

Davenport-Perth

Neighbourhood and Community Health Centre



2017 PROGRAM EVALUATION

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Contents

- Executive Summary* 1
- Purpose 2
- Methodology 3
- Findings (by Program Area) 7
 - Health Services 7
 - Child & Youth Services 11
 - Adult Services 17
 - Early Years Programs 21
 - Seniors Services 28
 - Health Promotion & Community Development 30
- Overall Assessment 36
 - Impact 36
 - Resources 37
 - Planning 37
 - Evaluation 38
- Recommendations 39
 - Impact 39
 - Resources 39
 - Planning 39
 - Evaluation 40
- Appendix A: DPNCHC 5-Year Planning Model 42
- Appendix B: DPNCHC 2014-2019 Strategic Objectives 43
- Appendix C: DPNCHC Program Evaluation History 45
- Appendix D: References & Resources 47

Executive Summary

In 2017, DPNCHC's programs and services continued to deliver strong positive outcomes. Overall, evaluations indicate a high rate of achievement across program areas in terms of meeting and exceeding targets and goals set by staff. This indicates a strong satisfaction of the Strategic Objectives and activities put forth in the 2014-2019 Strategic Plan, and 2017 Operational Plan.

The 2017 Program Evaluation contains several new elements, which will assist in outcomes-based planning and more contextual evaluation of DPNCHC's programs now and in the future. These include:

- 1) A historical review of the DPNCHC's Program Evaluations to date (see [Appendix C](#))
- 2) A historical review and progress update on the completion of the organizations current Strategic Objectives (see [Appendix B](#))
- 3) A consistent format for presenting individual program / service evaluations.

The DPNCHC operates on a 5-Year Planning and Evaluation Cycle (see [Appendix A](#)), which is currently in its 4th Year, meaning the Centre is in the midst of planning and preparing for the next cycle. Given these activities, and the overall positive program outcomes, much of the focus in the [Overall Assessment](#) and [Recommendations](#) emphasizes improvements for evaluation techniques and planning strategies.

Recommendations include:

- 1) Documenting budget and resource use;
- 2) Increasing staff knowledge and capacity;
- 3) Applying outcomes-based planning;
- 4) Providing operational planning guidance;
- 5) Widening evaluation scope;
- 6) Reviewing and improving evaluation procedure.



Participants from the DPNCHC Photo Project, 2017

Purpose

Every year the DPNCHC carries out an evaluation of its programs and services. The Program Evaluation serves two primary purposes:

- 1) To inform planning of, and implement improvements to, programs and services overall;
- 2) To assess the adherence to, effectiveness of, and appropriateness of the DPNCHC's official Plans, and guide their future development.

As per the Evaluation Policy (established in 2010 and updated in 2014): *"DPNCHC staff are expected to evaluate all activities in the Operational Plan on a yearly basis. Staff are also expected to meet all funder-driven evaluation requirements, evaluate all new programs/initiatives, and a selection of department programs each year."* The policy asks staff to focus their evaluations on two areas of interest:

Process: whether activities were implemented as planned and whether output was actually produced;

Outcomes: change that has occurred in clients based on a program or service.

The **Findings** section of this report outlines the process and outcome evaluation results of individual programs and services. These findings help determine:

- How effective a program or service is for clients;
- Whether these programs and services reflect the goals of our current Operational Plan and Strategic Plan;
- If these programs and services need to be altered in any way to better serve both clients and the plans of the organization.

The **Overall Assessment** section of this report provides a collective analysis of these results by asking and answering the following questions:

- How impactful are our programs and services overall?
- How satisfied are our clients with the outcomes they experienced after participating in our programs and services?
- How effectively are DPNCHC resources being utilized in the administration and delivery of our programs and services?
- How should these program evaluation results inform our next Annual Operational Plan, Community Needs Assessment, and Strategic Plan?
- How effective is our evaluation method, and does it provide the insights we need to plan effectively?

Methodology

The DPNCHC Evaluation Policy asks that Program Managers, Coordinators, Supervisors and lead staff of selected programs, services, and initiatives to complete annual evaluation reports. These reports focus on the outcomes of, and planning for, individual programs. Evaluation strategies vary by program (see [Findings](#) section for program-specific details) but must include:

- Program details and description,
- A program-specific logic model,
- A program-specific evaluation plan, including a data collection plan,
- An explanation of the program-specific evaluation methods used,
- Documentation of evaluation results (outcome and process results),
- A complete program evaluation matrix,
- Feedback from partners, clients, and staff,
- Reflection on how the results of the prior year's evaluation results influenced program change,
- Recommendations for how the results of this evaluation period should influence upcoming planning.

Evaluation reports were submitted to the Manager of Health Promotion, Planning, and Quality (Manager of HPPQI) Improvement in November 2017 to be condensed and summarized. The reports reflected activities undertaken within the 2017 calendar year, or the 2016-2017 school year. The evaluations used a mix of pre- and post-participation surveys with staff, volunteers, and clients; semi structured interviews; program registration data; and observational data to report on outcomes. Semi-structured follow-up interviews were conducted in November 2017 by the Manager of HPPQI with report authors as needed to clarify, substantiate, and approve the summaries.

The summaries were then used in a qualitative synthesis (pooling the data from all reports and drawing conclusions based on that pool) to create an **Overall Assessment** of programs, services, and initiatives across the Centre. The resulting assessment was used to inform a set of **Recommendations** for official planning activities upcoming at the DPNCHC. See [Appendix A](#) for a visual summary of the DPNCHC's 5-year planning model, which illustrates when all planning and evaluation activities occur and which activities are planned for 2018.

Not all programs and services are included in the annual Program Evaluation. Most programs and services evaluated are either (1) those that correspond with the strategic objectives addressed in the annual Operational Plan (which are selected from the 2014-2019 Strategic Plan), or (2) new initiatives. In 2017, the majority of programs and services evaluated were those tied to the Operational Plan. See Table 1 for a summary of all DPNCHC programs active and evaluated in 2017, and Table 2 for a summary of the 2017 Operational Plan's activities. This Program Evaluation does not include an evaluation of the Strategic Objectives from section 6.0 of the Strategic Plan (those addressing Organizational Capacity) except where they had direct overlap with programming.

The Program Evaluation now includes historical reviews of (1) the completion of strategic objectives from the current Strategic Plan and Operational Plan, and (2) the DPNCHC's past program evaluations. See [Appendix B](#) for a summary of the 2014-2019 Strategic Plan and the Operational Plan activities that have been completed from 2014 to the present, and [Appendix C](#) for a history of the DPNCHC's Program Evaluations from 2010 to the present. These reviews have been added to provide a more contextual perspective for evaluation and offer critical insights into the stability of our programs and services, and their outcomes.

