



PROGRAM EVALUATION REPORT

2022-2023

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Executive Summary

Davenport Perth Neighbourhood & Community Health Centre (DPNCHC) provides integrated, accessible health and community services for individuals and families in the community who experience social and economic barriers, to ignite change, improve lives, and strengthen community.

In 2019 DPNCHC's Board of Directors approved a five-year strategic plan and theory of change for the period 2020-2025. Guided by the organization's Evaluation Policy, DPNCHC carries out an annual evaluation of its programs and services to inform planning, implement improvements and assess alignment and progress with the theory of change, strategic and operational plans. This annual evaluation report focuses on programs, services and initiatives implemented during the fiscal year from April 1st, 2022, to March 31st, 2023.

The findings section of the report provides information about the activities that took place in the various program areas within Health Services and Community Support Services during the fiscal year. It also includes observations and reflections on how programs and services were implemented and their effectiveness, resource allocation, and areas for improvement.

This report highlights the success of DPNCHC in maintaining client access and providing high levels of service despite the ongoing pandemic. It also discusses areas of excellence and success, such as the ability to maintain services and keep up with demand, as well as areas for improvement, such as addressing staff vacancies and meeting the needs of diverse communities.

Key findings:

- Overall organization performance for 2022-2023 met or exceeded performance for 2021-2022 with regards to individuals served, group sessions and total group participants/client attendance
- All programs and services indicated that they were able to maintain client access, with the exception of Volunteer Services, which operated at reduced capacity due to low demand for virtual opportunities
- Slightly more than half of programs reported that they were able to expand access mainly by resuming in-person services that had been paused due to pandemic conditions

- Overall, programs were able to maintain access and provide high levels of service. More than half of programs saw increased demand for services, resulting in short waiting lists in two programs. In some cases pandemic health and safety requirements limited the number of program participants for in-person programs.

Insights from the Pandemic and Recovery

In their reflections, staff noted the organization's success in maintaining services and meeting community demand in the face of pandemic restrictions and protocols, for instance by providing services online. This success was brought about through flexibility in how services are delivered, creativity in forming partnerships and collaboration and teamwork across the organization. Staff also reflected that maintaining aspects of virtual care could be appropriate going forward, particularly in primary care.

Staff also spoke to the need for a just pandemic recovery in their reflections. Notably, programs and services need to continue to be flexible and adaptable to respond to changing and emerging community needs. This could include developing or expanding mental health supports, particularly in children's mental health, as well as additional support for the community kitchen and literacy program.

Introduction

Davenport Perth Neighbourhood & Community Health Centre (DPNCHC) provides integrated, accessible health and community services for individuals and families in the community who experience social and economic barriers, to ignite change, improve lives, and strengthen community.

In 2019 DPNCHC's Board of Directors approved a five-year strategic plan and theory of change for the period 2020-2025. Guided by the organization's Evaluation Policy, DPNCHC carries out an annual evaluation of its programs and services to inform planning, implement improvements and assess alignment and progress with the theory of change, strategic and operational plans. This annual evaluation report focuses on programs, services and initiatives implemented during the fiscal year from April 1st, 2022, to March 31st, 2023.

In 2020, DPNCHC activated its Pandemic Illness Plan and implemented a COVID-19 Emergency Response Plan with a focus on adapting programs and services and creating new initiatives in response to the pandemic to ensure access and supports for most vulnerable clients and community members. As a result, the Annual Evaluation was adjusted to focus on programs and services responses to pandemic conditions. During fiscal year 2022-23, programs and services continued to be implemented in ways that met client and community needs while mitigating risks associated with the pandemic. As such this Annual Evaluation Report maintains a focus on how programs and services have continued to adapt to the changing pandemic conditions.

The Findings section of this report represents the perspective of staff and management involved in delivering the program or service. These findings will help determine how activities in each program were implemented this year and what outputs were produced.

The Overall Assessment section provides an analysis of the findings by examining:

- How effectively programs and services were implemented, to what extent they were able to provide access to in-person services, and what changes needed to be made or maintained
- The adequacy of resource allocation
- Lessons learned and how these can inform programs and services going forward to ensure a just pandemic recovery for DPNCHC's clients and community members. A just recovery is one that takes into consideration the inequities highlighted and worsened by the COVID-19 pandemic by focusing on the social determinants of health and creating resilient communities

Methodology

Due to the ongoing limitations caused by the COVID-19 pandemic, this evaluation report is based on data gathered through interviews with the Director of Health Services and the Director of Community Support Services, as well as a review of relevant documents and evaluation reports completed by the Directors in collaboration with their teams that reflect activities undertaken during the 2022-23 fiscal year. The evaluation reports used a mix of program description data and staff reflections to report on outcomes and included:

- Program details and description
- A summary of modifications to service delivery from previous fiscal year
- Reflection on how capacity, attendance and use of program resources were affected by the ongoing pandemic
- Reflection on areas of excellence and where there is room for improvement in program service and design

The data was synthesized and analyzed to create an overall assessment of programs, services and initiatives across the Centre. All services and program areas are included in this Program Evaluation Report, however activities carried out specifically in support of the Strategic Plan are reviewed in the Annual Operational Plan.

Findings

This section shares information about the activities that took place in the various program areas within Health Services and Community Support Services during the fiscal year.

Health Services

Health Services are comprised of primary care, community dietician, counselling-therapy, and physiotherapy services.

PRIMARY CARE	
Primary Activities	<ul style="list-style-type: none">• Primary care to registered clients• Flu vaccine clinics for registered clients and community• COVID vaccine mini clinic for registered clients and community• Community COVID vaccine clinics• COVID@Home• Primary care nursing support to Christie Refugee Welcome Centre• Health education workshops to DPNCHC programs• RN Student supervision

Target Population	<ul style="list-style-type: none"> • Clients living in catchment • Work with people of all ages • Focus on clients with barriers to access • Clients who are non-insured (people without immigration status) • Dominant populations are low-income, newcomers, non-insured, people with language barriers, people struggling with mental health and substance use 	
Enrollment	<ul style="list-style-type: none"> • No fees • Registration forms, socio-demographic questionnaire, health history screening form • Consent forms, privacy consent 	
Capacity and Outputs	<ul style="list-style-type: none"> • 2022-2023 panel capacity: 4,006 • Panel attainment at end of Q4: 82% 	<ul style="list-style-type: none"> • Total individuals served: 2,289 • Total service provider interactions: 11,266 • Total group sessions: 1 • Total group participants/attendance: 18
Resources	<ul style="list-style-type: none"> • Primary care staff • Non-insured budget • IT support and equipment • Medical supplies and equipment • Medications and vaccines 	
Partners	<ul style="list-style-type: none"> • Christie Refugee Welcome Centre • Community Choice Pharmacy • Non-Insured Walk-In Clinic: provide non-insured clients with walk-in primary care services, and transfer clients to DPNCHC when needed • Toronto Urban Health Alliance: Psychiatry • West-Toronto Diabetes Education Program 	
Staffing	<ul style="list-style-type: none"> • 3.0 FTE Physicians • 2.57 FTE Nurse Practitioners • 1.0 FTE Registered Nurse • 1.0 FTE Clinical Assistant • 3.0 FTE Medical Secretaries • 1.0 FTE Information Technology and Data Management Coordinator 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Primary Care	<ul style="list-style-type: none"> • Open for in-person and virtual services 	<ul style="list-style-type: none"> • Disease control protocols for in-person interactions • Phone-based services

		<ul style="list-style-type: none"> • Live video-based services • Email communication with clients • Provided material supports by delivery or pick-up • In-person individual appointments • Flu and COVID vaccine clinics offered indoors and outdoors
Health Education Workshops	<ul style="list-style-type: none"> • Open for in-person and virtual services 	<ul style="list-style-type: none"> • Live video-based services • In-person indoor programming with disease control protocols
Primary Care Nursing to Christie Refugee Welcome Centre	<ul style="list-style-type: none"> • Open for in-person services 	<ul style="list-style-type: none"> • In-person programming with disease control protocols
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Access to care for ongoing primary care clients was maintained. Clients were able to access triage and virtual/phone appointments as well as in-person access to care • Intakes for priority clients from internal referrals and partner agency referrals continued • Intakes for general community reopened in September 2022 <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • The primary care team was ‘stretched’ • Primary care team often provides practical support to clients such as helping navigate income assistance and social service systems which takes time away from clinical care. The team has identified that it would benefit from additional RN/RPN and case management resources <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • The primary care team was able to effectively maintain service to clients throughout the year by adapting to pandemic restrictions and safety protocols • The team continued to offer support to clients facing COVID by providing monitoring through the Covid@Home program • Aspects of virtual care continued this year to better meet client needs 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> • Better health outcomes – the core work of primary care is towards better health outcomes. As clients feel better and understand how they can self-manage their health issues they also experience increased wellbeing and resiliency 	

AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • The team would benefit from another RN/RPN and a Case Manager to support clients with practical support needs, such as housing and income supports, in a seamless way • A balanced approach to service delivery as we slowly emerge from the pandemic • In preparation for future pandemics, we can improve DPNCHC’s Pandemic Plan by adding implementation details and learnings <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • Aspects of virtual care will be maintained as appropriate to enhance clinical outcomes • Maintaining access to primary care, both virtual and in-person, focusing on urgent and important health needs • Managing clients through Covid@Home • Responding to community vaccination needs by delivering COVID-19 and flu clinics
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COUNSELLING-THERAPY SERVICES			
Primary Activities	<ul style="list-style-type: none"> • Individual counselling (General, youth, mental health and substance use) • Surfing Tsunamis Group • Surfing Tsunamis Graduation Group • DBT Informed Recovery • Connections to Inter-Professional Care Team and SCOPE 		
Target Population	<ul style="list-style-type: none"> • Anyone 12 years of age and older living in program catchment areas • Some groups clients require a mental health diagnosis or substance use 		
Enrollment	<ul style="list-style-type: none"> • DPNCHC enrollment forms • Intake and assessment for programs and groups • Age requirements apply to some programs • No program fees 		
Capacity and Outputs	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Individual counselling – 3-5 sessions/day per provider • Groups – 8-14 participants/group • Workshops – varies </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Total individuals served: 383 • Total service provider interactions: 1,496 • Total group sessions: 63 • Total group participants/attendance: 462 </td> </tr> </table>	<ul style="list-style-type: none"> • Individual counselling – 3-5 sessions/day per provider • Groups – 8-14 participants/group • Workshops – varies 	<ul style="list-style-type: none"> • Total individuals served: 383 • Total service provider interactions: 1,496 • Total group sessions: 63 • Total group participants/attendance: 462
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Resources	<ul style="list-style-type: none"> • Qualified counselling staff • Virtual platform for service delivery 		

	<ul style="list-style-type: none"> • EMR • Clinical supervision • Ongoing professional development 	
Partners	<ul style="list-style-type: none"> • Access Alliance Multicultural Health and Community Services • Flemingdon Health Centre (Fairview site) • Reconnect Health and Community Services • Scarborough Academic Family Health Team • SCOPE • Unity Health, St. Joseph's Hospital • West Toronto Community Health Services (formerly Four Villages Community Health Centre) 	
Staffing	<ul style="list-style-type: none"> • 3.8 FTE Counsellor-Therapists (actual in 2022/23) • Peer volunteer for Surfing Tsunamis Graduation Group (Total 40 hours) 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual Services	<ul style="list-style-type: none"> • Open for in-person and virtual services 	<ul style="list-style-type: none"> • Phone-based services • Live video-based services • Email communication with clients • Provided material supports by delivery or pick-up • In-person indoor and outdoor programming with disease control protocols
Registered Group Programs	<ul style="list-style-type: none"> • Open for virtual services 	<ul style="list-style-type: none"> • Live video-based services • Email communication with clients • Provided material supports by delivery or pick-up
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Was able to maintain high levels of service, despite a period with decreased staffing due to hiring challenges • Pandemic highlighted and legitimized mental health challenges, resulting in increased needs for mental health services and supports <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • With high demand for mental health services, counselling resources and capacity were stretched • Renewed psychiatry partnership through the Toronto Urban Health Alliance which provided additional resources to support the program 	

	<p>Was the program or service delivered as planned and in keeping with objectives and targets?</p> <ul style="list-style-type: none"> • Completely <p>What were the most successful aspects of the program or service design?</p> <ul style="list-style-type: none"> • Implementation of DBT-informed recovery group • Expansion of DBT Grad Group • Maintenance of high-quality counselling-therapy
THEORY OF CHANGE CLIENT IMPACTS	<p>The client outcome this service contributes to the most is:</p> <ul style="list-style-type: none"> • Increased resiliency – counselling and therapy modalities help individuals improve coping skills, regulate emotions better and address mental health challenges more effectively
AREAS OF IMPROVEMENT AND EXCELLENCE	<p>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</p> <ul style="list-style-type: none"> • Funding for an additional counsellor-therapist with second language capacity • Staff with specialization in children’s mental health to be able to provide support to families • Case management role to help connect clients to resources and manage client needs <p>What are the main lessons learned and/ or areas of excellence?</p> <ul style="list-style-type: none"> • Staff worked on a renewed sense of being part of a team after coming back on-site by participating in informal team building • The team’s breadth of expertise in counselling modalities, flexibility in how services are delivered, and creativity in forming partnerships, contributed to meeting increased client needs

COMMUNITY DIETICIAN			
Primary Activities	<ul style="list-style-type: none"> • Individual counselling appointments • Group presentations (Healthy Beginnings, Seniors, Early ON) • Early ON snack preparation • Community kitchen 		
Target Population	<ul style="list-style-type: none"> • All ages 		
Enrollment	<ul style="list-style-type: none"> • Lives in catchment area • Registration forms, socio-demographic questionnaire • No fees 		
Capacity and Outputs	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • 660 individual visits/year • Group program capacity varies by program from 10 to 45 participants/session </td> <td> <ul style="list-style-type: none"> • Total individuals served: 299 • Total service provider interactions: 334 • Total group sessions: 28 • Total group participants/attendance: 597 </td> </tr> </table>	<ul style="list-style-type: none"> • 660 individual visits/year • Group program capacity varies by program from 10 to 45 participants/session 	<ul style="list-style-type: none"> • Total individuals served: 299 • Total service provider interactions: 334 • Total group sessions: 28 • Total group participants/attendance: 597
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Resources	<ul style="list-style-type: none"> • Education materials • Food • Professional development 	
Partners	<ul style="list-style-type: none"> • The Stop Community Food Centre • Early ON 	
Staffing	<ul style="list-style-type: none"> • 1.0 FTE Registered Dietician 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> • Open for in-person and virtual services 	<ul style="list-style-type: none"> • Disease control protocols for in-person services • Phone-based services • Email communication with clients • Provided material supports by delivery or pick-up • In-person indoor programming
Registered group programs	<ul style="list-style-type: none"> • Open for in-person services 	<ul style="list-style-type: none"> • Disease control protocols for in-person programming • Phone-based services • Provided material supports by delivery or pick-up • In-person indoor programming
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Fewer phone appointments missed than in-person appointments • Increased demand for in-person programming with more participants attending <ul style="list-style-type: none"> ○ There is a waitlist for the Community Kitchen ○ There is a 4-6 week wait from referral to book initial individual session • Reduced capacity for virtual programming as in-person programming resumed • Increased demand for presentations in Healthy Beginnings, Early Years and Seniors programs, and some requests from outside the organization <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • Yes, adequate resources were allocated <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • Yes, for the most part <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • Presentations in community programs improved social connections with return to in-person sessions • Community kitchen participants developed and applied food skills and were able to take meals home 	

THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Increased wellbeing – individuals improve their overall wellbeing by accessing support and resources from the Dietician, such as improving knowledge and skills to prepare healthy meals and decreasing social isolation through group programming.
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> Larger budget for food and staffing would allow the community kitchen program to expand and to support participants during the program <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> Nutrition services supported clients to make behaviour changes which ultimately lead to better health outcomes such as improved chronic disease self-management, improved lab results and reduction of symptoms Community kitchen focused on increased sense of belonging and food security Food access needs have stood out as an important consideration in nutrition counselling to meet clients where they're at, and in community programs by offering substantial food items/meals and snacks in programs, as well as emergency food hampers and gift cards

PHYSIOTHERAPY			
Primary Activities	<ul style="list-style-type: none"> Individual physiotherapy sessions Drop-in presentations, e.g. seniors' groups as requested 		
Target Population	<ul style="list-style-type: none"> Individuals who are community members, connected to DPNCHC, and may or may not be clients of the healthcare centre 		
Enrollment	<ul style="list-style-type: none"> Internal referrals via Practice Solutions Suite (PSS) from other health centre providers Internal referral form via other program staff at DPNCHC External referrals via Solo Practitioners in Need (SPIN) External referrals via Non-Insured Walk-in Clinic (NIWIC) Inter-CHC referrals from other physiotherapists and CHCs within the Physiotherapists Network All ages, no fees 		
Capacity and Outputs	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> No roster maximum Appointments available per provider's schedule </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> Total individuals served: 154 Total service provider interactions: 402 Total group sessions: 1 Total group participants/attendance: 22 </td> </tr> </table>	<ul style="list-style-type: none"> No roster maximum Appointments available per provider's schedule 	<ul style="list-style-type: none"> Total individuals served: 154 Total service provider interactions: 402 Total group sessions: 1 Total group participants/attendance: 22
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Resources	<ul style="list-style-type: none"> Physiotherapist and fully equipped physiotherapy room 		

