italian, Japanese, Korean, Malayalam, Mandarin, Mandarin, Nepali, Norwegian, Persian, Philippine (other than Tagalog), Pilipino, Polish, Portuguese, Punjabi, Russian, Shona, Spanish, Swedish, Swiss German, Tagalog, Telugu, Thai, Tibetan, Turkish, Ukrainian, Urdu, Vietnamese
[35] Indigeneity can mean Inuit, Metis, non-status, or status, both on and off-Reserve.
[36] The majority of students living on-Reserve are from Cowichan, but significant numbers also from Halalt, Malahat, and Penelakut.

Cowichan Valley School District 79 (Baragar) Projections[37]

The birth rate in the Cowichan region is generally trending down. Within the SD79 boundaries, the birth projections to 2038 are static, with the assumption being an average of 572 births per year.

In-migration to the region is also stagnating, possibly due to the cost of housing. The 10 year average of in-migration between the ages of 2 to 17 is 196 per year. For the period from 2024-2038, the projections are static, with the assumption of 190 in-migrations per year between the ages of 2-17.

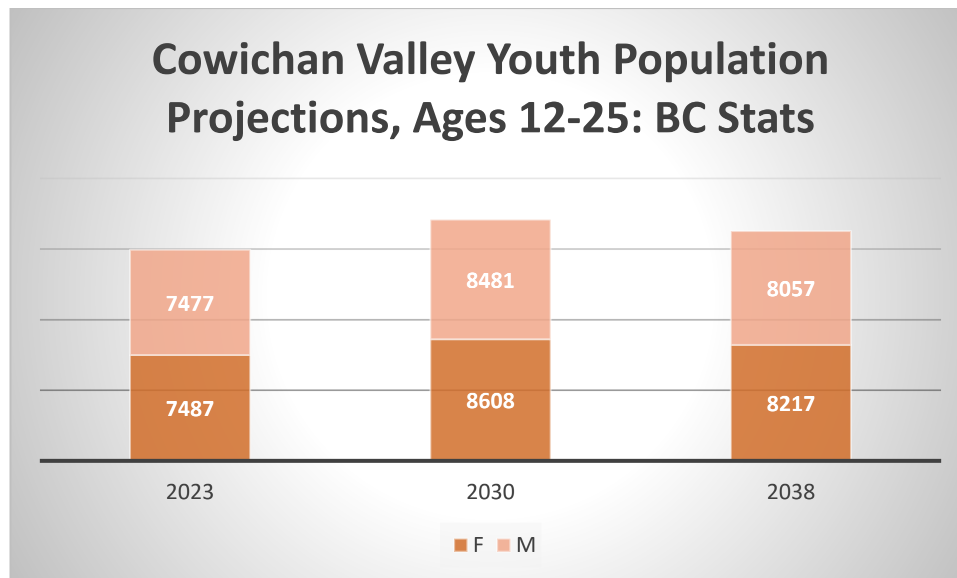
The total 2023[38] school district population, ages 5 to 17, is 10,070, and from 2025 onwards is projected to decline. The total 2038 school district population, ages 5 to 17, is projected to be 9,425.

BC Statistics Population Projections

BC Statistics is focused more on the total population, rather than the specifics of the school population, and so the results of their projections, while similarly indicating trends, come up with somewhat different results.

The 2023 estimate numbers for number of youth aged 12-25 is 14,964, with approximately 50% female and 50% male, which is somewhat different from the Census data, which is only freely available in 5 year increments, so the age range from 2021 Census data is 10-24.

BC Statistics projects that the youth population of the Cowichan region will grow by 14% between 2023 and 2030, from a total of 14,964 to 17,089, but then will start to taper off, but still be higher in 2038 (at 16,274) than in 2023.



[37] The assistance of Jason Sandquist and Jeff Rowan, Cowichan Valley School District 79, in obtaining detailed information is acknowledged with gratitude.
[38] This data is based on actual numbers of students.

The number of households in the Cowichan region are projected to continue to grow, while the average number of people living in each household will continue to decline. This reflects an overall aging population.

Appendix 4: Youth Services Ecosystem Pillars Description

Education and Schools

By law, in Canada, all children go to school until at least age 16. In former times, this was straightforward, but in the Cowichan region today, this includes multiple systems of which Cowichan Valley School District No. 79 (SD79) is the largest. Within SD79, for the youth in our study, there are 17 elementary (up to grade 8) and 5 secondary schools (grades 9-12), including one middle school. Some of the schools offer instruction in English only, while others are French immersion schools. SD79 also has an Indigenous Education Division, which provides resources to integrate Coast Salish culture and the *Hul'q'umi'num* language into classrooms, and a Nature school offering alternative outdoor education programming at the primary school level. There are also two alternate schools within SD79.

In addition to the primarily English-language public school system (SD79), there is also the Francophone *École des cascades: une école publique francophone*. There are also several faith-based schools, including the Duncan Christian School (K-12) and Queen of Angels Catholic elementary and middle school.