Table 1: DPNCHC PROGRAMS, SERVICES & INITIATIVES IN 2017

	All programs, services & initiatives <i>*Evaluated programs highlighted</i>	Dept. offerings evaluated / active
Health Services	<p>Portuguese & Spanish Speaking Caregivers Educational Attainment Workshops</p> <p>Primary Care Health Services</p> <p>Surfing Tsunamis (Dialectical Behavioral Therapy)</p> <p>Tolerating Triggers</p> <p>Trans Youth Sexual Health Programming</p>	2/5
Child & Youth Services	<p>After School Program</p> <p>Boy's Program</p> <p>Girl's Night Out</p> <p>Just Us Guys</p> <p>Lunch Time Leadership</p> <p>March Break Camp</p> <p>Sassy Girls</p> <p>SNAP</p> <p>Summer Camp</p> <p>Wize-Up Wednesdays</p> <p>YMP / SHIP (Youth-led Sexual Health Counselling & Education)</p> <p>Youth Leadership Training</p>	2/12
Adult Services	<p>Community Dining</p> <p>Crisis Intervention</p> <p>Drop-In Services</p> <p>Literacy Services</p> <p>Naloxone / Overdose Policy and Procedure</p> <p>Settlement Services</p> <p>Street Outreach</p> <p>Substance Abuse Support</p>	2/8
Early Years Programs	<p>Ages & Stages Questionnaire Screening</p> <p>Baby & Me</p> <p>Baby Lap Time</p> <p>Babies on the Move</p> <p>Book Buddies</p> <p>Building Blocks</p> <p>CreARTivity Program</p> <p>Drop-In Services (multiple locations)</p> <p>Healthy Beginnings at The Stop Community Center</p> <p>IMPAKT – Social Inclusion for Children with Disabilities</p> <p>Indoor Active Play (multiple locations)</p> <p>Infant Massage</p> <p>Let's Learn</p>	4/25

	<p>Make the Connection (Toddlers & Parent's Group) Nobody's Perfect Parent-Child Mother Goose Program Parent Relief Peer Nutrition (Spanish) Portuguese Mothers Group Ready for School Connects Ready to Learn Stepping Stones STOMP - CANCELLED Toddler Story Time Winter Wonderland Toddler Program</p>	
Senior Services	<p>Art Group Bailando Forever 55+ (Portuguese Dance Group) Bocce Ball Cantinho Da Amizade 55+ (Portuguese Social Group) Chair Zumba Gold Chair Yoga Club Amistad (Spanish Social Group) Dance Fit 55+ Donne Insieme 55+ (Italian Social Group) Film Italiano 55+ (Italian Social Group) 'Grand-Parenting' Workshops Lumosity Ping Pong 55+ Senior's Conversational ESL Seniors Wellness Group Sit Fit 55+ Walk Fit 55+ Zumba Gold & Get Fit 55+</p>	1/18
Community Development & Health Promotion	<p>Diabetes Prevention Program DPNCHC Photo Project: Portraits of Davenport Cancer Screening Workshops Food Insecurity Reduction Initiative Health Literacy Workshops Soccer Drop-In Yoga Drop-In</p>	3/7
Volunteer Services	<p>Program Assistance Student Placements</p>	0/2

Table 2: SUMMARY OF DPNCHC 2017 OPERATIONAL PLAN ACTIVITIES in 2017

Strategic Objective (from 2014-2019 Plan)	Dept. with Supporting Activities	# of Supporting Activities
1.0 Health Promotion: We will improve the health and well-being of at risk populations through targeted health promotion initiatives	Health Services Adult Services Community Development & Health Promotion	4
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	Health Services Child & Youth Services	2
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	Child & Youth Services Senior Services	1
4.0 Mental Health: We will focus on early intervention and support for people experiencing mental health challenges	Health Services Early Years Programs	1
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for children, youth and families	Health Services Child & Youth Services Early Years Programs	3
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	Health Services Community Support Services	6

Findings (by Program Area)

Health Services

PORTGUESE & SPANISH-SPEAKING CAREGIVERS EDUCATIONAL ATTAINMENT WORKSHOPS		
Purpose	To pilot the development and facilitation of a workshop series for Portuguese and Spanish speaking caregivers that will enhance their capacity to support their children's educational attainment.	
History	New initiative	
Objectives	We will improve the health and academic outcomes for children, youth, and families (Strategic Objective 5.0)	
Primary Activities	<ul style="list-style-type: none"> • Develop curriculum • Conduct outreach and participant recruitment • Deliver workshops 	
Target Population	Portuguese and Spanish speaking caregivers of school aged children.	
Budget	DPNCHC staff time	
Partners	DPNCHC Settlement Services	
Staffing	1 DPNCHC Counsellor Therapist 2 DPNCHC Settlement Program workers	
EVALUATION		
Operational Plan Item	5.3 Increased academic outcomes.	
Evaluation Period	January - June 2017	
Evaluation Method	Pre and post participation surveys	
	Target	Actual
Performance Indicators	75% of participants increase their knowledge and involvement to support their children in educational attainment	<p>Portuguese Group 1</p> <p>Average scores where caregivers were asked to rate their level of knowledge on how support children's educational attainment increased in 5/5 questions on pre vs. post participation surveys</p> <p>Spanish Group 1</p> <p>Average scores where caregivers were asked to rate their level of</p>

		knowledge on how support children's educational attainment increased in 5/5 questions on pre vs. post participation surveys
Outputs	<p>4 workshop series targeting four different groups:</p> <p>Portuguese Group 1 – caregivers of elementary school aged children</p> <p>Portuguese Group 2 – caregivers of middle/secondary school aged youth</p> <p>Spanish Group 1 - caregivers of elementary school aged children</p> <p>Spanish Group 2 - caregivers of middle/secondary school aged youth</p> <p>Four 2-hour workshops per group – 16 workshops / 32 hours total</p> <p>10 participants per group, 40 participants total</p>	<p>Portuguese Group 1 – June 2017</p> <ul style="list-style-type: none"> • 13 participants enrolled • 11 participants completed series • Four 2-hour workshops over 4 weeks <p>Spanish Group 1 – June 2017</p> <ul style="list-style-type: none"> • 7 participants enrolled • Four 2-hour workshops over 4 weeks <p>Portuguese Group 2 – Planned for November 2017, cancelled</p> <p>Spanish Group 2 – Planned for November 2017, cancelled</p>

STAKEHOLDER PERSPECTIVE

Client Feedback	<p><i>Portuguese Group 1</i></p> <p>Participants identified significant changes in knowledge concerning:</p> <ol style="list-style-type: none"> 1. How the school system functions; 2. How to advocate for children at school; 3. Supporting learning at home; 4. Parenting styles and techniques that support well-being and education; 5. The importance of parental involvement / how to get involved at school. <p>Qualitative feedback provided by clients highlighted that learning information about how the school system functions, how to ask for help when needed, and knowing which supports exist, were some of the most useful parts of the group. This is in line with facilitator observations, as it was clear that most of the participants were not aware of the roles and responsibilities of school personnel (e.g. trustees, superintendents, etc), school policies (e.g. related to Bullying, Human Rights, etc), or governing bodies that regulate teachers and schools (e.g. Ontario College of Teachers, Ministry of Education, etc).</p>
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REFLECTION

Assessment	<p><i>Workshop Development</i></p> <p>The DPNCHC Counsellor/Therapist and the Settlement Services team collaborated on developing workshop content to meet the following objectives:</p>
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- Increased knowledge and behaviours associated with supporting education at home and supportive parental styles.
- Increased knowledge of the education system, and increased involvement/participation within the education system.
- Increased knowledge and skills to advocate for one's child within the education system.

Outreach & Recruitment

Outreach for Group 1 was conducted from March-May 2017. Extensive outreach efforts were made in-person, via email, phone, and fax. Outreach was conducted internally with DPNCHC health centre providers, and among neighbourhood centre programs and staff (e.g. early years, child and youth, etc.). Outreach was also conducted externally at 10+ different community center and associations, as well as at local Toronto District School Board and Toronto Catholic District School Board elementary schools. In many cases, principals responded positively to the project, and in one school (St. Sebastian), the principal sent home the project flyers with 200+ students.

Outreach for Group 2 was initiated in September-October 2017. The same tactic was used – contacting local community organizations, associations, and schools, as well as flyering and email advertising of the program. Registration rates were very low for both language groups and subsequently the workshops were cancelled. There are no plans at this time to continue workshops targeting Group 2.