Partners	<ul style="list-style-type: none"> n/a 	
Staffing	<ul style="list-style-type: none"> 1.0 FTE physiotherapist 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> Open for in-person services 	<ul style="list-style-type: none"> Physiotherapy has returned to in-person appointments with disease control protocols in place Phone follow-ups and email communication as needed
Registered group programs	<ul style="list-style-type: none"> Closed/cancelled 	
Presentations to community programs/groups	<ul style="list-style-type: none"> In-person indoor programming 	<ul style="list-style-type: none"> Disease control protocols in place when providing presentations to community groups as requested
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> Physiotherapy services resumed in June 2022 after a parental leave vacancy, impacting overall capacity during the fiscal year Demand increased as clients and community members became aware that physiotherapy services had resumed Services operated at near full capacity with a 2-6 week wait time for an initial appointment <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> Yes <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> Multiple referral streams create access for individuals connected to the Centre in various ways Physiotherapy was able to keep up with demand and provided services to clients from all over the catchment area 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Better health outcomes – physiotherapy can directly contribute to all the client outcomes; however, by accessing physiotherapy patients experience reduced need for pain medication, increase their ability to maintain fitness levels (increased capacity), and these improvements lead to better health outcomes 	
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p>	

	<ul style="list-style-type: none"> Return to offering group programs, such as falls prevention, falls interdisciplinary chronic pain management, and pre/post-natal based on community needs <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> The implementation of physiotherapy services within the CHC allows for access to injury rehabilitation and prevention for many individuals who would not otherwise have access. This service has shown to reduce the need for pain medication, increase mobility, improve overall health and wellness, and as a result improve overall capacity to participate in activities of daily living
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Community Support Services

Community Support Services include programs and services for those in their early years and their caregivers, children and youth, adults (includes community support and crisis intervention, drop-in services, literacy tutoring and settlement services), seniors, as well as community development and health promotion and volunteer services.

EARLY YEARS	
<i>Primary Activities</i>	<ul style="list-style-type: none"> Parent/Caregiver and Child Programs: <ul style="list-style-type: none"> Parent/caregiver and child drop-ins Wallace Emerson Community Drop-in Backyard outdoor play programs Outdoor park programs Virtual circle, song and story time Urdu circle time Preschool/School Readiness: <ul style="list-style-type: none"> Virtual Preschool Parent Education/Groups/Support: <ul style="list-style-type: none"> Virtual parent education groups <ul style="list-style-type: none"> Nobody's Perfect (English and Spanish) Mother Goose, Portuguese Speaking Mother's Group Parent-Infant groups Virtual parenting workshops Child minder training Children's clothing pop-up Pre-recorded Facebook video activities Health and Education:

	<ul style="list-style-type: none"> ○ Healthy child screening ○ Child development kits, food and wellness distribution ○ Healthy Beginnings Pre-natal program ○ Staff support for vaccine clinics ○ Staff support for pop-ins 		
Target Population	<ul style="list-style-type: none"> • Adult caregivers with children from birth to 6 years old 		
Enrollment	<ul style="list-style-type: none"> • Caregiver any age with a child up to 6 years old • EarlyON registration form • Vaccine certificates as per government requirements 		
Capacity and Outputs	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> • Due to COVID-19 restrictions, capacity was limited for in-person programs to 25 individuals/group, except for Wallace-Emerson • Virtual programs were only available to registered clients with no maximum capacity </td> <td style="width: 50%;"> <ul style="list-style-type: none"> • Total individuals served: 2,584 • Total group sessions: 872 • Total group participants/attendance: 23,834 </td> </tr> </table>	<ul style="list-style-type: none"> • Due to COVID-19 restrictions, capacity was limited for in-person programs to 25 individuals/group, except for Wallace-Emerson • Virtual programs were only available to registered clients with no maximum capacity 	<ul style="list-style-type: none"> • Total individuals served: 2,584 • Total group sessions: 872 • Total group participants/attendance: 23,834
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Resources	<ul style="list-style-type: none"> • Staff were provided with laptops to be able to deliver virtual programs from home • Additional funds for PPE and equipment to accommodate space to ensure pandemic safety such as dividers, barriers and visual markers) • Back yard was adapted to be used as an entrance for Early Years programs to ensure health and safety (paved walkways, fence replacements) 		
Partners	<ul style="list-style-type: none"> • City Kids • Early Abilities • Families Canada • Growing Up Healthy Downtown: Family Service Toronto, The 519 Glitter Bug Project, West Neighbourhood House, Waterfront Community Centre, Woodgreen, University Settlement • Kimball Kelly • Pauline Public School • The Stop Community Food Centre • Toronto Public Health • Wallace-Emerson • West Toronto Community Health Services 		
Staffing	<ul style="list-style-type: none"> • 9.3 FTE 		
SERVICE DELIVERY			
PROGRAM TYPE	STATUS		
	ACCOMMODATIONS		

Individual services	<ul style="list-style-type: none"> Open for in-person and virtual services 	<ul style="list-style-type: none"> Disease control protocols for in-person services Phone-based services Live video-based services Online supports (pre-recorded videos, Facebook groups) Email communication with clients Provided material supports for delivery or pick-up In-person indoor and outdoor programming
Registered group programs	<ul style="list-style-type: none"> Open for in-person and virtual programs 	<ul style="list-style-type: none"> Disease control protocols for in-person services Phone-based services Live video-based services Online supports (pre-recorded videos, Facebook groups) Email communication with clients Provided material supports for delivery or pick-up In-person indoor and outdoor programming
Drop-in programs	<ul style="list-style-type: none"> Open for in-person and virtual programs 	<ul style="list-style-type: none"> Disease control protocols for in-person services Phone-based services Live video-based services Online supports (pre-recorded videos, Facebook groups) Email communication with clients Provided material supports for delivery or pick-up In-person indoor programming
Healthy child screening	<ul style="list-style-type: none"> Open for in-person services 	<ul style="list-style-type: none"> Disease control protocols for in-person services In-person indoor programming
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> Capacity increased by approximately 50% from the previous fiscal year as we were able to re-open the drop-in at 1900 Davenport In-person program options were at capacity each session Wait lists of approximately 3-6 families for some infant groups and for virtual school readiness programs <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> Yes, because we were not spending money on program materials, food and child minding we were able to balance costs related to COVID-19 health and safety and IT resources to support remote work <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> For the most part, yes 	

	<p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • New communication strategy which included monthly newsletters and Facebook group page helped the program stay connected with 2,400 contacts in the community. It was a quick and efficient way to get information to adults quickly on a variety of services and programs • As we were able to re-open the drop-in spaces, parents commented how happy they were to be able to bring their children so they can meet other parents and caregivers, and their children can learn how to socialize with other children
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> • Increased capacity – program goal is to increase parent and caregiver capacity to support their children’s growth and development
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • Continue to be flexible, to adapt and respond to new and emerging needs as they are presented <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • The Early Years program provided a diverse suite of services to accommodate new and emerging needs without hesitation with a dedicated staff team

