

PYS Program Evaluation of Parent/Caregiver Support Service

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Peterborough Youth Services: Evaluation of the Parent & Caregiver Support Service

Modules of Effectiveness, Accessibility, Inclusivity, and Participant Experience

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Abstract: This report aims to support Peterborough Youth Services (PYS) in developing an evaluation framework to assess service standards. PYS offers mental health and youth justice services to youth aged 10 to 17 and their families. This project focuses on the Parent & Caregiver Support Service, which offers counselling and support to caregivers and family members in addressing their child or youth's mental health needs. To ensure PYS services reflect best practices, an evaluation tool will be created to assess program effectiveness, accessibility, inclusivity, and participant experience. This project conducted a literature review on the four modules mentioned above through an analysis of secondary data. This was followed by consultations with key informants at PYS, a semi-structured interview with the informants, and a pretest with former PYS clients. Analyses were completed using grounded theory. The findings were organized into three distinct categories: access, compassion, and expression, which guided the final revisions of the chosen evaluation tool. The final tool is intended to support PYS in administering structured evaluations in the future and to inform programming decisions.

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Executive Summary

Peterborough Youth Services (PYS) aims to administer structured evaluations in the future to evaluate what service objectives are being met and what areas need improvement. This project aims to support their vision by developing an evaluation framework that collects client feedback. A literature review was conducted which contained content from internal PYS documents as well as secondary sources from similar organizations or health-based research. Two rounds of interviews were conducted: one semi-structured interview with two key informants from PYS and one informal interview with one informant. Feedback from the interviews was used to develop the first draft of the chosen evaluation tool, a self-report questionnaire. Then a pretest was held with three participants from the Youth Advisory Committee. The pretest discussions informed the final revision process. Based on the results, this report provides three recommendations to consider when creating an evaluation framework.

1.0 Introduction

Peterborough Youth Services (PYS) offers a wide selection of mental health and youth justice services to youth aged 10 to 17 and their families, one of which is the Parent and Caregiver Support Service (PCSS). This is a brief service, typically 6 sessions, and is intended to educate and support caregivers and family members in addressing their child or youth's needs pertaining to mental health. The service offers multiple interventions, which are catered toward the specific goals and needs of the family. Treatment targets are decided in collaboration with the caregiver(s) and a willing participating child or youth.

To support and improve the quality of this service, PYS aims to develop an evaluation framework that assesses program accessibility, inclusivity, participant experience, and effectiveness. The purpose of developing an evaluation framework is to identify strengths and weaknesses in their services and make improvements. This project drafted an evaluation tool, a self-report questionnaire, to collect feedback on client experiences. This will support PYS in meeting their 2023-2028 Strategic Road Map goal of making evidence-informed, data-driven decisions (Peterborough Youth Services (PYS), 2024b).

2.0 Research Questions and Methodology

This project aims to discover what evaluation tools PYS could utilize and determine what content would best answer their desired questions surrounding service standards. This project is in collaboration with student researchers Karen Huaman Rodriguez and Leon Wickramage who also partnered with PYS. Three modules (accessibility, inclusivity, and participant experience) of the evaluation framework pertain to all three projects, while the effectiveness module is program-specific.

Considering this, the core research question is as follows:

Q.1.0 What is the most appropriate structure, form, and content of an evaluation instrument for the Parent and Caregiver Support Service offered by PYS?

The core research is then divided into two subsequent questions:

Q.1.1 What is the most appropriate form and content of evaluation modules on effectiveness, accessibility, and inclusivity for the program?

Q.1.2 What is the most appropriate form and content of a participant experience study for the program?

With these questions in mind, an initial consultation was held with two key informants at PYS. The consultation provided general information on what PYS hoped the evaluations would encompass, and relevant internal documents were shared. One key document was the “Community Response Program Descriptions,” which identified program-specific objectives and outcomes. This document provided insight into the five key objectives of the PCSS, which became central to the evaluation framework. The objectives are as follows: (a) support timely, effective early intervention; (b) reduce the need for more intensive and intrusive intervention; (c) develop family capacity; (d) connect families to services when appropriate; and (e) improve child and youth functioning (PYS, 2024a). Potential indicators of the PCSS objectives were sought out in the literature review. Eight other factors that were considered relevant to the evaluations were also discovered during the literature review.

Then, semi-structured interviews were conducted with the same informants to discuss the literature review findings. The literature review ended up being less relevant to the evaluation

framework but a useful starting point. Feedback from the interviews was considered when drafting the first version of the evaluation questionnaire. A second round of informal interviews was held with one key informant regarding the first version of the questionnaire. Based on this discussion, the questionnaire was revised, and a second version was pretested. Three participants were recruited by PYS and are members of the organization's Youth Advisory Committee. The pretest was carried out in the form of a focus group. Participants received hard copies of the service evaluation questionnaire and participated in an open discussion. Final revisions of the questionnaire were made based on the pretest discussion and approved by the host.

All interviews were transcribed using AI software and double-checked by the author. The interviews were then coded using grounded theory. Three key categories were found, which outlined recommendations for developing a client-focused evaluation framework. These recommendations informed the revision process of the service evaluation questionnaire.

Some limitations to this report include the small sample size of the semi-structured interviews and pretest. Another limitation is that the participants in the pretest were unfamiliar with the PCSS, which may explain the missing feedback on whether the content in the questionnaire was relevant or not to the program. However, this project was able to gain feedback from both adult and youth audiences, which is valuable to the PCSS as it involves both caregivers and children and youth.

3.0 Literature Review

3.1 Context

In recent years, Peterborough Youth Services (PYS) has undertaken extensive reviews that resulted in the production of new services, greater clarity of program descriptions and terminology, and resource tools that can reach a wider audience. Now, the team at PYS aspires to create an evaluation tool that can assess four modules of program success: effectiveness, accessibility, inclusivity, and participant experience. The evaluation tool will evaluate whether program goals are being met and ensure high service standards. The content and structure of the evaluation framework will reflect the PYS 2023-2028 Strategic Road Map, which outlines how the organization conceptualizes the four modules. The literature review will focus on issues relevant to the development of evaluation tools for the Parent and Caregiver Support Service (PCSS).

A preliminary point concerns the central role of family involvement in the PCSS. Caregivers are expected to collaborate with service providers in developing and implementing a treatment plan. Empirical support for this approach is provided by Saroca and Sargent's (2022) assessment of family work in psychiatric practices. The authors affirm that multiple clinical studies have shown that positive family relationships can be a protective factor in the treatment and recovery of youth with mental health conditions. The opposite can also be true; dysfunctional family relationships and a negative environment can be a precipitating or perpetuating factor for mental health conditions (Saroca & Sargent, 2022). The PCSS offers education and training to caregivers, which promotes behaviors that are supportive of the child or youth's needs. Parental responsiveness is an important aspect of positive family relationships and

building trust between a child and caregiver (Jiménez et al., 2019). In alignment with this, caregivers in the PCSS are expected to play an active role in the treatment plan.

3.2 Recommended Guidelines for Evaluation Tools

Alberta Health Services (2019) proposed a multistep process to develop an evaluation framework. The first step involves the creation of a logic model, which is a visual representation of causal relationships between a program's inputs, activities, and intended outcomes. It also identifies underlying assumptions and external factors affecting program success. The logic model serves as the basis for the development of performance indicators and specific evaluation questions. Accordingly, it informs the following core research question: “What are the most appropriate ways to measure whether or not the program activities are effective?”