Recommendations

- Due to difficulty recruiting participants for Group 2, this aspect of the project has been put on hold indefinitely.
- A second workshop series for Group 1 has been planned for February or March of 2018.

TRANS YOUTH SEXUAL HEALTH PROGRAMMING

Purpose	To increase the capacity of the EdgeWest Youth Clinic to provide high quality, comprehensive care to trans communities.
History	New initiative
Objectives	We will improve the health & well-being of youth in our community, especially those who experience barriers (Strategic Objective 2.0).
Primary Activities	<ul style="list-style-type: none"> Assign Nurse Practitioner at EdgeWest Youth Clinic to be trained in Trans and Gender Diverse Primary Care practices. Provide Trans youth case management.
Target Population	Trans and gender diverse youth
Budget	EdgeWest staff time
Partners	Rainbow Health Ontario
Staffing	1 Nurse Practitioner

EVALUATION

Operational Plan Item	2.2 Create a youth focused sexual health program that provides health care and health promotion.	
Evaluation Period	November 2016 – April 2017	
Evaluation Method	Target completion	
	Target	Actual
Performance Indicators	N/A	N/A
Outputs	<p>Complete training</p> <p>Provide trans supportive healthcare services</p>	<p>5 courses completed by Nurse Practitioner</p> <p>Case management began in April 2017</p>

REFLECTION

Assessment	The initiative was completed successfully, and trans / gender diverse oriented care is now provided in our youth clinic.
Recommendations	Continue to maintain this service and stay updated on best practices and training opportunities as provided by Rainbow Health Ontario.

Child & Youth Services

WIZE-UP WEDNESDAYS		
Purpose	To increase academic outcomes of children attending elementary school in the community by providing one-on-one or small group tutoring services.	
History	This program was piloted in 2015, in response to low student scores in Ontario Curriculum EQAO assessments and consistent feedback from parents of Child & Youth Services clients asking for tutoring assistance.	
Objectives	Improve the health and academic outcomes for children, youth and families (Strategic Objective 5.0)	
Primary Activities	<ul style="list-style-type: none"> Provide weekly tutoring sessions over two consecutive school terms focused on literacy and numeracy skills 	
Target Population	Open to all primary school students attending Carlton Village Sports and Wellness Academy (CV)	
Budget	CV staff time DPNCHC staff time	
Partners	Carlton Village Sports and Wellness Academy Ryerson University (practicum student) Sheridan College (practicum student) George Brown College (practicum student) RBC Foundation (funder)	
Staffing	1 DPNCHC Program Manager 4 practicum students CV Principal (student recruitment)	
EVALUATION		
Operational Plan Item	5.3 Increased academic outcomes.	
Evaluation Period	September 2016 – June 2017	
Evaluation Method	Mid-point participation satisfaction survey Final participant outcomes survey Report card review	
	Target	Actual
Performance Indicators	70% of participants will increase grade level in subject area of focus 65% of participants will report increased academic confidence	58% of participants increased grade level in subject area of focus 60% of participants reported increased academic confidence 59% of parents reported more positive attitudes among their

	65% of parents will report more positive attitudes toward academic subject area of focus	children towards academic area of focus
Outputs	<ul style="list-style-type: none"> • 10 child participants • Ages 6 – 12 • Weekly sessions over two consecutive school terms 	<ul style="list-style-type: none"> • 12 child participants • Ages 6 – 12 with a focus on children in the primary grades • 10 sessions/term in both consecutive Fall / Spring terms
STAKEHOLDER PERSPECTIVE		
Partner Feedback	In evaluation CV Principal was satisfied with Wize-Up Wednesdays and observed improvement from the pilot program.	
REFLECTION		
Assessment	<p><i>Partnerships</i></p> <p>Wize-Up Wednesdays (WUW) was implemented as planned. Program staff worked closely with school partner Carleton Village Sports and Wellness Academy (CV), in all phases of the project from development to final evaluation (provided information on students' progress and access to report card information). CV provided ongoing support to WUW identifying grade level for focus, selecting participants, and providing resources (books) for activities related directly to school curriculum. A fairly large team of postsecondary practicum students provided one on one, particularly for those learners with behavioural challenges, or two to one for those learners that could work well with their peers.</p> <p><i>Participation & Satisfaction</i></p> <p>Rates of satisfaction with program content, structure and staffing were extremely high among school partners, learners as well as parents. Some learners actually recruited others to join the program – increasing our enrollment slightly above target. Retention rate and levels of participation among learners in other projects such as the after-school program and in-school groups Sassy and Swag Boys was also high.</p> <p><i>Challenges</i></p> <ul style="list-style-type: none"> • Behavioural and attention issues among a few participants made some group activities difficult and required staff to focus on social skill development in addition to tutoring activities. • Maintaining timely collection of report card information and evaluative feedback from parents was an area for development. 	
Recommendations	<ul style="list-style-type: none"> • Implement a 'star behaviour chart', which provides incentives for demonstration of pro-social behaviour (currently used in our after-school program) to address behaviour and attention issues. • Gain permission from parents to collect skill level and report card information in program registration form - collecting all 3 report cards is imperative to properly assess progress of academic and social needs. • Collect formal evaluative feedback from parents and learners earlier in the last term of the program. 	

YOUTH-LED SEXUAL HEALTH COUNSELLING & EDUCATION

Purpose	To build knowledge of, and access to, sexual and personal health information and services in the community through both a skills development project and youth-led psycho-educational workshop series.
History	The Youth-Led Counselling initiative came out of work done for a multi-year grant from the Ontario Trillium Foundation, acquired by the DPNCHC in 2013. This original grant focused on training, mentoring and employment of youth volunteers in community-based research, transforming the way youth health services are planned and delivered at the centre. These youth were empowered to shape the health programs and services available to them, which led the group to develop a successful application for a subsequent OTF Seed Grant, which was used to fund the Youth-Led Sexual Health Counselling & Education program.
Objectives	To improve the health and well-being of youth in our community, especially those who experience barriers (Strategic Objective 2.0)
Primary Activities	<ul style="list-style-type: none"> Recruit and train a group of peer leaders with the skills necessary to develop a series of psychoeducational workshops addressing mental, physical and sexual health and well-being. Recruit workshop participants. Deliver multiple workshop series to different groups of male youths, both at the Center and local schools.
Target Population	Male youths
Budget Items	DPNCHC staff time Peer Leader honorariums
Partners	<ul style="list-style-type: none"> Bishop Marrocco/Thomas Merton Catholic Secondary School (workshop site) Oakwood Collegiate Institute (workshop site) Planned Parenthood Toronto (training partner) LOFT Community Services (training partner) The Black Coalition for AIDS Prevention (training partner) Toronto Public Health (training partner) EdgeWest (training partner) Ontario Trillium Foundation (funder) Toronto Foundation (funder)
Staffing	1 Program Manager 1 Program Worker 1 Dietician 1 Counsellor Therapist 5 Peer Leaders
EVALUATION	
Operational Plan Item	2.3 Create youth focused counselling programs.
Evaluation Period	November 2016 – June 2017