CHILDREN AND YOUTH			
Primary Activities	<ul style="list-style-type: none"> • Summer day camp • March break day camp • After school program • Young Men’s Paving Way • Youth Employment Summer program 		
Target Population	<ul style="list-style-type: none"> • Children and youth in catchment • Children and youth ages 6-12 years old for day camps and after school programs • African, Caribbean, Black young men 16-24 years old for Young Men’s Paving Way • Youth Employment program ages 13-16 years old (Summer program only) 		
Enrollment	<ul style="list-style-type: none"> • Registration form • Registration fee for day camps only 		
Capacity and Outputs	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Young Men’s Paving Way up to 20 participants • Summer day camp up to 30 participants • March break day camp up to 15 participants </td> <td> <ul style="list-style-type: none"> • Total individuals served: 280 • Total group sessions: 308 • Total group participants/attendance: 5,950 </td> </tr> </table>	<ul style="list-style-type: none"> • Young Men’s Paving Way up to 20 participants • Summer day camp up to 30 participants • March break day camp up to 15 participants 	<ul style="list-style-type: none"> • Total individuals served: 280 • Total group sessions: 308 • Total group participants/attendance: 5,950
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	<ul style="list-style-type: none"> • After school program up to 20 participants • Youth Employment program up to 12 participants for 8 weeks 	
Resources	<ul style="list-style-type: none"> • Staff • Food, program materials and supplies • Budget for trips and transportation • Space equipped for on-site activities • PPE for staff and participants (face shields, masks) 	
Partners	<ul style="list-style-type: none"> • Planned Parenthood Toronto • Toronto District School Board • Toronto Public Health 	
Staffing	<ul style="list-style-type: none"> • 1.0 FTE manager • 2.8 FTE program workers 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> • Closed 	
Registered group programs	<ul style="list-style-type: none"> • Open for in-person services 	<ul style="list-style-type: none"> • Live video-based services • Email communication with clients • In-person indoor and outdoor programming
Drop-in programs	<ul style="list-style-type: none"> • Closed 	
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Young Men’s Paving Way operated at full capacity since it was delivered online and no participants were turned away • Summer camp operated at 40% capacity and 10-12 children were turned away due to lack of space • March break camp operated at 40% capacity and 10-12 children were turned away due to lack of space • After school program operated at capacity • Overall, demand for in-person programming for children and youth increased <p><i>Was allocation of resources adequate to support the program or service?</i> Yes</p> <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p>	

	<ul style="list-style-type: none"> Day camps were able to take participants on field trips outside the community through the availability of a school bus dedicated to the camps which allowed for safe travel when TTC was not an option due to pandemic safety concerns
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Increased sense of belonging – Children and Youth programs create a safe and supportive environment for peer exchange, fostering healthy relationships creating a sense of community and belonging
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> Providing more in-person programming options and more opportunities for outings outside the community to allow participants to explore the city and participate in activities that might otherwise not be available to them. Increased financial resources and staffing are needed to enable this to happen <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> It was difficult to engage participants through virtual programming resulting in little sense of community connection. The team responded by having an outdoor in-person session which increased the sense of belonging and community Children and youth spent almost two years learning remotely, separated from friends, extended family and community due to pandemic restrictions. Children and youth programs allowed participants to reconnect and strengthen relationships with their peers and community through outings, creative and skill building activities

ADULT SERVICES – COMMUNITY SUPPORT AND CRISIS INTERVENTION			
Primary Activities	<ul style="list-style-type: none"> Individual support, information and referrals, and advocacy Weekly outreach and referral support for participants in Community Dining Drop-in 		
Target Population	<ul style="list-style-type: none"> Individual adults or families People with low incomes or living in poverty People managing mental health needs or isolation Individuals with low literacy 		
Enrollment	<ul style="list-style-type: none"> Intake form Priority given to individuals living in the catchment area 		
Capacity and Outputs	<table border="1"> <tr> <td> <ul style="list-style-type: none"> Approximately 200 client appointments/month </td> <td> <ul style="list-style-type: none"> Total individuals served: 348 Total service provider interactions: 1,121 </td> </tr> </table>	<ul style="list-style-type: none"> Approximately 200 client appointments/month 	<ul style="list-style-type: none"> Total individuals served: 348 Total service provider interactions: 1,121
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Resources	<ul style="list-style-type: none"> Staff and volunteer time Cash and material donations 		

	<ul style="list-style-type: none"> • Support from other DPNCHC staff and programs 	
Partners	<ul style="list-style-type: none"> • Housing and Homelessness West Coalition • Lens Crafters • LOFT Community Services • Pharmasave Community Choice • The Stop Community Food Centre • Toronto Community Housing • Toronto Drop-in Network • Toronto Public Library 	
Staffing	<ul style="list-style-type: none"> • 1.0 FTE 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> • Open for in-person and virtual services 	<ul style="list-style-type: none"> • Disease control protocols in place for in-person interactions • Email communication with clients • Material support by delivery or pick-up
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Demand for services doubled as the pandemic particularly affected marginalized groups such as those living with disabilities, mental health challenges and those living in extreme poverty • Services have continued to operate at full capacity • Many clients were able to attend appointments by phone, and many came into the Centre for in-person appointments because of their high needs and the limited services available in the community <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • Yes <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • Ability to provide remote support for some of the most vulnerable clients • Teamwork and effective internal communication among staff and community programs to coordinate and meet client needs 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> • Increased sense of belonging – clients increase their sense of belonging when they are given the support they need in a way that respects their emotions and demonstrates empathy. These approaches are fundamental 	

	to community support work and help people feel valued, safe and welcomed as members of the DPNCHC community
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • More time to provide support and advocacy for individuals in community programs • Outreach and workshops that increase client awareness of how to access government benefits • Identify and reduce barriers preventing clients from accessing services such as not having access to a phone in a private environment • More staffing to meet increased demand for services <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • It is essential to work in-person with clients to fully support them – clients tend to feel more comfortable and able to address their issues once they see and develop rapport with staff • Collaboration with other programs to work towards a common goal made resolving issues around access easier

ADULT SERVICES – DROP-IN PROGRAMS			
Primary Activities	<ul style="list-style-type: none"> • Drop-in community dining • Pop-in (drop-in services/information and referrals, harm reduction supplies and clothing, snacks to go, access to washroom and telephone) • Distribution of harm reduction supplies (e.g., needle kits, condoms) 		
Target Population	<ul style="list-style-type: none"> • Adults who are living precariously, on low-incomes or government assistance, facing addictions and mental health issues, and/or with precarious or no immigration status in Canada 		
Enrollment	<ul style="list-style-type: none"> • No registration requirements for any of the activities 		
Capacity and Outputs	<table border="1"> <tr> <td> <ul style="list-style-type: none"> • Dine-in program: 150 meals/day; 2/week • Pop-in program: 40-50 participants/day x 5/week </td> <td> <ul style="list-style-type: none"> • Total service provider interactions: 600 • Total group sessions: 431 • Total group participants/attendance: 17,970 </td> </tr> </table>	<ul style="list-style-type: none"> • Dine-in program: 150 meals/day; 2/week • Pop-in program: 40-50 participants/day x 5/week 	<ul style="list-style-type: none"> • Total service provider interactions: 600 • Total group sessions: 431 • Total group participants/attendance: 17,970
<ul style="list-style-type: none"> • Dine-in program: 150 meals/day; 2/week • Pop-in program: 40-50 participants/day x 5/week 	<ul style="list-style-type: none"> • Total service provider interactions: 600 • Total group sessions: 431 • Total group participants/attendance: 17,970 		
Resources	<ul style="list-style-type: none"> • Food and container supplies • Trained staff, including chef • Equipped space with access to washroom and telephone • PPE supplies 		
Partners	<ul style="list-style-type: none"> • Frontlines Toronto • Period Purse • Second Harvest 		

	<ul style="list-style-type: none"> • The Works, Toronto Public Health • Toronto Drop-in Network 	
Staffing	<ul style="list-style-type: none"> • 1.0 FTE program manager • 3.0 FTE program workers 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> • Closed 	<ul style="list-style-type: none"> • Provided material supports by delivery or pick-up
Registered group programs	<ul style="list-style-type: none"> • Closed 	
Drop-in programs and services	<ul style="list-style-type: none"> • Open for in-person services 	<ul style="list-style-type: none"> • Disease control protocols for in-person services • In-person indoor programming
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Demand for programs increased approximately 30% as many adults in the community experienced social isolation and lack of available resources due to closures of many programs and organizations in response to the pandemic • Programs operated at capacity <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • Budgeting and staffing were not adequate • Lack of relief staff trained to work in both programs resulted in manager and other team members filling in and early closure of sessions • Budget limited ability to make enough meals for participants as majority of budget was allocated to program supplies, e.g., containers, cups <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • As participants continued to have challenges with ability to secure food resources and other basic needs, the drop-in programs were able to supply food, access to washroom facilities, respite from the weather, allowing participants to maintain quality of life during a time when resources were scarce • Staff participated in crisis intervention training, mental health first aid and standard first aid training which better equipped the team to de-escalate crisis situations and support participants in both drop-in programs 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p>	

	<ul style="list-style-type: none"> Increased wellbeing – by providing access to instrumental and social support, Adult Programs help individuals increase their overall wellbeing, also contributing to better health outcomes
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> The current food budget limits our ability to provide quality dinners to increasing client population in the community dining and pop-in programs. The current solution is to limit the number of meals individuals can pick-up for their families or others they support. Increasing resources will be instrumental for program to be able to keep up with increasing demand. <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> The importance of socialization and sense of belonging to community for adults accessing services. Going forward adult programs should aim to not only support basic needs provision, but also provide opportunities for participants to experience a sense of belonging and build their own chosen family