Figure 1 presents a proposed logic model for the PCSS, whereas figure 2 maps out in greater detail the relationship between program activities and outcomes.

Figure 1
Logic Model for PYS Parent and Caregiver Support Service

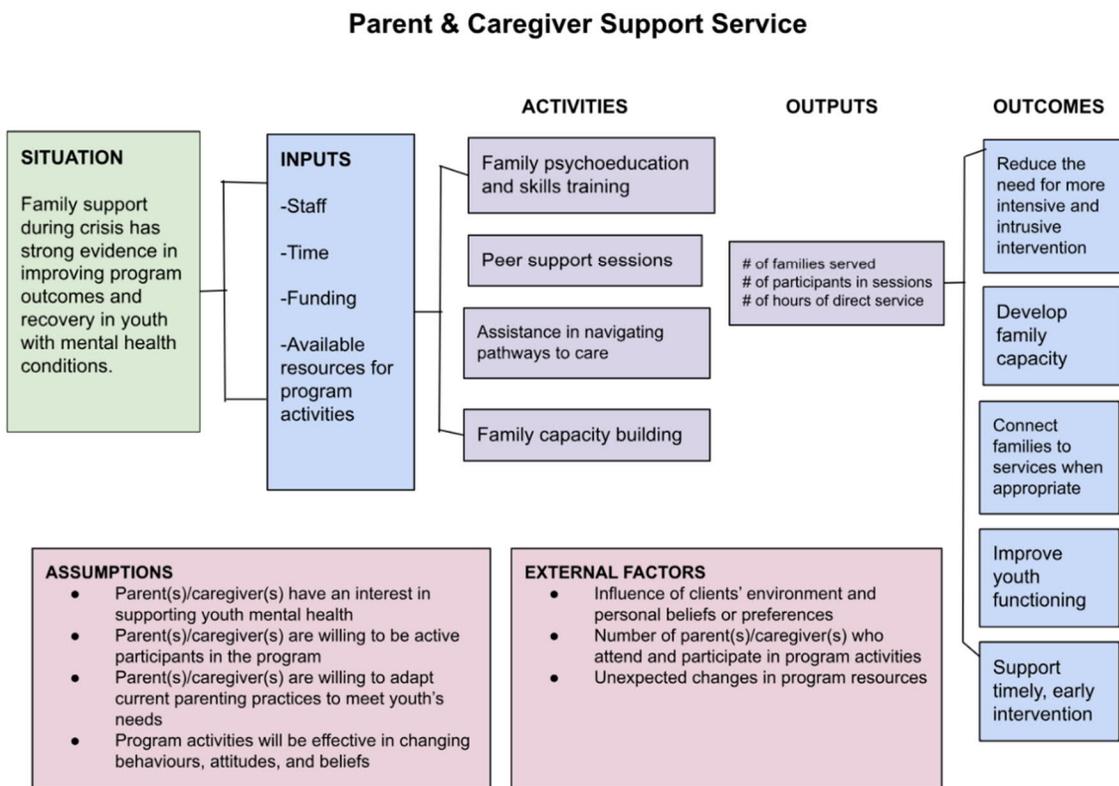
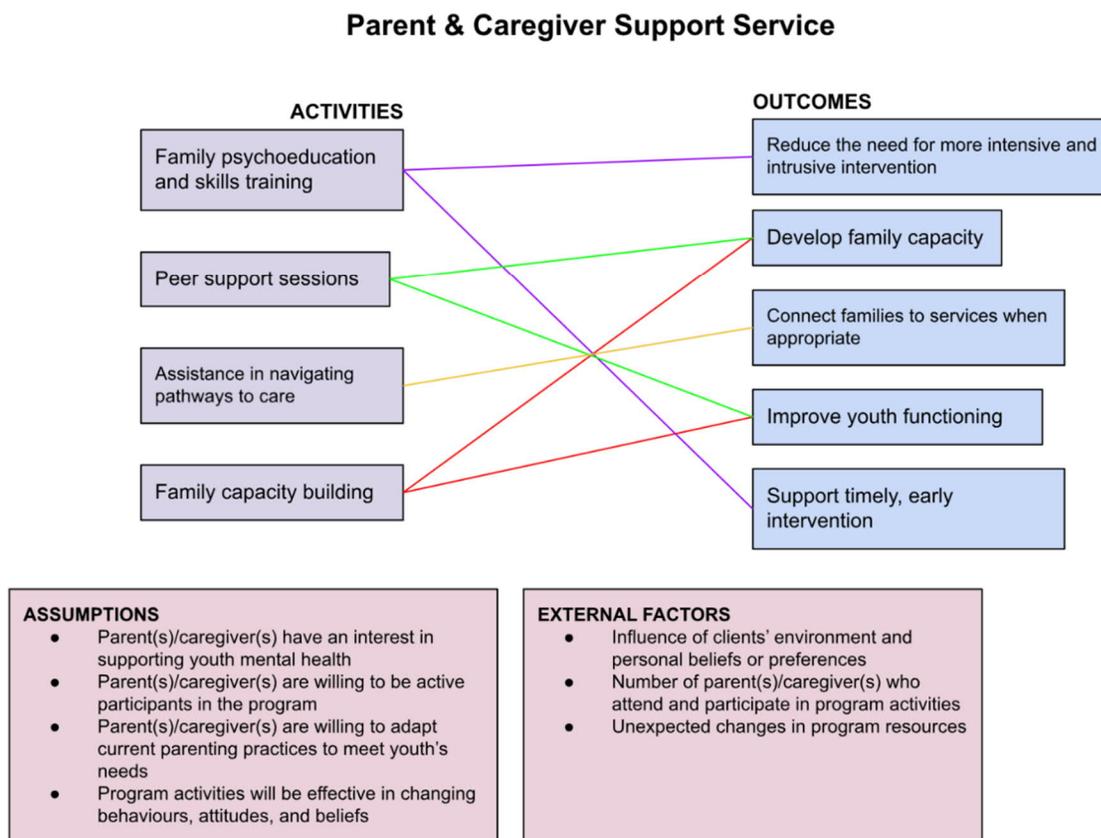


Figure 2
Program Activities in Relation to Program Outcomes



3.3 Program Effectiveness

This section focuses on literature relevant to PCSS outcomes, which gauge program effectiveness.

Program Outcome 1: Increased Youth Functioning

Indicators for the program outcome - increase youth functioning - should reflect positive indicators of mental health and well-being. Varin et al. (2020) outline a self-report questionnaire that has successfully been applied to children and youth in Canada, namely the Positive Mental Health Surveillance Indicator Framework (PMHSIF), developed by the Public Health Agency of Canada. The framework focuses on five outcomes, which include (a) self-rated mental health; (b) perceived happiness; (c) perceived life satisfaction; (d) perceived psychological well-being; and

(e) perceived social well-being. The last two outcomes can be related to a child or youth's sense of autonomy and relatedness. Recommendations to promote autonomy during treatment sessions include creating a safe and welcoming space where the client can openly express themselves (Varin et al., 2019). Clients should feel like they have a choice and are being heard when treatment decisions are being made. This will support the client's willingness to engage in treatment (Varin et al., 2019). Since the PCSS is directed at families and does not need a participating child or youth, this can also be applied to caregiver(s).