<p>Evaluation Method</p>	<p>Post-participation surveys with peer leaders Informal interviewing / discussion with workshop participants</p>	
	<p>Target</p>	<p>Actual</p>
<p>Performance Indicators</p>	<p>80% of participants will identify skills developed or enhanced through project activities</p> <p>80% of participants will report increased knowledge of resources and supports</p>	<p>100% of the youth Peer Leaders (PLs) were able to identify a range of skills developed and enhanced by project activities (including CPR-AED; SOAR personal leadership development; Cultural Competency; program planning, facilitation, evaluation; team work; communication; conflict resolution; community outreach; working with partners; public speaking, employment. Were among some of the skills identified)</p> <p>100% of workshop participants and Peer Leaders reported increased knowledge of resources and supports (ex. Youth identified local and city-wide resources, ie. EdgeWest, Planned Parenthood, LOFT, through workshop activities)</p>
<p>Outputs</p>	<p>Two workshop series for two different youth groups (one based at the DPNCHC and one based in a local school) that include:</p> <ul style="list-style-type: none"> • 12 – 18 youth participants per group • 6 week sessions at each site • 2 Peer Leaders trained per site 	<p>Three workshop series for three different youth groups:</p> <p><u>Young Men’s Project (YMP)</u></p> <ul style="list-style-type: none"> • Located at DPNCHC • Two sessions per week • Ran for 30 weeks total • 32 participants • Ages 14-23 <p><u>Student Health Information Project (SHIP)</u></p> <ul style="list-style-type: none"> • Located at two schools <ul style="list-style-type: none"> ○ Bishop Marrocco/Thomas Merton Catholic Secondary School ○ Oakwood Collegiate Institute • 25 youth volunteer organizers • Ran for 24 weeks total • 30-75 participants/event • Ages 14-18 <p><u>Peer Leaders</u></p> <ul style="list-style-type: none"> • 5 Peer Leaders (3 YMP, 2 SHIP) hired/trained to lead initiatives • Ages 16 – 23

REFLECTION

Assessment

Program Timing:

Due to difficulties in recruiting Peer Leaders (PLs), both workshop series started a few months later than originally planned. This delay had little impact on the YMP but a more significant impact on SHIP, which required more time to build presence, visibility and relationships with students and school administration to provide a foundation for their initiatives.

Peer Leaders:

Both projects reaffirmed the effectiveness of peer leadership models in the successful implementation of projects for young people. Most of the work related to program development, outreach, implementation and evaluation was completed by the 5 youth PLs, with agency and partner staff playing support roles. Though not originally intended, by mid-term the PLs in both projects began to work more closely together and function as a single team, particularly when the PLs in SHIP were having difficulties with outreach. The PLs skill development and maturation through the project implementation process was evident. PLs brought insights about the participants, the community and overall program delivery that could only come from other youth. Program outreach and the planning of activities that were relevant and engaging to participants were just some of the strengths brought to the initiatives by the PLs. In addition to partnership with the two schools which were sites for SHIP, this initiative engaged with Planned Parenthood Toronto, LOFT Community Services, The Black Coalition for AIDS Prevention, Toronto Public Health and internal staff at EdgeWest, a DPNCHC Counsellor Therapist and DPNCHC Dietitian to provide sexual, mental and physical health resources as well as deliver informative workshops to participants or train-the trainer sessions to PLs.

Workshop Content:

Initially, sexual health and mental health were narrowly conceived in the workshops. Through working with the youth participants it became clear to the PLs that a broader definition of these terms was required to reflect the reality of their experiences. For the youth, mental health was as related to food access, physical activity, and employment as it was to access to counselling services. This learning was reflected in workshops and activities planning, which included: healthy relationships; sexual health; mental wellness; mental health awareness week; healthy food choices; nutrition; cooking employment and pre-employment; financial literacy; basketball; flag football; paint balling; yoga; boxing.

Challenges:

YMP

- Initial outreach delays in recruiting participants;
- Took time for PLs to internalize their roles as staff and not participants – learning to be comfortable being assertive and directive when necessary with youth participants;
- Difficulty accessing gym space – we expected free access to space, but were required to pay a reduced community rate which had not been budgeted.

	<p>SHIP</p> <ul style="list-style-type: none"> • While originally conceived as a project which would create new health focused groups at each site, the late start gave the PLs less time to establish an independent presence in the schools, and it was determined that working with existing student groups and clubs would be a more effective and timely way to engage students; • The learning curve for the PLs in schools was significant – getting necessary information about the individual school cultures, groups, activities, schedules and staff with connections and a good understanding of the students was time consuming, but crucial to their planning and activity implementation; • Ensuring follow-through and accountability among student volunteers was challenging for the PLs who were not school staff; • Insufficient focus on the development of post-event or workshop surveys meant that evaluations weren't as effective as they could have been. <p>Despite these challenges the PLs were able to meet whatever obstacles they faced, often by seeking resources and supports from others on the PL team. They were ultimately able to achieve and surpass the outcomes established.</p>
<p>Recommendations</p>	<p>Funding opportunities with the Ontario Trillium Fund and the Toronto Foundation have finished, requiring the scope of the project to scale back - DPNCHC will continue to provide a smaller format of the YMP on Mondays and Fridays in the Centre starting in December 2017.</p>

Adult Services

NALOXONE / OVERDOSE POLICY & PROCEDURE		
Purpose	To provide access to naloxone within the community, and increase staff capacity to manage overdose scenarios in the Centre.	
History	New initiative	
Objectives	We will improve the health and well-being of at risk populations through targeted health promotion initiatives (Strategic Objective 1.0)	
Primary Activities	<ul style="list-style-type: none"> • Develop DPNCHC policy and protocol for administering naloxone on-site in emergency situations. • Develop DPNCHC policy and protocol for distributing naloxone kits to clients. • Train key staff to administer naloxone on-site. • Train all staff on new policy and procedure. 	
Target Population	DPNCHC staff	
Budget	DPNCHC staff time	
Partners	Community Pharmacist	
Staffing	1 Program Director	
EVALUATION		
Operational Plan Item	1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models.	
Evaluation Period	2017	
Evaluation Method	N/A	
	Target	Actual
Performance Indicators	N/A	N/A
Outputs	<ul style="list-style-type: none"> • New Policy • All staff training • Key staff training 	Kits ordered to Pharmacy – March 2017 All staff training led by Community Pharmacist – May 2017 Policy drafted – June 2017
REFLECTION		
Assessment	The policy and procedure were successfully developed and training was implemented.	
Recommendations	Continue to train new staff on the procedure.	

SETTLEMENT SERVICES

Purpose	To provide support and assistance to vulnerable adults from the ages of 18+, from a variety of backgrounds, who are newcomers and non-status individuals living on low incomes and are currently navigating the settlement process so they may successfully immigrate and settle in Canada.
History	Active from 1999 – present
Objectives	To increase client access to critical services and supports; increase their awareness of resources; improve their ability to navigate settlement processes and procedures; and provide them counselling and guidance to cope with the emotional effects of migration and change.
Primary Activities	<ul style="list-style-type: none"> • Provide one-to-on client support. • Provide information workshops on newcomer issues and topics. • Represent the organization and clients at settlement related networks and coalitions. • Provide workshops with a Counsellor Therapist for clients.
Target Population	Newcomers and persons without status
Budget	DPNCHC staff time
Partners	United Way Ontario Ministry of Citizenship and Immigration Newcomer Settlement Program (funder)
Staffing	1 FT Settlement Worker 1 PT Family Settlement Worker

EVALUATION

Operational Plan Item	N/A	
Evaluation Period	January – September 2017	
Evaluation Method	Satisfaction surveys are distributed twice a year (during three week periods) to all clients who have completed one-on-one appointments.	
	Target	Actual
Performance Indicators	<p>75% of clients report increased knowledge of resources and supports</p> <p>75% of clients report having more social and community connections</p> <p>50% of clients report feeling better able to deal with the emotional effects of migration</p>	<p>88% report increased knowledge of resources and supports</p> <p>79% report having more social and community connections</p> <p>86% report feeling better able to deal with the emotional effects of migration</p>

Outputs	<p>Serve 400 clients</p> <p>Provide 900 units of service (client visits)</p> <p>Provide 20 newcomer workshops / group sessions with 280 participants</p>	<p>Served 430 clients</p> <p>Provided 900 units of service (client visits)</p> <p>Provided 20 newcomer workshops with 304 participants</p> <p><i>Additional Outputs:</i></p> <p>Participated in 3 networks and coalitions</p> <p>Provided 2 series of 4 workshops with a Counsellor Therapist, with 30 participants</p>
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STAKEHOLDER PERSPECTIVE

Client Feedback

Greg Gilbert and his wife met in Grenada while attending high school together. They have been together since 2005. His wife Cindy-Anne moved permanently to Canada in 2013 with her mother and her two younger sisters, turning her relationship with Greg into a long distance one. Previously, Cindy-Anne's mother had come to DPNCHC seeking assistance with the application process to sponsor her daughters, which was successful.