ADULT SERVICES – LITERACY PROGRAMS			
Primary Activities	<ul style="list-style-type: none"> Individual tutoring Small group tutoring Telephone counselling and referrals 		
Target Population	<ul style="list-style-type: none"> Adults aged 19+, including seniors 		
Enrollment	<ul style="list-style-type: none"> Literacy registration form Virtual service consent form Are low income (receiving OW/ODSP), have workplace injury/WSIB and/or history of interrupted education or training (less than grade 12 education) 		
Capacity and Outputs	<table border="1"> <tr> <td> <ul style="list-style-type: none"> 81 learners </td> <td> <ul style="list-style-type: none"> Total individuals served: 146 Total group participants/attendance: 936 </td> </tr> </table>	<ul style="list-style-type: none"> 81 learners 	<ul style="list-style-type: none"> Total individuals served: 146 Total group participants/attendance: 936
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Resources	<ul style="list-style-type: none"> Program staff and volunteers Technological resources Program materials 		
Partners	<ul style="list-style-type: none"> Employment Ontario York University University of Toronto George Brown College Humber College Metro Toronto Movement for Literacy 		

	<ul style="list-style-type: none"> West Toronto Literacy Network (Frontier College, Alexandra Park Neighbourhood Learning Centre, LAMP, West Neighbourhood House) 	
Staffing	<ul style="list-style-type: none"> 2.0 FTE Staff 5-7 Volunteer Tutors 4-6 Placement Students 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> Open for in-person and virtual services 	<ul style="list-style-type: none"> Phone-based services Live Video-based services Email communication with clients Provided material supports for delivery or pick-up In-person one-to-one
Registered group programs	<ul style="list-style-type: none"> Limited virtual small group tutoring 	<ul style="list-style-type: none"> Live video-based services
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> Serving slightly fewer clients than before the pandemic Clients are receiving less programming time and attention than pre-pandemic Operating at full staff capacity Initial demand for virtual services was low but increased when participants learned they could receive technological supports <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> More staff needed to keep up with demand for remote learning <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> Somewhat <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> The program has been able to connect with certain low-level learners online Partnership with Toronto Public Library provided learners with free, unlimited internet access 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Increased capacity – Literacy Programs improve people’s capacity to navigate through the pandemic by accessing technology to communicate and stay connected 	

AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • More staff and/or reliable volunteers who have adequate training • More support with setting up technology and delivering materials as there is a great need to teach all new learners a minimum set of digital skills <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • Staffing is the biggest challenge as the move to mostly one-on-one services increased workload substantially • Recruiting volunteers has not worked as a solution as staff have limited time to provide training • Never assume that people cannot learn how to use technology. If they want to learn and are given the resources and have patient ongoing support they will learn
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ADULT SERVICES – SETTLEMENT		
Primary Activities	<ul style="list-style-type: none"> • Settlement assistance and support <ul style="list-style-type: none"> ○ Information and referrals ○ System navigation ○ Informal counselling 	
Target Population	<ul style="list-style-type: none"> • Community members in need of assistance navigating Canadian systems (e.g., immigration, social services), low-income/under-employed, facing language barriers and isolation • Permanent residents, Canadian citizens, refugees and refugee claimants, vulnerable undocumented persons 	
Enrollment	<ul style="list-style-type: none"> • Intake and consent forms • Priority given to individuals living in the catchment area 	
Capacity and Outputs	<ul style="list-style-type: none"> • 550 service provider interactions 	<ul style="list-style-type: none"> • Total service provider interactions: 560
Resources	<ul style="list-style-type: none"> • Newcomer Settlement Program, Ontario • Community donations for clients (e.g., clothing, food cards) • IT equipment for remote access (hardware and software) 	
Partners	<ul style="list-style-type: none"> • Ontario Council of Agencies Serving Immigrants (OCASI) • Canadian Council for Refugees (CCR) 	
Staffing	<ul style="list-style-type: none"> • 1.5 FTE settlement workers 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> • Open for virtual services 	<ul style="list-style-type: none"> • Phone-based services • Live video-based services

		<ul style="list-style-type: none"> Email communication with clients
Registered group programs	<ul style="list-style-type: none"> Closed 	
Drop-in programs/services	<ul style="list-style-type: none"> Closed 	<ul style="list-style-type: none"> Services available by appointment only, no drop-in services available
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> The program did not operate at full capacity as it only provided virtual services Client demand increased slightly with a surge in non-status clients who required settlement assistance <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> Yes, resources allocated to this program were adequate <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> For the most part, yes <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> The formation of the Crisis Team allowed to work collaboratively and provide supports to most vulnerable clients during a difficult and unpredictable period of time 	
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Increased sense of belonging – Settlement Services contribute to an increased sense of belonging by helping newcomers overcome language barriers, find employment, learn about the culture of their new community, and connect with other people 	
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> Offer in-person workshops addressing common settlement concerns and topics of interest so newcomers can get all the information they need in one session rather than having to attend multiple appointments Reinstate community outreach to reach a broader newcomer population, organizations and settlement workers <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> There are many ways to provide services, working remotely the team learned to communicate with clients virtually through video calls, allowing them to support clients who are not able to come in for in-person appointments 	

SENIORS SERVICES

Primary Activities

- Knitting and Sewing
- Afro-Caribbean Social Network Seniors
- Walk Fit 55+
- Ping Pong & Bocce
- Pole Walking
- Line Dancing
- Chair Yoga
- Zumba Get Fit
- Chair Zumba
- Men's Ping Pong
- Chair Dance Yoga
- Special Events and Trips (during the year)
- Italian-speaking seniors group "Donne Insieme"
- Aspire Choir
- Portuguese-speaking seniors group "Cantinho da Amizade"
- Computer classes for English, Portuguese and Spanish-speaking seniors
- English-speaking seniors group "Wellness"
- Spanish-speaking seniors group "Club Amistad"
- Seniors English as a Second Language (ESL)
- Seniors' Art
- Advocacy, referrals, and informal counselling

- **Seniors Residents -Exercises Classes**
- Abrigo
- Blind Adults Centre
- Copernicus Lodge
- Culture Link
- Dowling Homes
- First Portuguese
- Hearthstone
- Hellenic Lodge
- New Horizons
- Joseph J.Piccininni
- Rankin

	<ul style="list-style-type: none"> Sistering 	
Target Population	<ul style="list-style-type: none"> Anyone 55 years and older 	
Enrollment	<ul style="list-style-type: none"> Waivers Registration forms 	
Capacity and Outputs	<ul style="list-style-type: none"> 40 people per class maximum for in-person classes Unlimited capacity for virtual programs 	<ul style="list-style-type: none"> Total individuals served: 410 Total service provider interactions: 971 Total group sessions: 393 Total group participants/attendance: 6,099
Resources	<ul style="list-style-type: none"> Equipped program space – indoors and outdoors Computers for virtual programming Staff and volunteers 	
Partners	<ul style="list-style-type: none"> Joseph J. Piccininni Community Centre Toronto Public Library Dufferin/St Clair Branch MUSE ARTS Pinceles Latinos Art Studio Canadian Hearing Society Toronto Public Health The Stop Community Food Centre OACAO 	
Staffing	<ul style="list-style-type: none"> 1.0 FTE program manager 4.6 FTE program workers 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Registered group programs	<ul style="list-style-type: none"> Open for in-person and virtual programs 	<ul style="list-style-type: none"> Disease control protocols in place for in-person programs Phone-based services Live video-based services Online supports (pre-recorded videos, Facebook groups) Email communication with clients Provided material supports by delivery or pick-up In-person indoor and outdoor programming
REFLECTION		

PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> • Virtual programs and outdoor programming in the summer allowed the program to maintain programming throughout the year and increase capacity by 30% • Capacity limits for in-person programs while attendance and demand remained high and reached full capacity, creating a wait list <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • Resource allocation was adequate to support the program, with additional grants received <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • Completely <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • Return to in-person programming was well received by seniors who had been feeling very isolated • Seniors remained healthy, active and socially engaged
THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> • Increased sense of belonging • Increased wellbeing
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • Enhanced communication and work as a team across the organization to better meet client impacts <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • Encourage seniors to increase computer skills to keep connected to community resources, break isolation, increase independence, and mental and physical wellbeing • Program staff were consistent, dedicated and found different and innovative ways to keep seniors connected to the program and resources in the community