The relatedness aspect is directly related to the activities offered in the PCSS program, such as peer support. This intervention can promote resilience and positive child and youth functioning. A study by Joo et al. (2022) found peer support programs had various benefits for individuals with health issues and their caregivers. Clients who had psychosocial support reported a sense of hope and motivation to "get through this," were less isolated, had better knowledge of self-care skills, and improved navigation of health care systems and community resources. Access to peer support in the PCSS program could be linked to these perceived benefits.

Additionally, according to Coley et al. (2020), treatment success can be measured by symptom severity pre- and post- treatment. The study reports that a 50% decrease in symptom severity indicates a meaningful improvement. Furthermore, symptom reduction can be assessed individually, making it a more versatile indicator than, for example, remission, which uses a universal baseline (Coley et al., 2020). This indicator would allow PYS to gain feedback that is reflective of each client's abilities and progress, supporting a personalized approach to treatment.

Program Outcome 2: Timely, Early Intervention

The Canadian Mental Health Association (n.d.) suggests one in five youth in Ontario has had a mental health challenge, which is why PYS values early intervention and direction to resources. According to Peterborough Public Health (2024), existing in-person mental health support for children and youth is slim. PYS is one of three services offered to residents in the Peterborough area. Therefore, it is critical to assess if PYS is meeting their early intervention goal. This can be done by tracking program outputs. First, the reach and delivery of the PCSS should be evaluated. In an effective program, the services should be delivered to the intended audience. The REACH model can assess to *what extent* PYS is delivering services to its target population (Balasubramanian et al., 2015).

Balasubramanian et al. (2015) defines REACH as a strategy to monitor client engagement and track the type of care clients receive. The framework can assist programs with measuring success in clients who receive care, modifying the use of in-practice care and referrals, and strengthening integrated care strategies. This type of model that involves integrated care is relevant to PYS, as they often collaborate with community resources to provide interdisciplinary and multidimensional care to best fit each client's needs. REACH can be integrated into care at two levels: 1) Screening REACH: measure of participation by percentage and characteristics of clients, and 2) Integrated care services REACH: measure of patients receiving services. For PYS, this includes children and youth and their families. This model promises strong results, as health care services that implemented REACH to standardize protocols of care reached seventy percent of their target population on average, compared to programs that used clinicians' discretion (M= 7.9%). PYS could use an adaptation of this model

that aligns with their operational scope, such as a smaller scale of data collection to make it more feasible.

Program Outcome 3: Developing Family Capacity

Positive family dynamics play an important role in child and youth recovery (Saroca & Sargent, 2022). It may be beneficial to track improvements in caregiver-child relationships across treatment. However, the issue is finding a universal measurement. An empirical article by Jiménez et al. (2019) outlines indicators of family capacity. Reduced engagement in risk activities, perceived support of family members, and parental practices post-treatment were most commonly reported. However, ‘parenting practices’ is a broad term. Jiménez et al. (2019) outline three parenting styles: authoritative, which promotes child-caregiver collaboration, meaningful rules and consequences, and parental warmth; authoritarian, which is more hostile and promotes a unidirectional relationship whereby the parent has total control; and permissive, where parents are too lenient and leave children with no direction.

The study concluded that healthier parenting practices, which follow an authoritative style, better support youth recovery in treatment (Jiménez et al., 2019). The use of healthier parenting practices also increased parents’ reported satisfaction with the program, self-efficacy, and competence as a parent (Jiménez et al., 2019). The PCSS should consider perceived self-efficacy and competence of caregivers as indicators of family capacity. For example, a caregiver with a high level of perceived competence would feel confident in utilizing the skills they learned from treatment on their own. This may encourage them to be more attentive to their child or youth’s needs and build a more supportive relationship.

Additionally, according to Ong et al. (2021), family engagement is a strong indicator of family capacity. The authors state the World Psychiatric Association recommends family

involvement in the treatment of a young person because it can promote positive treatment outcomes. Family engagement may also extend to the other program outcomes, like improved youth functioning.

Program Outcome 4: Reduce Need for More Intensive and Intrusive Treatment

Untreated mental health conditions in children or youth can cause adverse effects on multiple aspects of everyday life, including overall health, school, and social life (Radez et al., 2019). It can also increase risk behaviours such as drug use, self-harm, and suicide, which can continue into adulthood (Radez et al., 2019). Therefore, early detection and access to treatment are crucial. Reducing the need for more intensive and intrusive treatment can be focused on prevention. The time at which the client received intervention and how effective the program was in meeting its target outcomes could be considered indicators.

Program Outcome 5: Connect Families to Services When Appropriate

This outcome includes PYS supporting a smooth transition for clients to other PYS or external programs that will better support the family's needs. PYS often works closely with their community partners, where they can receive or give out referrals. For example, a caregiver in the PCSS may also benefit from an adult counselling service, which PYS does not offer. Therefore, when deemed fit, PYS may refer the individual to an additional service. Indicators for this outcome may include being time-efficient (how long it took to be paired with the service and was it reasonable?) and support with service navigation.

3.4 Context of Program Outcome Indicators

The following table shows how the evaluation questions and indicators that were developed in this section could be used in the future evaluation.

Table 1

Example of Evaluation Framework Development

Evaluation Questions	Indicators	Data Collection Methods	Timing of Data Collection	Person(s) Responsible for Data Collection
Is the program reducing the need for more intensive and intrusive treatment?	<ul style="list-style-type: none"> • prevent or reduce the need for higher demanding interventions (e.g. hospital visits, use of crisis services, etc.) 	Participant survey	After program	Program Coordinator
Do caregivers feel confident in using the skills they learned from treatment? (family capacity)	<ul style="list-style-type: none"> • increased levels of parental competence • increased levels of self-efficacy • increased use of healthier parenting practices 	Participant survey	Before and after program	Program Coordinator

3.5 Program Accessibility and Inclusivity

Program activities should offer the best standard of care in terms of being accessible and inclusive. The following factors were commonly reported in academic literature on health care services:

Awareness of Services

Radez et al. (2021) state that not knowing where to get help can reduce help-seeking behaviour. PYS acknowledges this barrier to receiving support and offers step-by-step support with navigating services. However, a client's perception of the support they received while navigating services can be valuable. Additionally, PYS has updated its website to ensure program descriptions are being communicated clearly. The ways clients become aware of and access PYS services can be considered in the evaluation framework.

Program Delivery

It is important to consider if the program can be offered in various settings and formats to meet the unique needs of each client. Spatial barriers such as access to transportation and travel distance are barriers to accessing care (Wang & Ariwi, 2021). The PCSS offers community outreach, which can prove to mitigate these barriers. PYS offers treatment from wherever it is most convenient to the client and their family. This can include community settings such as parks, community centers, shops, and the family home. The PYS response team travels to these locations at no cost to the clients. In Peterborough this is especially important, as residents who live in the County do not have access to public transit.

Availability of Services

A review by Moroz et al. (2020) noted that in Ontario, there are excessive wait times for mental health services, with six months to one year being common. This can be a challenge for

the PCSS to meet its objective of early intervention. The evaluation tool should consider the average wait times for services.

Associated costs

PYS programs are free to the public, but there are still hidden costs of accessing these services. Hidden costs may include a caregiver needing to take time off work or having to arrange childcare for those not involved in treatment.