At the beginning of 2014 and now living in Toronto, Cindy- Anne was completing her college education and wanted Greg to come and live here with her since they have been apart for several years and truly missed each other. Greg arrived in Toronto on September 10th of 2014. On July 25, 2015 Cindy and Greg got married and a year later they welcomed their daughter Tiana.

In 2016, Cindy- Anne came to DPNCHC seeking for the similar assistance that her mother had successful received previously; to help with a sponsorship application, this time Greg's. The couple expressed numerous concerns since Greg was living in Toronto under an expired visitor's visa since he was unable to return to Grenada and leave Cindy- Anne and their daughter on their own. At DPNCHC's Settlement Program, we provided the couple with the appropriate information, and an application for Permanent Residence was made under the Spouse or Common-Law Partner in Canada Class. On October 2017, Greg received the good news from Citizenship and Immigration Canada that it was determined that he met the eligibility requirements to apply for permanent residence as a member of the spouse or common-law partner in Canada class.

Greg is currently working in the construction industry and is planning to work and study part-time in the upcoming year to complete his studies as a mechanical engineer. He is also looking forward to continue to build strong roots with his family in Toronto as he has express numerous times that this

city is full of great opportunities for those who are committed to succeed in life!

REFLECTION

Assessment

Overall, the program objectives and goals have been met. The program has received significant positive feedback from clients about the services they received.

Program Offerings

The scope of our services were greatly improved with the introduction of the Spanish / Portuguese Speaking Parent Education Workshops that were developed in partnership with the Health Center, and delivered in June 2017. The main goal of the workshop was to assist newcomer parents to navigate the elementary school system, support their children's education at home and support their emotional and mental development while in school. The program received overwhelmingly positive feedback.

Client Needs

The number of clients requesting assistance to sponsor their relatives to immigrate to Canada has increased by 40% and the amount of individuals requesting to apply under the Humanitarian and Compassionate category has decreased by 90% as most clients without immigration status do not qualify to make this type of application. Both of these effects appear to be the result of recent changes made to the immigration policies in the Citizenship Act in 2017. More changes are planned for the Act throughout 2017 and 2018, which may continue to have impacts on our clients and services/expertise required from Settlement workers.

Recommendations

- To continue providing high quality service to the immigrant, refugee and newcomer populations in the Davenport community.
- The program would benefit from a second full-time Settlement Worker to assist with the changing needs of clients observed in 2017.

Early Years Programs

AGES AND STAGES QUESTIONNAIRE SCREENING – QUALITY IMPROVEMENT

Purpose	To collect feedback on the effectiveness of the Ages and Stages Questionnaire (ASQ) screening already used in the Early Years (EY) Program and recently brought to the Health Center (HC) – a tool used when children present delays in development at different ages and stages to formally assess a child’s developmental progress and direct referrals to programs and services that can enhance development in those identified areas.	
History	Started in 2015 initially within the EY program, and expanded to include referrals from HC by clinicians. An EY Program Worker now visits the HC once a month to provide screenings for identified patients.	
Objectives	We will build organizational capacity to respond to changing stakeholder priorities (Strategic Objective 6.0)	
Primary Activities	<ul style="list-style-type: none"> • Identify and refer children in need of screening • Complete screening with EY worker • Refer child and family to appropriate services and programs • Follow-up with family via telephone survey to collect feedback on the effectiveness of the screening and intervention. 	
Target Population	Children with complex developmental needs, ages 2-6	
Budget	DPNCHC staff time	
Partners	DPNCHC Health Center Physicians Infant Mental Health Promotion	
Staffing	1 EY Program Worker	
EVALUATION		
Operational Plan Item	6.3 Develop a new model of collaborative and individualized care for clients and families focused on their personal goals, values and choices; this care is organized around the individual/family’s best interests by a cross section of agency staff.	
Evaluation Period	April – September 2017	
Evaluation Method	Post participation telephone surveys	
	Target	Actual
Performance Indicators	80% of clients served will agree their care is focused on their personal, goals, values and choices for their children	100% of the parents stated that the ASQ was very helpful in making decisions for their child’s care.

Outputs	10 participant families at the Health Center (HC) 10 completed surveys	3 participant families from the HC 7 additional participant families from EY programs who completed ASQ previously 6 completed surveys (3 from HC, 3 from EY)
STAKEHOLDER PERSPECTIVE		
Client Feedback	<p><i>"My child is doing a little better than before still a little bit behind but the resources are good"</i></p> <p><i>"Good idea to discover how the child is doing and compare to others the same age"</i></p> <p><i>"It was very, very helpful"</i></p> <p><i>"All families should get one"</i></p> <p><i>"I moved clinics but it was still helpful"</i></p>	
REFLECTION		
Assessment	<p><i>Delivery & Approach</i></p> <p>Children who presented with multiple issues and complex developmental needs were directly referred to specialists and child development clinics by providers. The three children screened in the clinic met the existing criteria (on the cusp of having a development concern) and were booked in for an ASQ, and completed a follow up survey about the outcomes of completing that screening. Since the output targets were not met, the telephone survey was expanded to include 7 other families who use multiple EY services and have previously completed an ASQ in order to get a better sample size of people's experience the screening. 3 of the 7 EY families contacted completed the survey.</p> <p><i>Client Impacts</i></p> <p>After being screened and asked to complete the ASQ, the clients accessed the following services and programs:</p> <ul style="list-style-type: none"> • Applied to or attended an Early Abilities program for speech and language. • Attended childcare to address special/specific needs. • Completed hearing tests. • Completed a speech assessment. • Attended Peer Nutrition classes. • Attended physiotherapy. 	
Recommendations	<ul style="list-style-type: none"> • Participants found the screening process very helpful, and it will be continued in the future. • Develop method to more effectively do more detailed follow up with children who continue to present with developmental concerns and repeat future screens that help measure movements/ improvements in developmental milestones at both the clinic and early years. 	