COMMUNITY DEVELOPMENT AND HEALTH PROMOTION	
Primary Activities	<ul style="list-style-type: none"> • Development and implementation of health promotion programs such as diabetes groups • Development and implementation of community development activities such as voter engagement • Represents DPNCHC on several external committees • Work with community members to develop new program/initiatives • Works across departments • Community advocacy
Target Population	<ul style="list-style-type: none"> • Low income, low-literacy, isolated adults • People with chronic diseases or other high-risk conditions

	<ul style="list-style-type: none"> • Seniors • Youth • People managing mental health needs • Community members who are involved in advocacy/coalition activities 	
Enrollment	<ul style="list-style-type: none"> • No requirements 	
Capacity and Outputs	<ul style="list-style-type: none"> • Varies by project 	<ul style="list-style-type: none"> • Total individuals served: 160 • Total group sessions: 38 • Total group participants/attendance: 465
Resources	<ul style="list-style-type: none"> • Staffing • Community volunteers 	
Partners	<ul style="list-style-type: none"> • Toronto Neighbourhood Centres (TNC) • Open Jam Collective 	
Staffing	<ul style="list-style-type: none"> • 1.0 FTE Community Development and Health Promotion Coordinator 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Street Dance	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • No
Voter Engagement	<ul style="list-style-type: none"> • Ongoing 	<ul style="list-style-type: none"> • No
Community Gardeners project	<ul style="list-style-type: none"> • Completed 	<ul style="list-style-type: none"> • No
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did pandemic conditions affect capacity and attendance?</i> Not applicable</p> <p><i>Was allocation of resources adequate to support the program or service?</i> The CD/HP program would benefit from increased funds to involve more community members in projects. The coordinator has done an amazing job with the limited resources that she has – she would be able to do so much more with even a small increase in program funds</p> <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i> Yes</p> <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • Client and community member involvement in activities • New partnership with Open Jam collective- runs the street dance program- this program has introduced a lot of new individuals to DPNCHC 	

THEORY OF CHANGE CLIENT IMPACTS	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> Increased sense of belonging
AREAS OF IMPROVEMENT AND EXCELLENCE	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <p>Additional resources such as funds for honoraria and refreshments to be able to involve community members in community development and health promotion projects.</p> <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> Community members are ready to get more involved in activities that interest them. When they are consulted and involved in the planning, the interest and commitment to the program vastly improves

VOLUNTEER SERVICES		
Primary Activities	<ul style="list-style-type: none"> Volunteer recruitment, orientation and support Student placement recruitment, orientation and support Annual volunteer recognition event and program evaluation 	
Target Population	<ul style="list-style-type: none"> Ages 13+ Highschool students University and college students 	
Enrollment	<ul style="list-style-type: none"> Application, interview and orientation to the organization Police reference check Meeting and orientation with staff in relevant department 	
Capacity and Outputs	<ul style="list-style-type: none"> Based on individual program needs 	<ul style="list-style-type: none"> 135 volunteers contributed over 300 volunteer hours
Resources	<ul style="list-style-type: none"> Staff time from within programs where volunteers/ students are placed 	
Partners	<ul style="list-style-type: none"> Toronto Neighbourhood Centres Volunteer Committee Volunteer Toronto 	
Staffing	<ul style="list-style-type: none"> 0.5FTE Volunteer Coordinator 	
SERVICE DELIVERY		
PROGRAM TYPE	STATUS	ACCOMMODATIONS
Individual services	<ul style="list-style-type: none"> Open for virtual opportunities 	
REFLECTION		
PROCESS ASSESSMENT	<p><i>How did Pandemic conditions affect capacity and attendance?</i></p> <ul style="list-style-type: none"> Program did not operate at full capacity Provided online orientation to online volunteers but demand was low 	

	<ul style="list-style-type: none"> • Since the majority of volunteer opportunities are in-person there has been a decrease in volunteer activity by approximately 70% • Many senior volunteers keep in touch to support and reduce isolation <p><i>Was allocation of resources adequate to support the program or service?</i></p> <ul style="list-style-type: none"> • Yes <p><i>Was the program or service delivered as planned and in keeping with objectives and targets?</i></p> <ul style="list-style-type: none"> • For the most part, no <p><i>What were the most successful aspects of the program or service design?</i></p> <ul style="list-style-type: none"> • Able to provide online virtual volunteer opportunities through the literacy program and for seniors services • Adapted to provide online orientation and connect potential volunteers to the literacy program all through virtual means • Volunteer orientation delivered key aspects of volunteer policies and practices through virtual orientation
<p>THEORY OF CHANGE CLIENT IMPACTS</p>	<p><i>The client outcome this service contributes to the most is:</i></p> <ul style="list-style-type: none"> • Increased sense of belonging – through volunteering, members of the community are able to give back to others and they are also able to find a place and space where they can utilize their skills and develop meaningful friendships with other participants and ongoing staff support
<p>AREAS OF IMPROVEMENT AND EXCELLENCE</p>	<p><i>What changes or resources would lead to better programs and services to ensure a just Pandemic recovery for priority populations?</i></p> <ul style="list-style-type: none"> • Identify if a virtual model of volunteering may help more programs <p><i>What are the main lessons learned and/ or areas of excellence?</i></p> <ul style="list-style-type: none"> • Need to seek out a service delivery model that reflects how volunteering may change in the future and identify what opportunities can be adapted that may require less in person volunteers but still continue to support in the opportunity to build skills, connect to community and each other • The network of volunteer coordinators through TNC and Volunteer Toronto have provided ongoing discussion of how to continue to support volunteers in challenging times, through online workshops and community fairs

Analysis

This section provides an analysis of the findings by investigating:

- The degree of success in implementing programs and services, the extent to which they were able to offer in-person services, and any necessary modifications or continuations from previous year

- The adequacy of how resources were allocated for each program or service area
- The knowledge gained and how it can influence future programs and services to support an equitable pandemic recovery for DPNCHC's clients and community members

Overall Assessment

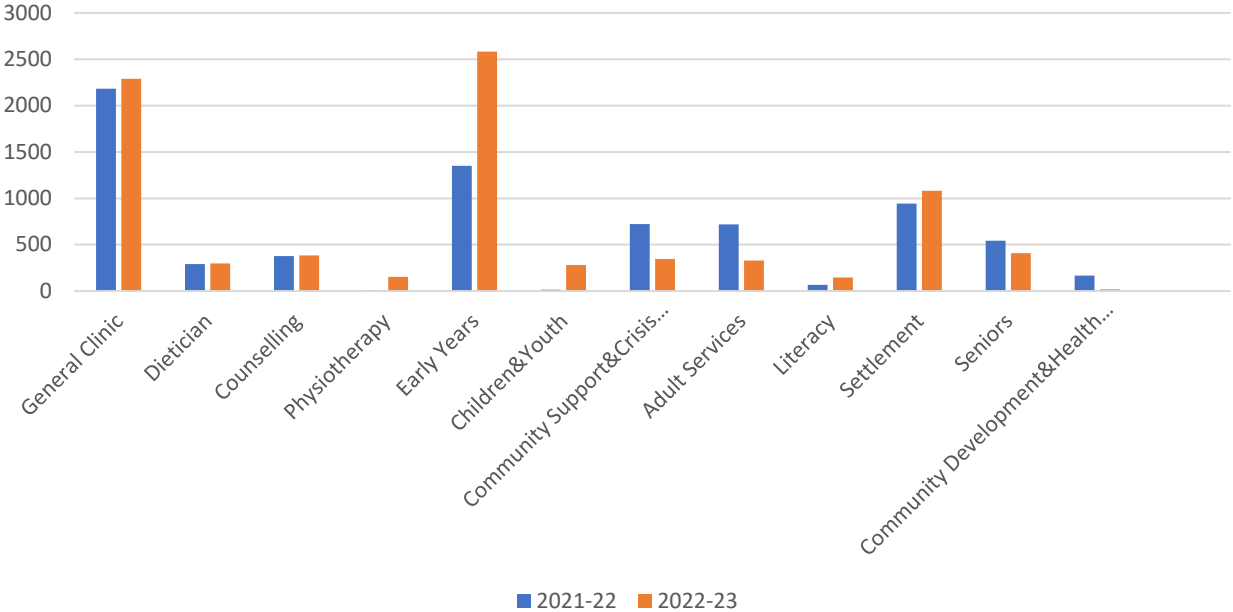
The table below provides a summary snapshot of program performance as assessed by program and services staff teams with their respective managers and directors.