Cultural Sensitivity

The U.S. Department of Health and Human Services (2001) noted how culture plays a role in the client's attitudes and beliefs toward mental health conditions. It can influence when an individual seeks help and how they communicate their symptoms to professionals. Some cultures may respond more negatively towards mental health, which can make it difficult for families to accept their child or youth's mental health struggles and influence how they engage with treatment. Additionally, approaches to treatment may differ. For example, Indigenous treatment has a greater spirituality aspect than Westernized medicine (Health Canada and Assembly of First Nations, 2014). Therefore, cultural background should be considered and implemented appropriately into the treatment plan. The appropriateness of how PYS staff approach this can be assessed in the evaluation tool.

Diverse Representation of Staff

PYS services aim to reach a diverse audience. The current representation of staff at PYS should reflect this to visibly represent it is a safe and accepting environment. Consideration of how clients perceive the general atmosphere at PYS locations may be included.

3.6 Participant Experience

This module focuses on the general experiences of clients who use PYS services.

Feeling Welcomed and Accepted

Marjadi et al. (2023) made suggestions on how to support a client in feeling respected and accepted in a health care setting. Suggestions that could be specific to PYS are to use inclusive signage and symbols (Marjadi et al., 2023). The physical space where program activities are held could have LGBTQIA+ flags and Indigenous symbols to serve as a welcome to diverse populations. The evaluation framework should aim to capture if a feeling of acceptance or representation was felt by clients during their service time.

Positive Therapeutic Rapport

Radez et al. (2019) emphasizes building rapport and a therapeutic relationship with clients. A positive therapeutic relationship includes high confidentiality, trust, and contact. The study suggested young clients reported they had concerns about disclosing personal information to a person they did not know. Therefore, their perceived contact with service providers could be a barrier to willingly receiving treatment. Young clients were more likely to seek help if they felt respected, heard, and not judged (Radez et al., 2019). Clients' feelings towards their service provider could be used as an indicator of their satisfaction with a service.

5.0 Findings

5.1 Literature Review

The literature findings served as an initial guide to the development of the evaluation framework. It helped direct the semi-structured interview questions. Though the information collected for '*Program Outcome 2: Timely, Early Intervention*' and '*Program Outcome 4: Reduce Need for More Intensive and Intrusive Treatment*' ended up being the least relevant to

the evaluations, it led to a better understanding of each PCSS objective and necessary clarifying discussions during the interviews. However, there were indicators presented in the review that were used in the final draft of the evaluation tool (see Appendix D). This includes parental competence and engagement as indicators for ‘*Program Outcome 3: Developing Family Capacity.*’ The review also mentioned relevant themes that were adapted into the inclusivity and participant experience modules, such as feelings of respect and acceptance. Additionally, barriers pertaining to accessibility were incorporated into the final evaluation framework under the broader category of ‘making accommodations.’

5.2 Semi-structured Interviews

The semi-structured interview questions were developed based on the initial consultation with key informants at PYS and content from the literature review. The goal of the first round of interviews was to decide on which content should be included or left out of the evaluations. Based on these discussions, a first draft of the service evaluation questionnaire was created (see Appendix A). Then, a second round of informal interviews was held to discuss the first draft. The main feedback was that the questionnaire was too long and was aiming to cover too much content. A very insightful comment was that the intended audience of these questionnaires are individuals in need of mental health services, so it can be presumed that they do not have the time nor energy to fill out an intensive survey. In addition, the language of the questionnaire was considered too academic. The suggestion that was given was to aim for a 6th-grade reading level. These recommendations informed the revised tool. This is evident when comparing draft one to the final draft of the questionnaire.

Post-interview, an internal document titled “PYS Performance Measurement Data Definition Tables” was shared. The document outlined how PYS conceptualizes inclusivity and

an overarching objective of ‘right service, right time.’ These definitions supported the implementation of two evaluation questions: “feeling heard and valued” and “being connected with the right service.”

5.3 Pretest

The pretest with the Youth Advisory Committee (YAC) aided in the final revision process.

Multiple valuable comments were made, reflecting the following recommendations:

a) *Consistent Formatting.* Stay consistent throughout the questionnaire when possible.

This led to changes, such as the four modules being on a 4-option scale and box-format. The 4-option scale was chosen so participants would not rely on a safe middle option that ‘neutral’ provided. This will ensure meaningful information is gained, as ‘neutral’ does not convey much. The box-format was agreed upon by all three participants. The feedback suggested this format feels easier and faster to read and respond to, which would benefit the intended audience.

b) *Appropriate Comprehension Level.* Like the semi-structured interview feedback, pretest participants agreed to be mindful of language and terms used in the questionnaire. Flagged language is highlighted in red (see Appendix C). This language was deemed to be ‘too wordy’ and ‘confusing.’ One solution that a participant suggested was to provide examples that clarify the intention of the question. This recommendation was applied during the revision process.

c) *Short Length.* The length of the questionnaire should reflect the audience it was intended for. In our case, a short and concise questionnaire is key. All three participants agreed the length felt appropriate, so no changes were made.

d) *Compassionate Language*. A valuable comment from one of the participants was to “put ourselves in a client’s shoes” and think about how they would feel reading the questionnaire. This was referring to children or youth. Minor changes to language were made (see in red, Appendix D).

e) *Room for Expression*. All participants agreed the open-ended feedback sections were important to keep in the final version of the questionnaire. One comment was that it gave space for clients to express themselves and their experiences.

f) *Relevance to Client Experiences*. Participants did not provide much feedback but thought the content seemed relevant (see ‘limitations’ in **2.0 Methodology**).

6.0 Recommendations

Three main recommendations were arrived at following textual analysis of the transcripts of the semi-structured interviews and pretest. Foremost, when developing an evaluation framework, a researcher should consider their intended audience. To do so, a researcher will follow the following criteria: (a) access, which encompasses length, language, and relevance; (b) compassion; and (c) expression.

(a) *Access* refers to how the audience would most likely respond to the evaluation tool.

Length, language, and relevance are considered in context to what would support a high level of engagement with the tool. For this project, the length should be short and concise since the intended audience is dealing with mental health stressors on top of the responsibilities of being a parental figure. Language is aimed at a 6th-grade reading level in hopes clients from all different educational and cultural backgrounds will be able to access it. The third variable, relevance, refers to the content and format of the tool. The

content in the evaluations should adequately reflect a typical client's experience, because if the content is more directed to ministry questions, clients may feel as if their experiences have been overlooked and not respond positively to the tool. In addition, the format should be simple and easy to follow, which is why this tool followed consistent formatting. This service evaluation questionnaire can also be offered in multiple formats: a written style and an interview format so it can be delivered verbally.

- (b) *Compassion* refers to how a client or family member would feel if they got access to the evaluation tool. This project aims to ensure the language is inclusive, which also means being mindful of phrases that could direct blame to the client. This was kept in mind during final revisions since the questionnaire will ask clients personal questions about a time when they felt vulnerable.
- (c) *Expression* refers to allowing space for a client to share and speak about their experiences. This is done best with open-ended feedback questions, which were included in the final service evaluation questionnaire. This acts as a safety net for any experiences the researcher may have overlooked. If a client feels like an aspect that was not included in the tool had a large impact on their experience, they can include it in the open-ended feedback sections.