There are also multiple private schools throughout the region, some of which are quite prestigious: Brentwood, Shawnigan, and Queen Margaret's, Waldorf and Evergreen. These have a population of a minimum of 50% of BC-based kids to get the government operating grant, but not all of these BC kids are local to the Cowichan region. A significant percentage come from other places in BC.

Cowichan Tribes provides K-4 education at the Quw'utsun Smuneem Elementary School, and intends to grow the school up to grade 7. Penelakut and Stz'uminus also provide Indigenous-only education.

There is also a robust system of home schooling in the region.

In addition to these institutions which focus on the BC curriculum, many extra-curricular activities take place in private schools that focus on music, art, dance, sports (gymnastics, karate), and so on.

Libraries also contribute to this part of the ecosystem:

- They are open outside of normal school hours, for students to do research, find recreational reading, or otherwise have a safe space to hang out (quietly)
- Reference librarians can assist youth with school assignments or to research topics of personal interest
- They have computers and internet access, which can be useful for youth.

For those youth who have aged out of high school, there are a variety of educational opportunities as well:

- Literacy Now Cowichan (literacy support, computer lab, free wifi for those 18+),
- Vancouver Island University (pre-University transition programs as well as Adult Basic Education and high school equivalency),
- Cowichan Tribes (adult education 19+ and post-secondary support, university entrance preparation) and the
- Cowichan Intercultural Centre (ESL).

There are also numerous employment-related support programs such as those run by Cowichan Valley Youth Services, Work BC, and Hiiye'yu Lelum House of Friendship.

Healthcare

The healthcare system is a very large system, and can be divided into three major categories, addressing both physiological and mental health needs of individuals, as well as the public health needs of communities. For most youth, access to this system is anchored by their family physician (if the family has one) and the hospital, where they go to have broken bones set, and other emergency health issues attended.

The public health aspect of the healthcare system is meant to focus on preventing disease and injuries, responding to public health threats, and promoting good physical and mental health. In BC, in the past 8 years, we have experienced two major public health issues: COVID-19 (2020-2024) and the Overdose Crisis (since 2016), both of which have had and are having a major impact on youth in the Cowichan region.

Addressing mental health needs is far less straightforward. For emergency situations, the hospital Emergency Room may be the point of first contact, but it could also be paramedics, police, social worker, or counsellor. Depending on the nature of the mental health need and the ability of the person in crisis (or their advocate) to identify options, care is provided through a diffuse network of government agencies (MCFD), healthcare (Island Health), and non-profit organizations (such as CMHA, CVYS, Foundry virtual, and others) – broadly known as the social services sector.

The largest healthcare provider in the region is Island Health, the regional health authority, which is responsible for delivering health and care services within its regional boundaries. In the Cowichan region, it operates the Cowichan District Hospital, the Cowichan Hospice, Margaret Moss Centre, and walk-in clinics in Ladysmith, Chemainus, and Lake Cowichan. Island Health is building a new hospital (to be opened in 2026) and an Urgent and primary care centre (which started construction in July 2024). It has a number of specialized care teams, including the Substance Use Integrated Team (SUIT) and Youth Short Term Assessment and Response (Y-STAR), which do outreach to vulnerable people, including youth, in the community.

Island Health has created the Cowichan Health and Care Plan to reduce hospital use and promote health and wellness for people in the region by "involving local partners in health service planning and implementation." This plan identifies 7 partnership for healthy communities: primary care, community care, long term care, hospital, mental health and substance use, and healthy living. The goal is to ensure that people can recover with appropriate supports, in the most appropriate care setting, for the most part outside of the hospital.

A number of the First Nations in the region operate their own healthcare centres. Of these, the largest is the Ts'ewulhtun Health Centre, which operates the Slhexun sun'ts'a' Clinic, and the Kwun'atsustul Counselling Services, as well as a dental program. Others include the Stz'uminus Health Centre, Huli'tun Health Society (Halalt and Lyackson), and the Malahat Health Centre.

> "It is important to note that with 1st Nations Health and Provincial Health….often their services only allow for 6 visits (or it could have changed), but when working with trauma…..six visits does not even scrape the top of an issue. This area needs more investment from several funders/service providers." -- Interviewee

The First Nations Health Authority plans, designs, manages, and funds the delivery of First Nations health programs and services in BC, which are largely focused on health

promotion and disease prevention. In this capacity, they work closely with all of the First Nations health centres. They also offer a tele-health service with Indigenous (and non-Indigenous) doctors.

Foundry Virtual[39] provides young people aged 12-24 and their caregivers same day virtual services, including counselling, peer support, accessing primary care, getting support with employment, accessing groups and workshops, and access to their library of tools and resources. In this study, several service providers mentioned that it was helpful to youth in the region.

Family doctors and nurse practitioners also offer primary health care services in the region. Although independent professionals, they get professional support from the Division of Family Practice (Cowichan), a not-for-profit society, to advance their shared goals and needs. They also operate their own clinics.