Department/Program Area	Program, Service or Initiative	Access Maintained?	Access Expanded?	Capacity Met?	Resources Adequate?	Delivered as Intended?
Health Services	Primary Care	Yes, open for in-person and virtual services.	Yes (Resumed primary care nursing at Christie Refugee Welcome Centre)	Yes	Somewhat (team was 'stretched')	For the most part, yes
	Community Dietician	Yes	Yes (more groups)	Somewhat, due to increased demand	Yes	For the most part, yes
	Counselling-Therapy	Yes	No	Yes	Somewhat due to increased demand	Completely
	Physiotherapy	Yes	Yes (1:1, fewer groups)	Yes	Yes	For the most part, yes
	Early Years	Yes	Yes	Somewhat, due to pandemic restrictions	Yes	For the most part, yes
	Children and Youth	Yes	Yes	Somewhat, due to pandemic restrictions	Yes	For the most part, yes

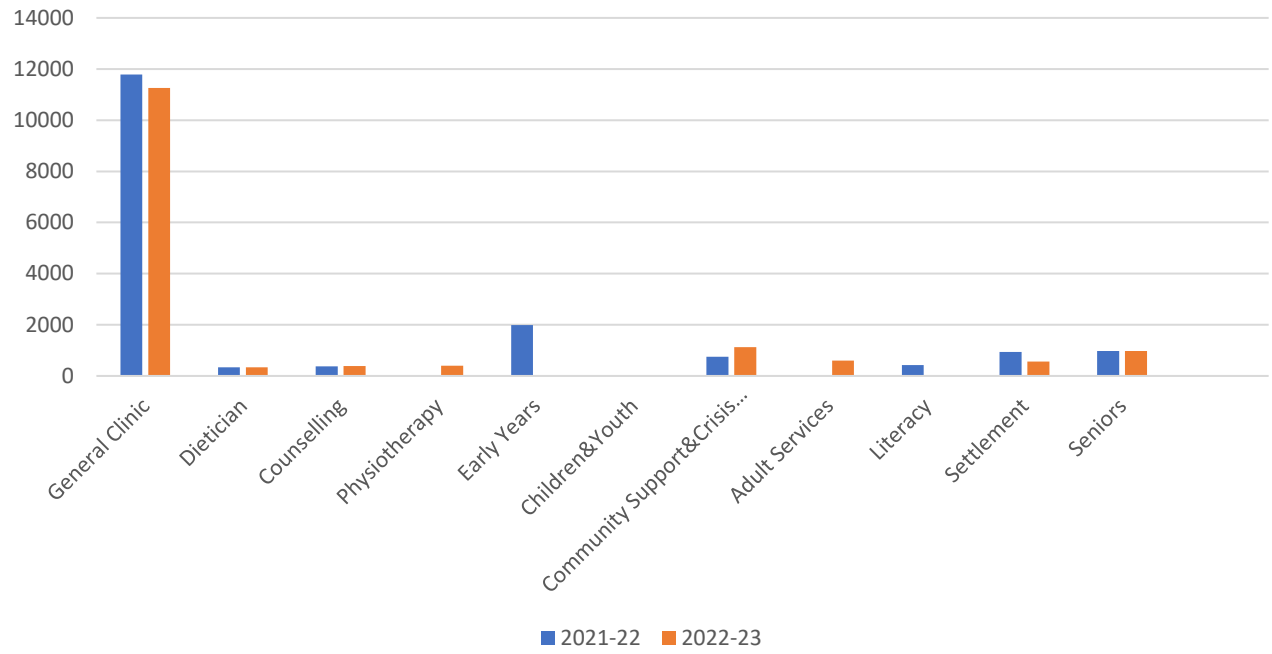
Department/Program Area	Program, Service or Initiative	Access Maintained?	Access Expanded?	Capacity Met?	Resources Adequate?	Delivered as Intended?
Community Support Services	Adult Services – Community Support and Crisis Intervention	Yes	Yes (fewer individuals, more interactions)	Yes	Yes	For the most part, yes
	Adult Services – Drop-in Programming	Yes	Yes	Yes	No	For the most part, yes
	Adult Services – Literacy Program	Yes	No	Somewhat	Somewhat	Somewhat
	Adult Services – Settlement Services	Yes	No (more clients, fewer interactions and no groups)	Yes	Yes	For the most part, yes
	Senior Services	Yes	No	Somewhat, due to pandemic restrictions	Yes	Completely
	Community Development and Health Promotion	n/a	n/a	n/a	Somewhat	For the most part, yes
	Volunteer Services	Somewhat	No	Somewhat, due to pandemic restrictions	Yes	For the most part, no

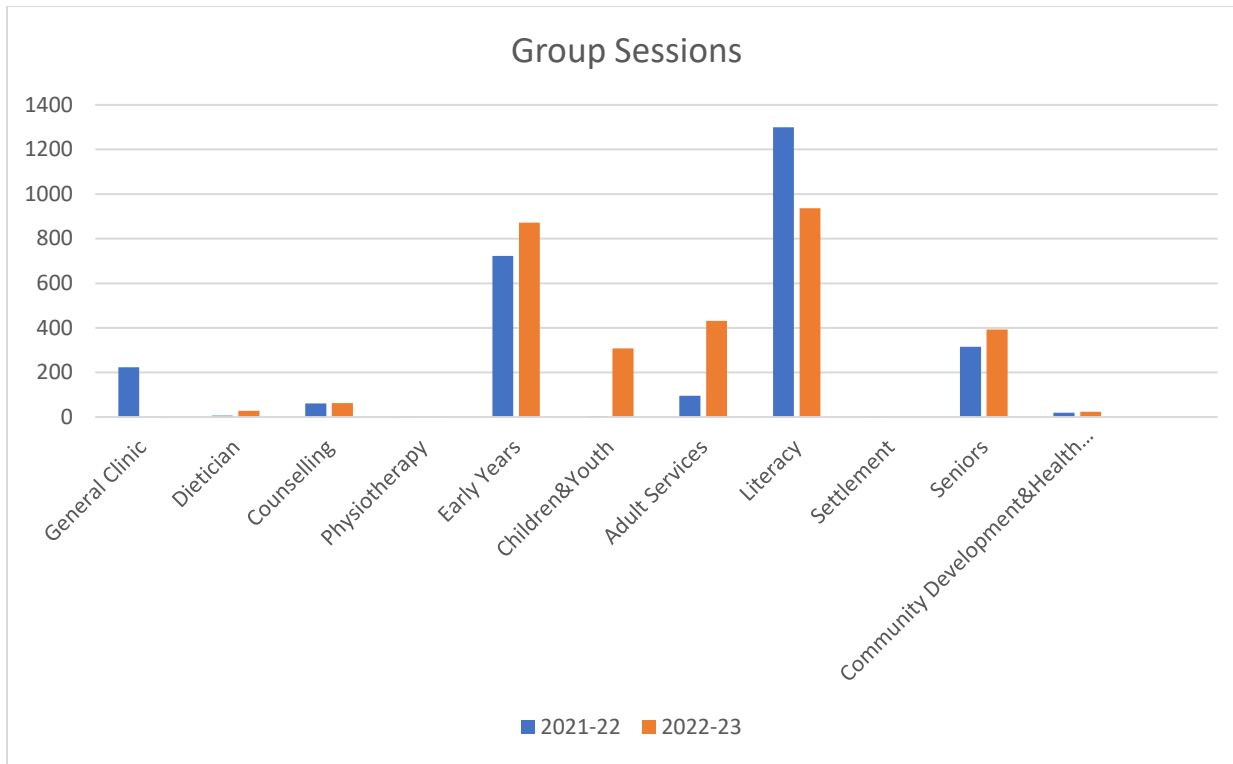
The tables below provides a snapshot of program performance data from fiscal year 2022-23 compared to the previous fiscal year 2021-22, including number of individuals served, number of service provider interactions, number of group sessions and total number of group participants/client attendance (Complete data tables can be found in Appendix A).