7.0 Conclusion

The final evaluation tool is presented in Appendix D. Simple and clear language is used in the hope that all willing clients will be able to participate. Questions are rated on a scale for easy data collection, which was decided to be on a 1-3 scale for the screening questions and a 1-4 scale for the remainder. The four modules (accessibility, inclusivity, participant experience, and effectiveness) informed how the sections in the final tool were organized but were not distinctly

labeled in the questionnaire as per the Youth Advisory Committee's request. Client experiences are sure to extend beyond the factors we have included in the questionnaire. Multiple opportunities were provided for open-ended feedback. In addition to the questionnaire, semi-structured interview guidelines are also provided if PYS chooses to rely on these methods (see Appendix E). Ultimately, the final tool is intended to support PYS in administering structured evaluations in the future and to inform programming decisions.

References

- Alberta Health Services. (2019). Evaluation planning: A resource for addiction and mental health researchers. <https://www.albertahealthservices.ca/assets/info/amh/if-amh-ke-evaluation-planning.pdf>
- Balasubramanian, B. A., Fernald, D., Dickinson, L. M., Davis, M., Gunn, R., Crabtree, B. F., Miller, B. F., & Cohen, D. J. (2015). REACH of interventions integrating primary care and behavioral health. *Journal of the American Board of Family Medicine*, 28 (1), 73–85. <https://doi.org/10.3122/jabfm.2015.S1.150055>
- Canadian Mental Health Association. (n.d.) *Child and youth mental health: Signs and symptoms*. <https://ontario.cmha.ca/documents/child-and-youth-mental-health-signs-and-symptoms/>
- Canadian Mental Health Association, & the Ontario Mental Health Foundation. (2004). *Making a difference: Ontario's community mental health evaluation initiative*. Government of Ontario. https://ontario.cmha.ca/wpcontent/uploads/2017/03/Making_a_Difference_CMHEI_Final_Project.pdf
- Coley, R. Y., Boggs, J. M., Beck, A., Hartzler, A. L., & Simon, G. E. (2020). Defining Success in Measurement-Based Care for Depression: A Comparison of Common Metrics. *Psychiatric Services*, 71(4), 312–318. <https://doi.org/10.1176/appi.ps.201900295>
- Government of Canada. (2024). Positive Mental Health Surveillance Indicator Framework. <https://health-infobase.canada.ca/positive-mental-health/>
- Health Canada and Assembly of First Nations. (2014). *First Nations mental wellness continuum framework: Summary report*. Government of Canada. <https://www.sac-isc.gc.ca/eng/1576093687903/1576093725971>

- Jiménez, L., Hidalgo, V., Baena, S., León, A., & Lorence, B. (2019). Effectiveness of structural-strategic family therapy in the treatment of adolescents with mental health problems and their families. *International journal of environmental research and public health*, 16(7), 1255. <https://doi.org/10.3390/ijerph16071255>
- Joo, J. H., Bone, L., Forte, J., Kirley, E., Lynch, T., & Aboumatar, H. (2022). The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers. *Family practice*, 39(5), 903–912. <https://doi.org/10.1093/fampra/cmac004>
- Marjadi, B., Flavel, J., Baker, K., Glenister, K., Morns, M., Triantafyllou, M., Strauss, P., Wolff, B., Procter, A. M., Mengesha, Z., Walsberger, S., Qiao, X., & Gardiner, P. A. (2023). Twelve tips for inclusive practice in healthcare settings. *International journal of environmental research and public health*, 20(5), 4657. <https://doi.org/10.3390/ijerph20054657>
- Moroz, N., Moroz, I., & Slovienc D'Angelo, M. (2020). Mental health services in Canada: Barriers and cost-effective solutions to increase access. <https://doi.org/10.1177/0840470420933911>
- Ong, H. S., Fernandez, P. A., & Lim, H. K. (2021). Family engagement as part of managing patients with mental illness in primary care. *Singapore medical journal*, 62(5), 213–219. <https://doi.org/10.11622/smedj.2021057>
- Peterborough Public Health. (2024). *Mental health: Supports*. <https://www.peterboroughpublichealth.ca/your-health/healthy-living-and-eating/mental-health>

Peterborough Youth Services. (2024). *Community response program description*. Internal PYS report.

Peterborough Youth Services. (2024). *PYS strategic road map 2023 – 2028*. Internal PYS report.

Radez, J., Reardon, T., Creswell, C., Lawrence, P.J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, 30, 183-211. <https://doi.org/10.1007/s00787-019-01469-4>

Saroca, K., & Sargent, J. (2022). Understanding families as essential in psychiatric practice. *Focus (American Psychiatric Publishing)*, 20(2), 204–209. <https://doi.org/10.1176/appi.focus.20210035>

The Centre for Addiction and Mental Health. (n.d.). Evaluating mental health promotion programs: a supplement to the best practice guideline series. <https://kmb.camh.ca/uploads/26ce0941-1e9a-4da2-a45a-715cd474ba28>

U.S. Department of Health and Human Services. (2001). *Mental health: culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. <https://www.ncbi.nlm.nih.gov/books/NBK44249/>

Varin, M., Palladino, E., Lary, T., & Baker, M. (2020). An update on positive mental health among youth in Canada. *Health promotion and chronic disease prevention in Canada: research policy and practice*, 40(3), 81–85. <https://doi.org/10.24095/hpcdp.40.3.03>

Wang, L., & Ariwi, J. . (2021). Mental health crisis and spatial accessibility to mental health services in the city of Toronto: A geographic study. *International Health Trends and Perspectives*, 1(2), 191–213. <https://doi.org/10.32920/ihtp.v1i2.1427>

Appendix A

Parent and Caregiver Support Service Evaluation Questionnaire (Draft 1: Sep. 2024)

Accessibility

To what extent did the following factors affect or limit your access to the programs [Crisis Response Program, Youth Justice Program, and Caregiver and Parent Support Program] offered by Peterborough Youth Services (PYS)?

- a. Scheduling time off work to meet service hours

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

- a. Arranging child care for children or youth not involved in treatment

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

- a. Cost of technology for virtual services

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

- a. Cost of transportation [public transit, gas, etc.]

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

- a. Offered hours of available services [Monday to Friday 9-5pm, Tuesdays and Wednesdays 9-8pm]

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

- f) Time spent on the waitlist

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

g) Your residential location. For example, residents outside the city limits such as in the Counties do not have access to public transit and may have further travel distances.

1- not at all 2-very little 3-somewhat 4-quite a bit 5-very much

Please explain in the space below if relevant.

The counsellor's communication towards me and/or the language and terms used in program materials affected or limited my access to the programs [Crisis Response Program, Youth Justice Program, and Caregiver and Parent Support Program] offered by Peterborough Youth Services (PYS). For example, language was delivered in a way I can understand, or not.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

Please explain in the space below if relevant.

How did you become aware of the Crisis Response Program or the Parent and Caregiver Support Program offered by PYS?

1- PYS website

If relevant, please explain your website experience in the space provided. _____

2- Third-party referral [health care professional, educators, companies, family or friends, etc.]

Please specify in the space provided. _____

3- Other

Please specify in the space provided. _____

Feedback:

Do you have any suggestions or concerns with how the PYS Program was carried out?

Is there any other comment you would like to share regarding your experience in the PYS Program?

Participant Experience Module

Staff Engagement/Interaction

1. Would you agree or disagree that you overall felt respected in the PYS Program? For example, your counselor didn't make you uncomfortable, wasn't disrespectful, understood you, did not overstep your boundaries, worked with you, etc.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

Please explain in the space below if relevant.