IMPAKT – SOCIAL INCLUSION FOR CHILDREN WITH DISABILITIES: A SYNTHESIS AND REVIEW OF BEST PRACTICES

Purpose	To increase knowledge and practices among Early Years program workers and program curriculums that improve the social lives of children with disabilities as well as their families.
History	New initiative – DPNCHC was invited by a Ryerson University research team to participate.
Objectives	We will improve the health and academic outcomes for children, youth and families. (Strategic Objective 5.0)
Primary Activities	<ul style="list-style-type: none"> • Provide training to DPNCHC staff and other local Early Years Centers staff regarding best practices. • Apply practices to existing programs at DPNCHC as applicable.
Target Population	Early Years Centers Staff
Budget	DPNCHC staff time
Partners	Ryerson University
Staffing	8 EY Staff

EVALUATION

Operational Plan Item	5.1 Improve capacity to serve children with special needs.	
Evaluation Period	June 2017 – October 2017	
Evaluation Method	Port-participation survey	
	Target	Actual
Performance Indicators	80% of participants will report an increase in knowledge that improves the social lives of children with disabilities.	<p>90% said that the information found in the presentation was helpful.</p> <p>90% highlighted key activities and reflections that will consider practicing in future work.</p>
Outputs	<p>12 staff participants</p> <p>1 training workshop</p>	<p>8 staff participants</p> <p>1 training workshop</p>

STAKEHOLDER PERSPECTIVE

Staff Feedback	Positive, majority of participants are interesting in continuing the program.
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REFLECTION

Assessment

Learning Outcomes

Attendees learned about many practices for encouraging social inclusion of children with disabilities, to be applied within their own programs. DPNCHC EY Staff reported the following key learnings:

- Appropriate approaches for activities and exercises for children with disabilities (i.e. strength based approach, appropriate pacing, etc.);
- Ideal environments for learning and relaxation and how to provide them;
- Importance and positive influence of staff role modelling acceptance of children with disabilities;
- Importance of empathizing with parents of children with disabilities and building strong rapport with them;
- Providing resources within the classroom, as well as additional supports and parent advocacy.

Program Continuation

Six of eight staff who participated in the IMPAKT presentation said they would be interested in participating in Stage 2 of the research (the Building Friendships Program). Building Friendships is a *social inclusion skills program* for children in preschool environments, and is currently under ethics review with Ryerson University. The project partners are providing staff focus groups to collect feedback on how to support the development of a Building Friendships model.

Recommendations

- Support staff participation in Stage 2 of program.

STOMP (SICK KIDS TEAM OBESITY MANAGEMENT PROGRAM)

Purpose	To improve physical and mental health outcomes for children in the highest percentiles of BMI through psycho-educational training and support regarding healthy living using a comprehensive approach.
History	New initiative – CANCELLED
Objectives	To focus on early intervention and support for people experiencing mental health challenges (Strategic Objective 4.0)
Primary Activities	<ul style="list-style-type: none"> Recruit participants for program through chart audit and referrals Deliver 10 week program
Target Population	Parents of children ages 6 months – 5 years who are within or greater than the 85 th percentile for BMI
Budget	DPNCHC staff time
Partners	Four Villages Community Health Centre SickKids Hospital
Staffing	1 Program Director

EVALUATION

Operational Plan Item	4.1 Identify mental health issues early to reduce long term impacts in young children.	
Evaluation Period	CANCELLED	
Evaluation Method	N/A	
	Target	Actual
Performance Indicators	N/A	N/A
Outputs	Recruit and enroll participants for the program.	<ul style="list-style-type: none"> 99 children ages 2-6 identified in chart audit 14 families identified with children in 85th percentile of BMI or higher 6 families successfully contacted

REFLECTION

Assessment	<p><i>Outreach</i></p> <p>There was zero program uptake from families at the DPNCHC, and very limited uptake at the Four Villages Community Health Centre. This program only targeted children using our clinical services, as the program required provider feedback and statistical tracking. The DPNCHC Registered Dietitian</p>
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(RD) and IT Manager audited our client charts to identify appropriate program participants:

- 99 children ages 2-6 were identified in the chart audit.
- 14 families were identified within this subset who had children in the 85th percentile of BMI or higher.
- All 14 families were given referrals to the RD through their healthcare provider.
- 6 families were successfully contacted by the RD.
- 2 families indicated they were “not interested” in the program.
- 2 families indicated they would call back if interested in the future but for now it was not the right time.
- 2 families indicated some interest and booked appointment with RD for more information but did not attend their appointments.
- The RD revisited providers and recruited 1 additional family for nutrition counselling but not necessarily for the program.

Program Changes

The coordinating partner - Sick Kids Hospital (SKH) - lost rights to use the parenting program model that supported STOMP (the Incredible Years program at Toronto Public Health), creating a disruption in program implementation. SKH is currently exploring a new parenting program model (Chicago Parent Program), with no set date for implementation at this time.

Program Alternatives

Investigation into existing community-based nutrition/parenting programs in the city revealed several options:

- Peer Nutrition Programs offered at The Stop 3-4 times a year;
- Nutri- Step offered across Early Years Centers for preschool population;
- DPNCHC Early Years program offers Peer Nutrition in Spanish, monthly dietitian rounds during drop-ins, school readiness workshops on healthy eating, and Baby Food Making workshops;
- DPNCHC weekly Portuguese-Speaking Mothers Group typically offers one nutrition focused workshop / month
- Healthy Beginnings – Prenatal Nutrition Program Partnership is available weekly for pre-post-natal women, which focuses on healthy eating and infant feeding.

Given the options available, continued participation in the STOMP Project appeared to produce an unnecessary duplication of services.

Recommendations

- Provide resources with EY clients as needed regarding available programs that address these issues elsewhere in the community.
- Await updates from SKH on redevelopment or continuation of the program, although continued participation is unlikely.

WINTER WONDERLAND – TODDLER PROGRAM

Purpose	To provide more programming in the Early Years Programs portfolio geared towards toddler-aged children.
History	New initiative developed internally at DPNCHC based on parent demand for more services targeting toddlers. The curriculum was developed by DPNCHC staff based on their own ECE training.
Objectives	To strengthen learning, language and parent child attachment, and to improve toddler development and play skills.
Primary Activities	<ul style="list-style-type: none"> Recruit participants through advertising and pre-registration Deliver program
Target Population	Toddlers, 18 months – 3 years old
Budget	DPNCHC staff time
Partners	N/A
Staffing	2 program workers

EVALUATION

Op. Plan Item	N/A	
Evaluation Period	January - February 2017	
Evaluation Method	Participant satisfaction survey	
	Target	Actual
Performance Indicators	80% of parents will report that the group has helped to support their child's development.	100% of parents suggested that their children learned many new skills in the areas of child development
Outputs	12 adult participants 12 children participants	12 adult participants 12 children participants

STAKEHOLDER PERSPECTIVE

Client Feedback	<p>Client's had a positive experience and reported several outcomes:</p> <ul style="list-style-type: none"> Improved self-help, physical, and social skills in children through playing with others in a small group. Children's skill development (senses, cooking, cutting, climbing, jumping). New ideas for engagement and learning at home (play with textures, colors, sensations / tactile experiences; songs; toys to make at home).
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REFLECTION

Assessment	The program ran smoothly & staff are trained in sensory stimulation.
Recommendations	<ul style="list-style-type: none"> Winter Wonderland will be offered in Feb 2018. Considering extended hours / length for program based on client request.