Individuals Served by Program

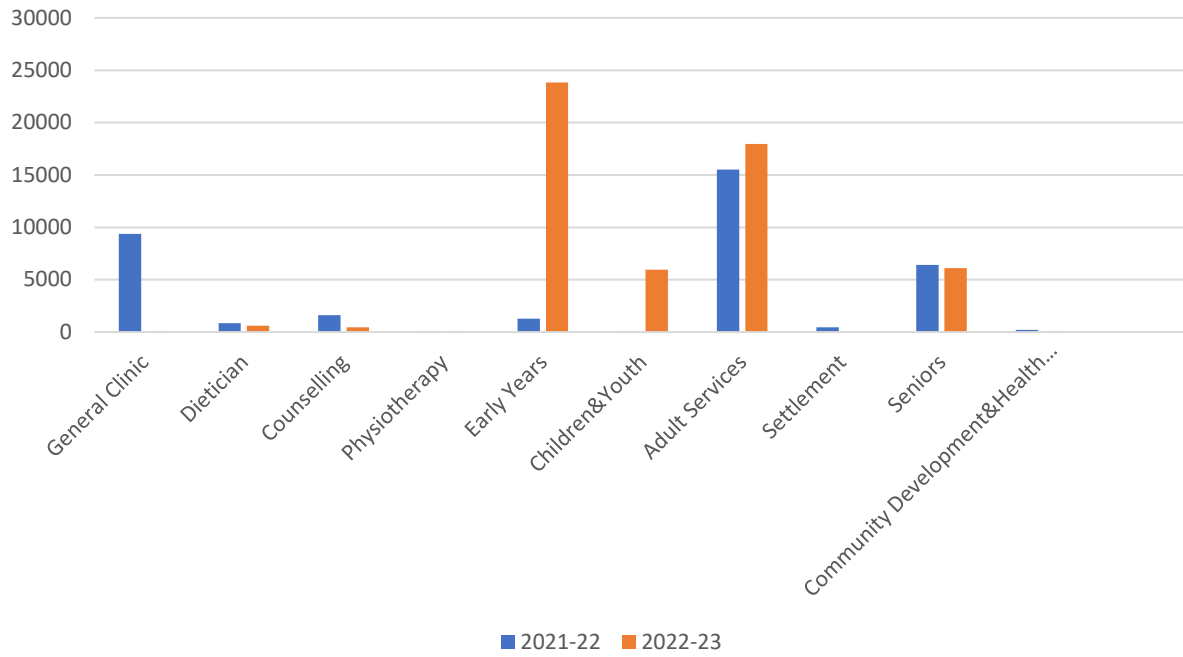


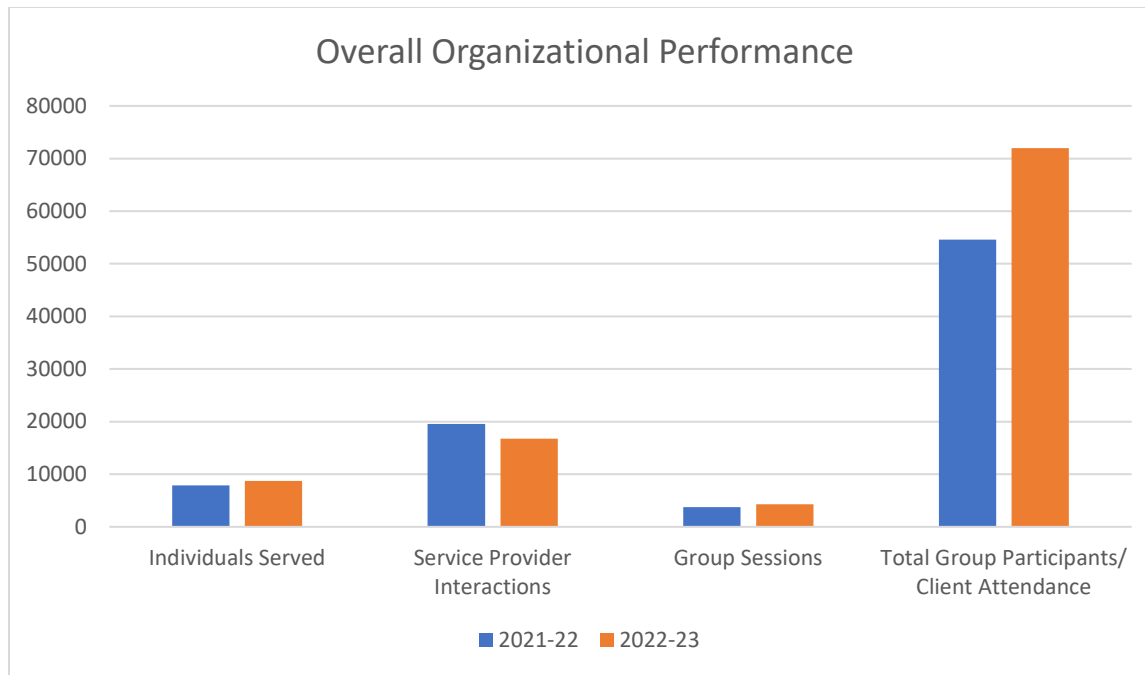
Total Service Provider Interactions





Total Group Participants/Client Attendance





Observations

- All programs and services, with the exception of Volunteer Services, indicated that they were able to maintain client access
- Seven programs reported that they were able to expand access mainly by resuming in-person services that had been paused due to pandemic conditions
- Six programs conveyed that they were able to meet capacity needs, while another six reported only being able to meet capacity somewhat, mainly due to increased demand as in-person services resumed while capacity limits remained in place for indoor gatherings due to pandemic restrictions
- Eight programs reported that the allocation of resources was adequate to support the program or service, four reported that resource allocation was somewhat adequate, and one expressed that it was not adequate
- Nine programs reported that for the most part programs and services were delivered as intended, two reported that programs were completely delivered as intended, one reported that programs were somewhat delivered as intended, and one conveyed that for the most part, the program was not delivered as intended

- Data shows that overall organizational performance in 2022-23 was similar to 2021-22 with increases in number of individuals served, especially through group programming in the 2022-23 fiscal year

Reflections

Capacity and Attendance

Overall, programs were able to maintain access and provide high levels of service. While most programs reported operating at capacity, in two cases temporary staff vacancies impacted overall program capacity. One program (Volunteer Services) operated at reduced capacity due to low demand for virtual opportunities. In three programs capacity increased with the return to in-person offerings, albeit with reduced numbers because of pandemic health and safety requirements (e.g., children's camps). Additionally, seven programs saw an increase in demand for services, resulting in two programs having short waitlists ranging from 2-6 weeks or 3-12 people. Despite these challenges, the programs were generally successful in meeting the needs of their clients.

Successes/ Areas of Excellence

Two key themes emerged from staff reflections of their successes and areas of excellence in programs and services this fiscal year. First was the ability to maintain services and keep up with demand by adapting to pandemic restrictions and protocols, for example by providing literacy tutoring online. Second was the ability of programs and services to respond to broad community needs resulting from pandemic conditions was accomplished through flexibility in how services are delivered, creativity in forming partnerships and collaboration and teamwork across the organization. For example, addressing food security and basic needs through the community kitchen and pop-in program, and children and youth programming holding outdoor in-person sessions.

Lessons Learned

The main reflection throughout programs and services was that while there are many ways to provide services (e.g. volunteer opportunities to support literacy program and seniors' services remotely), it can be challenging to engage participants in certain programs virtually and to build community and a sense of belonging (e.g. children and youth programs, community support and crisis intervention). However, despite these challenges, it has also been acknowledged that maintaining aspects of virtual care as appropriate will be important going forward, particularly in primary care.

Ensuring a Just Pandemic Recovery

Several themes emerged from staff reflections on how to ensure a just pandemic recovery for persons who access services at DPNCHC and its communities.

The top two themes with five mentions each, were that programs and services need to continue to be flexible and adaptable to respond to changing and emerging community needs, as well as additional staffing in certain areas. The additional staffing needs mentioned were a case manager, a mental health counsellor with second language capacity, staff with expertise in children's mental health, additional staffing to support the community kitchen and the literacy program.

Two other themes with three mentions each were to return group programming based on community needs, and an enhanced budget for program food and resources.

Appendix A – Data Tables

2022/23													
Stats	General Clinic	Counselling	Nutrition	Physio	Seniors	CISI	Settlement	Children and Youth	CDHP	Early ON	Literacy	Adult Services	Organization
Individuals Served By Functional Centre	2,289	383	299	154	312	348	1,083	280	18	2,584	146	328	8,728
Service Provider Interactions(SPI)	11,266	1,496	334	402	971	1,121	560	-	-	-	-	600	16,760
Total Group Participants\Client Attendance	18	462	597	22	6,099	-	-	5,950	18	23,834	-	17,970	71,973
Group Sessions	1	63	28	1	393	-	-	308	24	872	936	431	4,290
2021/22													
Stats	General Clinic	Counselling	Nutrition	Physio	Seniors	CISI	Settlement	Children and Youth	CDHP	Early ON	Literacy	Adult Services	Organization
Individuals Served By Functional Centre	2,182	379	292	6	361	541	942	14	167	1,349	67	718	7,895
Service Provider Interactions(SPI)	11,789	1,852	337	6	979	744	934	14	-	1,995	430	-	19,549
Total Group Participants\Client Attendance	9,370	1,628	843	40	6,416	-	443	14	208	1,269	-	15,509	54,558
Group Sessions	224	61	6	2	315	-	2	4	19	723	1,299	95	3,711