1. Would you agree or disagree that you overall felt heard in the PYS Program? For example, your counselor let you speak, understood what you shared, etc.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. Would you agree or disagree that you overall felt supported in the PYS [] Program? For example, your counselor made you feel valued, like you could share what you wanted, that they were paying attention, shared useful information, etc.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. Would you agree or disagree that you overall felt safe in the PYS [] Program? For example, feeling physically safe from harm by your counselor or when accessing your session, feeling emotionally safe to share your thoughts and opinions in your session, etc.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

Feedback:

Do you have any suggestions or concerns with how the PYS [] Program was carried out?

Is there any other comment you would like to share regarding your experience in the PYS [] Program?

Inclusivity

Staff Engagement/Interaction

1. I felt as if my identity and/or lived experiences (e.g. aspects of who I am including race, ethnicity, gender, sexual orientation, disability, etc.) may have affected my experience in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. I felt as if my counselor paid attention to all aspects of my identity and/or lived experiences (e.g. aspects of who I am including race, ethnicity, gender, sexual orientation, disability, etc.) important to myself.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

-
1. I felt as if my counselor valued all aspects of my identity and/or lived experiences (e.g. aspects of who I am including race, ethnicity, gender, sexual orientation, disability, etc.) important to myself.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. I felt I had a sense of belonging, considering my identity and/or lived experiences (e.g. aspects of who I am including race, ethnicity, gender, sexual orientation, disability, etc.) in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

Staff Representation & Cultural Competency

1. My counselor considered all aspects of my identity and/or lived experiences (e.g. aspects of who I am including race, ethnicity, gender, sexual orientation, disability, etc.) in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. My counselor treated me in a fair and respectful manner.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

Language, Practice, & Resources

1. The resources being provided in multiple languages made me feel welcome in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

1. The resources being provided in multiple languages made me feel a sense of belonging in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

-
- 1. The resources being provided in multiple languages made me feel a sense of inclusion in the PYS [] Program.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

-
- 1. My counselor communicated and explained things to me clearly and in a way I can easily understand.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree
Please explain in the space below if relevant.

Feedback

Do you have any suggestions or concerns with how the PYS Crisis Response Service Program was carried out?

Is there any other comment you would like to share regarding your experience in the PYS [] Program?

Effectiveness

Section 1

**If you are a parent or caregiver involved in the Parent and Caregiver Support Program, please fill in the questions in *Section 1* and *Section 3* ONLY.

**If you are a child or youth involved in the Parent and Caregiver Support Program, please skip to *Section 2*.

How effective do you feel the program was in meeting the following objectives?:

- a. Fostering a positive waitlist experience. For example, the time spent on the waitlist felt reasonable.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

- a. Connecting you to additional services and resources appropriately. For example, you were given guidance in navigating PYS and external programs.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

- a. Helping you become aware or have a greater understanding of your child or youth’s mental health struggle and needs.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

- a. Supporting your ability to respond to your child or youth’s needs in an appropriate way.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

- a. Encouraging you to take an active role in your child or youth’s care plan.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

- a. Reducing the need for further treatment and care that is more demanding, such as longer sessions or in-facility care [staying in a hospital, care center, etc.]

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

How effective do you feel the program was in promoting the following healthy and positive behaviours from your child or youth? *ONLY answer what applies to your situation.*

- a. Attending school regularly.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

- a. Learning to regulate and manage harmful or negative thoughts and emotions.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

- a. Limiting harmful or risky behaviours such as the use of recreational substances [drugs or alcohol] or self-harm.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

- a. Building positive relationships in their life [friendships with peers, family members, teachers, etc.]

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

- a. Learning how to advocate for themselves when they need support or help.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

- a. Engaging in activities or hobbies that give them joy.

1- Not effective at all 2-slightly effective 3-moderately effective 4-very effective 5-extremely effective

Please explain in the space below if relevant.

Section 2

****If you are a child or youth involved in the Parent and Caregiver Support Program, please fill in the questions in *Section 2* and *Section 3* ONLY.**

****If you are a parent or caregiver involved in the program, please skip this section.**

Rate the following statements based on your experiences since completing the program. *ONLY answer what applies to your situation.*

- a. I feel like my family understands and knows how to support my needs.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I feel like my family shows effort in being a part of my treatment and care plan.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I feel like my family and I get along well.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I am able to regulate harmful or negative thoughts and emotions I may have.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I am able to recognize when my actions are harmful to me or others.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I have positive relationships in my life [friendships with peers, family members, teachers, etc.]

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I am able to ask for support and help when I need it.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

- a. I am involved in activities and/or hobbies that bring me joy.

1-Strongly Disagree 2-Disagree 3-Neither Disagree or Agree 4- Agree 5-Strongly Agree

Please explain in the space below if relevant.

Section 3

Feedback:

Do you have any suggestions or concerns with how the Parent and Caregiver Support Program was carried out?

Is there any other comment you would like to share regarding your experience in the Parent and Caregiver Support Program?

Appendix B

SSI with Key Informants at PYS (Draft Final: Dec. 11, 2024)

ACCESSIBILITY MODULE

Perhaps we can begin with the Accessibility Module. There are differences between the programs but let's start with the questions in common. We would like to propose four aspects of accessibility to include namely: i) Accessible Language; ii) Affordability/Costs; iii) Location/Transportation; iv) Availability/Scheduling.

1. In terms of accessible language, we had in mind the usage of clear, non-technical forms of oral and written communication with PYS. We intend to ask about the language used in the project-specific activities undertaken by PYS. Would you consider this relevant to include in the questionnaire or not? [If not, probe] Are there any other aspects of accessible language which are relevant to ask about or not?
2. In terms of affordability/costs, we understand from our previous meeting that costs associated with time off work, child-care or transportation are relevant to include in the evaluation questionnaire. Are there any other aspects of costs/affordability which you consider relevant to ask about, or not?
3. In terms of location/transportation, we understand from our previous meeting that physical accessibility for non-Peterborough-based residents and for those relying on public transportation are relevant issues to include in the evaluation questionnaire. Are there any other transportation-related issues to include or not?

4. In terms of availability/scheduling, we intended to ask about the scheduling of services offered by PYS (for example Monday-Friday between 9-5 for some services) and wait times. Would you consider this relevant to include in the questionnaire or not? [If not, probe]. Are there any other relevant aspects of scheduling/availability to consider in the evaluation questionnaire or not?

Re. Awareness. For the Parent and Caregiver Support Program and for those participants who were NOT referred to the Crisis Response Program by a third party, we also intended to include a question on awareness of the program. For example, we intended to ask about the PYS website. Would you consider this relevant to include in the questionnaire or not? [If not, probe]. Are there other ways that people become aware of PYS programming to include in the evaluation questionnaire or not?

Closing Question: To recap, we proposed questions on: i) Accessible Language; ii) Affordability/Costs; iii) Location/Transportation; iv) Availability/Scheduling and v) Awareness (for the Crisis Response & Parent/Caregiver Support projects). Are there any other Accessibility-related issues to include in the evaluation questionnaire or not?

PARTICIPANT EXPERIENCE MODULE

Now, let's move to the Participant Experience Module. Here we are following a set of standard questions which often appear on participant experience surveys. We would like to propose three aspects of the participant experience to include related to: i) Staff Engagement/Interaction; ii) Satisfaction and iii) Feedback

1. In terms of staff engagement/interaction, we intended to ask questions about feelings of being: i) respected; ii) heard iii) supported and iv) safe. Would you consider these considerations relevant to include in the questionnaire or not? [If not, probe]. Are there any other relevant aspects of staff engagement/interaction to include in the evaluation questionnaire or not?