Midwives are allied health professionals that support maternity, birth, and the first six weeks post-birth. They are also independent professionals and operate their own clinics.

> "Service providers and organizations will only cover a set amount of sessions that a client can attend a program. Since Covid - 19 has come and gone....many of our children, youth, and families have still been experiencing a lot of deep mental/emotional/and psychological imbalances and First Nations Health Authority/ Provincial/MCFD will only cover a set amount of counselling sessions. If there is a more creative way for a places like CMHA to be able to have fully funded Family Therapists/ Counsellors that would be good because once a youth reaches the age of 19 - then the youth can NO LONGER be seen by a Youth Connection Worker...that youth has nowhere to go which leaves them in a more vulnerable place than they were when they were working with a CMHA youth connection worker. "
> -- Interviewee

All of the above services are publicly funded. There are many additional services that are not publicly funded, but equally essential to overall health and well-being, depending on the issue. For example:

- Pharmacists
- Nutritionists and dieticians
- Chiropractors
- Naturopaths
- Dentists
- Physiotherapists, and
- Psychologists and counsellors.

Recreation and Parks

Parks and recreation opportunities are important to the development of health children and youth. Play, in parks or other recreation, contributes to key areas of development:

1. Gross motor skills, such as crawling, jumping or running
2. Fine motor skills, such as writing and drawing
3. Speech and language
4. Cognitive and intellectual, and

[39] https://foundrybc.ca/virtual/

5. Social and emotional skills, such as playing with other children.

There are two major government agencies responsible for recreation and parks within the region: 1) the Cowichan Valley Regional District (CVRD), which operates four community centres (including hockey arenas) and manages both regional and local parks in the unincorporated parts of the region, and 2) the District Municipality of North Cowichan, which operates pools in Duncan and Crofton, provides lifeguarding services on Fuller Lake, and offers other recreational facilities and parks. Each municipality also offers its own parks within municipal boundaries. The Cowichan Sportsplex is available for baseball, field hockey, track and field, and therapeutic walking, and has a set of outdoor exercise equipment.

Additionally, sporting organizations within the region provide options for youth, both indoor and outdoor, including: soccer, hockey, rugby, baseball, swimming, mountain biking, equestrian, sailing, golf, basketball, and so on.

Some organizations, such as the Take a Hike Foundation and the Grove Nature School (both in SD79), Cowichan Therapeutic Riding Association, and Generation Farms, integrate recreation and access to nature into programming to assist clients with accessing the benefits of fresh air, exercise, and nature while developing skills of various types.

Social Services

As the term is used for this report, social services is the part of the youth services ecosystem which catches everything that isn't covered in the other parts of the ecosystem.

For youth in the region, available social services range from:

- Food and nutrition: Nourish Cowichan, food banks, Cowichan Green Community (CGC) meals, pizza Thursdays,
- Immigration services: Cowichan Intercultural Society
- Housing
- Policing
- Court services: Native Court Workers, Ravensnest
- Counselling: CYMH, CVYS, CMHA
- Child protection and related services: MCFD, *Stsi'elh stuhw tu smun'eem*[40], and others
- Housing and shelter services
- Mentoring and peer supports
- Income assistance
- Employment supports

In Duncan, these services tend to be distributed in the form of programming offered through non-profit organizations or government institutions. In smaller communities, like Ladysmith, Lake Cowichan, and Chemainus, there are organizations that coordinate a number of these services.

[40] Formerly known as *Lalum'utul' Smun'eem* or LS. Part of Cowichan Tribes. After a referendum, Cowichan Tribes' *Snuy'uy'ulhtst tu Quw'utsun Mustimuhw u'Shhw'aluqwa' i' Smun'eem* [Laws of the Cowichan People for Families and Children] came into effect on August 1, 2024.

Appendix 5: Cultural Safety & Humility List of Resources

First Nations Health Authority

Krista Joseph, senior advisor on cultural safety and humility for the Vancouver Island region of the First Nations Health Authority (FNHA), has prepared a digitized list of Cultural Safety and Humility and Anti-Racism Resources that she keeps up to date. This informal list is for folks wanting to learn more, but is not the FNHA's official list of resources.

The FNHA's Cultural Safety and Humility land page can be found here: https://www.fnha.ca/what-we-do/cultural-safety-and-humility.

Krista can be reached at:

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Island Health

Information about Island Health's Indigenous Health initiatives can be found here: https://www.islandhealth.ca/learn-about-health/aboriginal-health.

Indigenous Health Program Contacts can be found here: https://www.islandhealth.ca/learn-about-health/aboriginal-health/aboriginal-health-program-contacts.

Island Health contracts with Len Pierre Consulting to support their Cultural Safety portfolio. There are many resources on the website.

Lise Gillies assisted at the October 9th workshop, and offered to assist with connecting organizations to cultural safety and humility training. Lise can be reached at:

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