Seniors Services

'GRAND-PARENTING' WORKSHOPS		
Purpose	To provide workshops for seniors that enhance their skills for communicating and supporting the children, youth, and adolescents they care for.	
History	Piloted in 2016 for grandparents caring for younger children, this program was expanded in 2017 to programming for grandparents caring for youth and teenagers with the assistance of the Child & Youth Services program manager.	
Objectives	To improve the health and well-being of seniors in our community, especially those who experience barriers (Strategic Objective 3.0)	
Primary Activities	<ul style="list-style-type: none"> • Research and design workshops (completed by CY Services Manager). • Offer multiple 3-part workshop series (1 hour per session) addressing child & adolescent development stages and effective communication skills offered in English, Italian, Portuguese, and Spanish. 	
Target Population	Senior caregivers of youth and adolescents.	
Budget	DPNCHC Staff time Refreshments	
Partners	DPNCHC Child & Youth Services	
Staffing	2 Program Managers (Senior Services, Child & Youth Services) 3 Program Workers (Senior Services) 1 Student	
EVALUATION		
Operational Plan Item	3.4 Enhance support and services for seniors experiencing depression or cognitive impairment.	
Evaluation Period	October 2016 – October 2017	
Evaluation Method	<ul style="list-style-type: none"> • Post-participation surveys (115 respondents) • Observation • Staff feedback 	
	Target	Actual
Performance Indicators	70% of seniors will express greater understanding of better ways to communicate with children and youth	<p>93.75% seniors felt they had a greater understanding of better ways to communicate with children & youth.</p> <p>96.88% felt the workshops gave them greater confidence in communicating with teens /youth.</p>

Outputs	Workshop series, offered in four languages (English, Portuguese, Spanish, Italian). 100 participants	15 workshops conducted from January – March, 2017 in four languages 115 participants
STAKEHOLDER PERSPECTIVE		
Client Feedback	<p>Participants reported meaningful improvement of their knowledge in the following areas:</p> <ul style="list-style-type: none"> • Understanding stages of development for young people; • The importance of not being judgemental; • How to listen more attentively; • Learning how the teen brain works; • Watching body language; • Ways of starting a communication; • Tips for verbal communication; • Ways of affirming youth. 	
Staff Feedback	<ul style="list-style-type: none"> • Overall positive feelings between Senior Services and C&Y staff regarding collaboration and output – felt it was effective and worthwhile. 	
REFLECTION		
Assessment	<ul style="list-style-type: none"> • Staff motivated to continue with collaborative programs in the future and optimistic about outcomes. • Senior services staff uncertain of feasibility of similar future projects given time commitment required to execute this initiative. 	
Recommendations	<p>Item is complete in the Operational Plan and there are no current plans to continue the workshops.</p>	

Health Promotion & Community Development

DPNCHC PHOTO PROJECT: PORTRAITS OF DAVENPORT	
Purpose	To develop an intergenerational Community Art Project – facilitated through artist-led story telling – that creates an inclusive, collaborative, and expressive environment where local residents, artists and businesses work together to promote a more caring, connected, and healthy community.
History	This project was a new initiative (with one-time funding) developed after some of DPNCHC’s regular Senior’s Services clients participated in another art project in the community. The participants were asked to be photographed in a local mall (which functions as a popular community gathering space) by professional photographers, and participate in a public exhibition of the photos. The participants experienced strong feelings of inclusion and belonging within their community, and reported very positive experiences particularly with interacting with youth and individuals from different generations and communities than their own. Based on these outcomes, the Community Development and Health Promotion Coordinator decided to recreate this experience for another group of clients.
Objectives	To improve the health and well-being of at risk populations through targeted health promotion initiatives (Strategic Objective 1.0)
Primary Activities	<ul style="list-style-type: none"> • 5 artist-led workshops focused on portraiture, photography skills, and discussion / personal reflection on identity, community belonging, and the future. • 1 public art exhibition.
Target Population	Community members, ages 13-80
Budget	DPNCHC staff time \$6,000 grant from Toronto Arts Council \$8,000 grant from Ontario Arts Council
Partners	Toronto Arts Council The Ontario Arts Council Erin Stump Projects
Staffing	1 CDHP Program Coordinator 1 Co-Facilitator 4 photographers 2 youth peers 1 PhotoVoice volunteer 2 food/engagement volunteers
EVALUATION	
Operational Plan Item	1.1 Develop an approach to work with community leaders to identify key issues and goals for the community and/or to work on identified goals.
Evaluation Period	January – June 2017

Evaluation Method	Unstructured group interviews	
	Target	Actual
Performance Indicators	Majority of participants report a feeling of belonging and connection	90% reported that the project provided an opportunity to connect and a space to belong.
Outputs	Delivery of workshop series	8 working sessions
	1 public photo exhibition	1 installation / show at local gallery
STAKEHOLDER PERSPECTIVE		
Client Feedback	<p>“The DPNCHC photo project provided me with the opportunity to work with a talented, intergenerational community. Over this journey I learned about the importance of diversity, portraiture, and identity from every single participant, leader and photographer.” – Rhea, peer leader</p> <p>“I see pictures and things in a different way now...I pay more attention to lighting, background, angles, reflections, what the artist is trying to say through their work. Thank you for giving us the chance to participate in this art project. It has been really amazing to work with Gabrielle, Marjan and the team.” – Elka, participant</p>	
REFLECTION		
Assessment	<p>The collection of portraits explored issues of self-image, identity, and self-expression and illustrated the importance of connecting with one another to tell our stories and build skills that ultimately improved well-being. The portraits were exhibited at a local art gallery with an opening for the community to come and see them. For many community members, this was their first experience attending an art gallery (and being celebrated for their work). The participants presented their portraits with enormous pride and their work reflected a variety of themes identified through self-reflection, including:</p> <ul style="list-style-type: none"> • Black womanhood/connecting through braiding; • Making friends with people you don't know; • Human rights/prejudices; • Happiness/memories/family; • Being brave enough to learn a new skill/meet new people of different ages and backgrounds. 	
Recommendations	If future funding opportunities exist, a duplication of this type of project is highly recommended.	

DIABETES PREVENTION PROGRAM

Purpose	To provide a series of workshops addressing resources, skills for lifestyle change, and methods to identify risk and promote prevention of Type 2 diabetes in at-risk populations.
History	2014-2015 – targeted Latin community 2015-2016 – targeted Afro-Caribbean community 2016-2017 – targeted Portuguese Community
Objectives	We will improve the health and well-being of at risk populations through targeted health promotion initiatives (Strategic Objective 1.0)
Primary Activities	<ul style="list-style-type: none"> Peer training provided by Toronto Public Health. CANRISK (The Canadian Diabetes Risk Questionnaire) screenings. Workshops addressing fitness, healthy eating, and health literacy.
Target Population	Portuguese community members, all ages.
Budget	DPNCHC staff time \$6,645 grant from Toronto Public Health Peer Leader honorariums Food for participants during sessions
Partners	Toronto Public Health
Staffing	1 CDHP Program Coordinator DPNCHC Community Dietician 3 Peer Leaders

EVALUATION

Operational Plan Item	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions, and other conditions.	
Evaluation Period	January – March 2017	
Evaluation Method	Pre-participation screenings Post participation surveys (mixture of funder provided questions and DPNCHC developed questions)	
	Target	Actual
Performance Indicators	Participants will feel motivated to eat healthier.	100% of participants felt motivated to eat healthier.
	Participants will feel motivated to become more physically active.	83% of participants felt motivated to become more physically active.
	Participants will feel motivated to take steps to reduce their risk of developing diabetes.	80% of participants felt motivated to take steps to reduce their risk of developing diabetes.
	Participants will pass a quiz assessing their knowledge of	97% of participants passed the quiz to assess their knowledge of