2. In terms of satisfaction, we intended to ask for client satisfaction with respect to the specific services offered by PYS along with an overall satisfaction question. Would you consider it relevant to include these satisfaction questions in the questionnaire or not? [If not probe]. Are there any other aspects of participants' experience to which the satisfaction questions should be applied or not?

3. In terms of feedback, we intended to ask participants if they had any suggestions for improving their experience with specific services offered along with their overall experience. Would you consider it relevant to include these feedback questions in the questionnaire or not? Are there any other relevant areas of feedback to include in the evaluation questionnaire or not?

Closing Question: To recap, we proposed questions on: i) Staff Engagement/Interaction; ii) Satisfaction and iii) Feedback. Are there any other Participant Experience-related issues to include in the evaluation questionnaire or not?

INCLUSIVITY MODULE

Based on our earlier discussion, we understand inclusivity to apply primarily to issues facing groups with fall under EDI categories. Accordingly, we would like to propose applying this module only to participants who self-identify as belonging to a designated EDI group. First off, we wanted to know if this adequately captures what you have in mind or not?

Perhaps we can give you an idea of some of the questions if they are posed to EDI- related groups. We propose three aspects of inclusivity to include related to: i) Staff Engagement/ Interaction; ii) Staff Representation & Cultural Competency; iii) Language & Practice

1. Re. Staff Engagement/Interaction, we intended to ask the same questions as in the participant experience module concerning feelings of being: i) respected; ii) heard iii) supported and iv) safe. The only difference is that we would append the clause ‘as a member of a distinct cultural group’ to the end of the question. Are you comfortable addressing inclusivity in this way or not? Are there any other relevant aspects of staff engagement/interaction to include in the evaluation questionnaire or not?

2. Re. Staff Representation and Cultural Competency, we were interested in including questions concerning i) staff knowledge/understanding of participants’ cultural backgrounds and ii) effect of staffing composition on participant’s experience. Would you consider it relevant to include questions such as these in the evaluation questionnaire or not? [If not, probe]. Are there any other relevant aspects of staff representation and cultural competence to include in the evaluation questionnaire or not?

3. Re. Language, Practice & Resources, we were interested in including questions addressing the effect on participant experience of i) language ii) practices and iii) resource materials used. Questions would likely inquire about *'level of comfort of x based on your cultural background'*. Would you consider it relevant to include questions such as these in the evaluation questionnaire or not? Are there any other relevant aspects of language, practices and resources to include in the evaluation questionnaire or not?

Closing Question: To recap, we proposed questions on: i) Staff Engagement/ Interaction; ii) Staff Representation & Cultural Competency; iii) Language & Practice. Are there any other Inclusivity-related issues to include in the evaluation questionnaire or not?

EFFECTIVENESS MODULE

We would like to structure the effectiveness module around the outcomes that you have listed in the Community Response Program description document. To recall, the 5 outcomes listed are: i) support timely, effective early intervention; ii) reduce the need for more intensive and intrusive intervention; iii) develop family capacity; iv) connect families to services where appropriate and v) improve child and youth functioning. I would like to ask specific questions about some of these outcomes:

For the first outcome, support timely, early intervention Would the relevant aspect of early intervention be timeliness? If yes, has this target outcome been covered in the accessibility module [wait times, scheduling]? Are there other aspects of early intervention should be considered in the evaluation questionnaire or not?

Let's move to the second outcome, Reduce the need for more intrusive and intensive

intervention: We understood intrusive and intensive intervention to include emergency room visits, inpatient programs, and hospitalizations. Is this what the outcome is referring to or are there other intensive and intrusive interventions which should be considered or not?

In terms of the third outcome, developing family capacity, we proposed three dimensions of capacity to include in the evaluation questionnaire, namely: i) understanding of the child/youths' mental health problem ii) competency to address child/ youth's mental health problems; iii) engagement with service provision and the treatment plan. Is this what the outcome refers to? Are there other aspects of family capacity to include in the evaluation questionnaire or not?

Moving to the next outcome, 'Connecting families to services when appropriate', we note that : respite services are mentioned in the project description document. Are there other family services which should be considered in the evaluation questionnaire or not?

In terms of the final outcome, Improved Child and youth functioning, there are a number of dimensions of functioning which could be included in the questionnaire. For example, The Positive Mental Health Surveillance Indicator Framework (PMHSIF) (developed by the Public Health Agency of Canada) lists perceived : i) happiness; ii) life satisfaction; psychological well-being [competence, autonomy], and social well-being [relatedness]. The ODCF lists recognition of impact of behavior, social functioning, and decreased risk behaviors. Which of these dimensions of child and youth functioning, or others, do you feel should be included in the evaluation questionnaire?

Concluding Question: Are there any additional outcomes (other than the 5 already mentioned) you feel we should include to assess the effectiveness of the program?

Appendix C

Peterborough Youth Services (PYS) Parent & Caregiver Support Program Evaluation Questionnaire (Draft 2: Feb. 22, 2025)

Client Survey Questionnaire of Peterborough Youth Services

Section 1

[Screening Question]

How did you become aware of the Parent & Caregiver Support Program offered by Peterborough Youth Services (PYS)?

1 - PYS website

2 - Third-party referral [health care professional, educators, companies, family or friends, etc.]

3 - Other

Please specify. _____

[For those who answered ‘PYS Website’ in the Opening Question]

The website was easy to find after a simple Google search.

Agree. 2- Neutral. 3- Disagree

Program information was easy to locate and clearly defined.

Agree. 2- Neutral. 3- Disagree

How much did the following factors impact or limit your ability to access the Parent & Caregiver Support Program?

<i>Circle the answer that best reflects your experience.</i>	Disagree	Neutral	Agree
Making accommodations to meet offered hours of services [e.g. scheduling time off work, arranging childcare, transportation].	1	2	3
Time spent on the waitlist.	1	2	3

Please share more details if there are any other factors affecting your ability to access the PYS program:

Section 2

Based on your experience in the Parent & Caregiver Support program, select if you agree or disagree with the following statements:

<i>Circle the answer that best reflects your experience.</i>	Disagree	Neutral	Agree
I felt heard and valued [e.g. I could speak openly and felt understood].	1	2	3
I feel like I was matched with the right service [e.g. service was able to address my family's needs].	1	2	3
I felt secure sharing my thoughts and feelings, knowing my privacy was protected.	1	2	3

Please share more details (if needed).

Section 3

In this section, we use the phrase ‘who I am as a person’, to refer to things which define one’s identity and lived experience. Examples include one’s cultural background, gender, sexual orientation, ethnicity, ability, and so on.

Based on your experience in the Parent & Caregiver Support program, select if you agree or disagree with the following statements:

<i>Circle the answer that best reflects your experience.</i>	Not at all	Very little	Somewhat	Very much
I felt respected considering who I am as a person.	1	2	3	4
I felt accepted by PYS staff considering who I am as a person.	1	2	3	4
All communication with PYS staff was provided in a way in which I can understand considering who I am as a person.	1	2	3	4

Please share more details (if needed).

Section 4

Based on your experience, how do you feel the Parent & Caregiver Support program did in meeting the following goals?

Providing service and support within a reasonable time frame

<i>Circle the answer that best reflects your experience.</i>	Poor	Fair	Good	Excellent
Providing service and support within a reasonable time frame.	1	2	3	4
Connecting you to other resources when needed [e.g. support in navigating PYS and external programs].	1	2	3	4
Reducing your need for more demanding treatment, such as longer sessions or in-facility care [i.e. staying in a hospital, care center, etc.].	1	2	3	4
Improving your ability to respond and manage child/youth's needs.	1	2	3	4
Fostering more positive outlooks and behaviours in child/youth [e.g. could include but not limited to: getting along with family, attending school regularly, engaging in less risky behaviours , and/or building friendships].	1	2	3	4
Encouraging your involvement in the treatment plan.	1	2	3	4

Please share more details (if needed).

Section 5

Are there any other comments you would like to share regarding your experience in the Parent and Caregiver Support Program (including suggestions for improvement)?

Appendix D

Peterborough Youth Services (PYS) Parent & Caregiver Support Service (PCSS)

Evaluation Questionnaire (Draft: Mar 18, 2025)

Note:* This survey will be given to **parents and caregivers who have participated in the Parent and Caregiver Support Service.

Client Survey Questionnaire of Peterborough Youth Services

Section 1

[Screening Question]

1. How did you become aware of the Parent & Caregiver Support Service (PCSS) offered by Peterborough Youth Services (PYS)?

PYS website

Third-party referral [e.g. health care professional, educators, companies, family or friends, etc.]

Other

Please specify. _____

[For those who answered 'PYS Website' in the Opening Question]

<i>Circle the answer that best reflects your experience.</i>	Agree	Neutral	Disagree
The website was easy to find after a simple web search.	1	2	3
Program information was easy to locate and clearly defined.	1	2	3

2. How much did the following factors impact or limit your ability to access the PCSS?

<i>Circle the answer that best reflects your experience.</i>	Not at all	Very little	Somewhat	Very much

Making accommodations to meet offered hours of services [e.g. scheduling time off work, arranging childcare, transportation].	1	2	3	4
Time spent on the waitlist.	1	2	3	4

Please share more details if there are any other factors affecting your ability to access the PCSS.

Section 2

3. Select how much the following statements reflect your experience in the PCSS.

<i>Circle the answer that best reflects your experience.</i>	Not at all	Very little	Somewhat	Very much
I felt heard and valued [e.g. I could speak openly and felt understood].	1	2	3	4
I feel like I was matched with the right service [e.g. service was able to address my family's needs].	1	2	3	4
I felt secure sharing my thoughts and feelings, knowing my privacy was protected.	1	2	3	4

Please share more details (if needed).

Section 3

In this section, we use the phrase ‘who I am as a person’, to refer to things that define one’s identity and lived experience. Examples include one’s cultural background, gender, sexual orientation, ethnicity, ability, and so on.

4. Select how much the following statements reflect your experience in the PCSS.

<i>Circle the answer that best reflects your experience.</i>	Not at all	Very little	Somewhat	Very much
I felt respected considering who I am as a person.	1	2	3	4
I felt accepted by PYS staff considering who I am as a person.	1	2	3	4
Communication by PYS staff was delivered in a way I can understand, considering who I am as a person.	1	2	3	4

Please share more details (if needed).

Section 4

5. Based on your experience, how do you feel the PCSS did in meeting the following goals?

<i>Circle the answer that best reflects your experience.</i>	Poor	Fair	Good	Excellent
Providing service and support within a reasonable time frame.	1	2	3	4
Connecting you to other resources when needed [e.g. support in navigating PYS and external programs].	1	2	3	4
Reducing your need for more demanding treatment, such as longer sessions or in-facility care [i.e. staying in a hospital, care center, etc.].	1	2	3	4
Improving your ability to respond and manage child/youth’s needs.	1	2	3	4
Encouraging more positive outlooks and behaviours from your child or youth [e.g. could include, but not be limited to, getting along with family, attending school regularly, participating in fewer behaviours	1	2	3	4

that cause harm to self or others, and building friendships].				
Encouraging your involvement in the treatment plan.	1	2	3	4

Please share more details (if needed).

Section 5

6. Are there any other comments you would like to share regarding your experience in the PCSS (including suggestions for improvement)?

Appendix E

Peterborough Youth Services (PYS): Parent and Caregiver Support Service (PCSS)

Evaluation SSI Format (Draft: Mar 18, 2025)

*Note: acronym 'P' stands for probe.

In this interview, we are going to be asking you about your experience in the Parent and Caregiver Support Service (PCSS). The goal of this interview is to collect information so Peterborough Youth Services (PYS) can update and improve its services.

Section 1

[Screening Question]

Q1: How did you first become aware of or connected to the PCSS offered by PYS?

[For those who answered 'PYS Website' in the Opening Question]

P1: Were you able to access the PYS website after a simple web search or not?

P2: When navigating the website, did you feel program information was easy to find and clearly described or not?

Q2: What factors impacted or limited your ability to access the PCSS, if any?

P1: For example, we learned other families felt making accommodations, such as scheduling time off work, arranging childcare, or transportation were barriers to accessing the PCSS. Did any of these factors affect you or not?

P2: And how about how much time you spent on the waitlist?

Section 2

Q3: Reflecting on your experiences in the PCSS, did you feel heard and valued by PYS staff throughout the service time or not?

P1: For example, this can include feeling able to openly share your thoughts and feelings with PYS staff and feeling understood. Was this your experience with PYS staff or not?

Q4: Reflecting on your experiences in the PCSS, did you feel like you were matched with the right service or not?

P1: Getting matched with the right service can include feeling your family's needs were appropriately addressed. Would you agree that your needs were met or not?

Q5: PYS promises to protect their users' privacy. Did you feel secure sharing your thoughts and feelings with PYS staff or not?

Section 3

In this section, we use the phrase 'who I am as a person', to refer to things that define one's identity and lived experience. Examples include one's cultural background, gender, sexual orientation, ethnicity, ability, and so on.

Q6: Reflecting on your experiences in the PCSS, did you feel respected by PYS staff considering who you are as a person or not?

Q7: Reflecting on your experiences in the PCSS, did you feel accepted by PYS staff considering who you are as a person or not?

Q8: Reflecting on your experiences in the PCSS, did you feel communication between you and PYS staff was appropriate considering who you are as a person?

P1: Did PYS staff deliver communication in a way you can understand or not?

Section 4

Q9: Reflecting on your experiences in the PCSS, were services and support provided to you within a reasonable time or not?

Q10: Reflecting on your experiences in the PCSS, did you feel you had support when being connected to resources or not?

P1: This can include support in navigating PYS services or external programs.

Q11: At the end of your service time, did you feel there was less need for more demanding treatment, such as long sessions or in-facility care like hospital stays or not?

Q12: At the end of your service time, did you feel more capable of responding to and managing your child or youth's needs or not? Why or why not?

Q13: At the end of your service time, did you feel your child or youth had more positive outlooks and behaviours, or not?

P1: This can include but is not limited to getting along with family members, attending school regularly, and building positive relationships such as friendships. Do you notice an improvement in any of these areas or not?

P2: What about your child or youth's involvement in behaviours that cause risk to oneself or others? Have you seen a decrease or increase, or has it stayed the same?

Q14: Reflecting on your experiences in the PCSS, did PYS staff encourage you to be involved in your child or youth's treatment plan or not?

Section 5

Q15: Are there any other comments you would like to share regarding your experience in the PCSS (including suggestions for improvement)?