	diabetes risk factors, steps to reduce diabetes risk, and appropriate food portion sizes.	diabetes risk factors, steps to reduce diabetes risk, and appropriate food portion sizes.
Outputs	Workshop delivery	<p>4 Peer Leaders trained</p> <p>3 Peer Leaders led sessions</p> <p>69 Participants</p> <p>3 participant sessions (Portuguese Mothers Group, Portuguese Seniors group, all ages group)</p> <p>Materials translated into Portuguese by the DPNCHC were given back to TPH for other grantees to use.</p>
REFLECTION		
Assessment	<p><i>Program Delivery</i></p> <p>To assist in program delivery, Peer Leaders (PLs) were trained by Toronto Public Health over 3 days. Participants completed CANRISK forms at the beginning of the program to better understand their risk for developing Type 2 diabetes. Through facilitation of the PLs, 69 individuals participated in the educational workshops and yoga/dance activities over a 6-8 week period.</p> <p><i>Client Impact</i></p> <p>The majority of participants were Portuguese (79%), indicating success in targeting the desired population. Furthermore, 56% of participants who completed a CANRISK screening scored were at moderate or high risk of developing diabetes, with 59% of these moderate or high risk participants reporting a plan to visit a health care provider about their diabetes risk in the next 6 month. While many commonly associated behaviors were well learned and identified by participants (such as food portions and weight-associated risk), only 72% accurately identified behaviors such as sitting for long periods as a risk factor for diabetes, the lowest scoring result of the quiz. While most participants planned on eating healthier, less planned on becoming more physically active, which may be because many of the participants are already active in many of the DPNCHC fitness programs.</p> <p><i>Outreach</i></p> <p>Several outreach strategies were utilized for this program: direct contact with centre users; radio promotion on a Portuguese station; flyering in Portuguese on the street and in local bakeries; submitting to local elected officials' e-newsletters; direct mailing to DPNCHC clients known to be Portuguese speaking and at risk of developing diabetes. Direct mailing, though previously effective in other DPNCHC programs did not yield any participants. Due to limitations of our database, we were not able to sort clients by the desired criteria, which may have impacted the response rate.</p>	
Recommendations	<ul style="list-style-type: none"> • A new module has been planned and initiated with the South Asian Women's Centre – first session run in October 2017. • Direct mailing will not be used for outreach again. 	

FOOD INSECURITY REDUCTION

Purpose	To evaluate and increase initiatives at DPNCHC that address food security.
History	New initiative
Objectives	We will improve the health and well-being of at risk populations through targeted health promotion initiatives (Strategic Objective 1.0)
Primary Activities	<ul style="list-style-type: none"> • Add screening to clinician visits for food insecurity using a two-step approach during clinician visits, and inputting status 'food insecure' or 'food secure' in clinical database Nightingale on Demand (NOD). • Offer regular Community Kitchen cooking and nutrition education sessions to help participants produce low cost nutritious meals.
Target Population	Food insecure clients and community members.
Budget	DPNCHC staff time \$900 total, \$100 / session (\$50 for food, \$50 for participation incentive)
Partners	CHC Food Security Network
Staffing	1 Dietitian 1 DPNCHC Program Worker (to help run community kitchen)

EVALUATION

Operational Plan Item	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions, and other conditions.	
Evaluation Period	April – September 2017	
Evaluation Method	Pre and post participation surveys (for Community Kitchen) Informal interviews with Clinicians (for screening question)	
	Target	Actual
Performance Indicators	80% of clients will have gained new knowledge and skills that support better food security	Preliminary results of pre and post participation surveys suggest that the vast majority of participants demonstrated increased knowledge.
Outputs	2 new in-person screening questions for clinician visits added to NOD 9 cooking / nutrition workshops 20 workshop participants	2 new in-person screening questions for clinician visits added to NOD 9 cooking / nutrition workshops 32 unique participants 3-15 participants in each session

STAKEHOLDER PERSPECTIVE

Client Feedback	Community Kitchen verbal/anecdotal feedback: <ul style="list-style-type: none"> • Timing of sessions not ideal for all participants
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	<ul style="list-style-type: none"> • Overall enjoyable, good food, fun, learned a lot about nutrition
Staff Feedback	<p>Re: screening questions</p> <ul style="list-style-type: none"> • When rapport hasn't been built between clinician and client, client may not be answering questions accurately. • Those inputting data into NOD found the codes being used non-intuitive. • How to account for changes in a client's food security status in NOD. <p>Re: Community Kitchen</p> <ul style="list-style-type: none"> • More recruitment required as many repeat participants came. • Not certain if the new cooking and nutritional knowledge participants developed in the workshops can be argued to have an effect on food security, but rather, food access.
REFLECTION	
Assessment	<p><i>Research Priorities</i></p> <p>The DPNCHC Dietician is currently a member of the GTA Community Health Center (CHC) Food Security Network, where she has worked to develop and test several elements of this initiative. The Dietician has formed a subcommittee within this group to support the standardization of food security screening questions and assessment protocol across the Network through researching, proposing and testing best practices. DPNCHC has participated in the Networks goal to measure food insecurity using the ENCODE "9802 Food Insecurity" in the NOD system and promoting education/advocacy on food insecurity among staff.</p> <p>DPNCHC is one of the first CHC's to participate in this special initiative and the lessons learned at the Centre will be shared with the Network to move towards implementing effective screening processes.</p> <p><i>Challenges</i></p> <ol style="list-style-type: none"> 1. Difficulty screening new intakes: <ul style="list-style-type: none"> • Project started late (April 2017) due to staff turnover - to make up for lost time, charts were audited for new intakes from January to April and screened over the phone for food insecurity. • Retroactively auditing charts for new intakes is labor intensive and limited staff capacity prevented Dietician from obtaining enough data to meet the goal of screening 80% of new intakes. • Administering sensitive questions regarding food insecurity over the phone may not be effective. 2. Provider compliance with 2-step in-person screening is inconsistent: <ul style="list-style-type: none"> • Nurses were most compliant. • Doctors were less compliant than nurses, but more than other providers. • Settlement and counselling providers were lowest in compliance.
Recommendations	<ul style="list-style-type: none"> • Continue to work with Network and lead working group to standardize in-person screening question. • Develop a flow chart process within DPNCHC on screening for food insecurity to identify points where process can be improved. • Further analyze pre and post participation from Community Kitchen surveys to determine curriculum for future workshops.

Overall Assessment

In 2017, 77 programs, services and/or initiatives were active at DPNCHC. Fourteen programs were evaluated. Every department or program area had an evaluation except for Volunteer Services.

Impact

How impactful are our programs and services overall, and how satisfied are our clients with the outcomes they experienced after participating in our programs and services?

Strong positive impacts were reported overall, both in terms of process evaluations and outcomes evaluations. The majority of evaluation reports submitted show almost all targets were met or exceeded for both performance indicators and outputs (see Table 3 below).

These evaluations should be considered valid, though it is important to note that they have relied a somewhat limited array of evaluation strategies which may have influenced their success rates – namely the rationales for setting targets (see more comments in Evaluation section). It is also important to note that the consistent outcome of targets being met or exceeded indicates that program workers, managers, and supervisors have a strong, accurate, and realistic understanding of their program capacities, staff capacities, client needs, and Centre resources, and a strong ability to utilize these factors to create and deliver impactful programs. Additionally, strong positive impacts and high levels of satisfaction were reported in the 2017 Client Satisfaction Survey (CSS) (to be presented to the Board in January 2018). While the CSS provides a general assessment of DPNCHC's programs and services as opposed to a program or service specific one, its results align with and thus anecdotally support the positive client outcomes reported in this Evaluation.

Table 3: 2017 EVALUATION OUTCOMES

Program Area	Programs, Service or Initiative Evaluated	Performance Targets	Output Targets
Health Services	Spanish / Portuguese Educational Attainment Workshops	Met	Not Met
	Trans Youth Sexual Health Programming	N/A	Met
Youth Services	Wize-Up Wednesdays	Not Met	Exceeded
	YMP / SHIP (Youth-Led Sexual Health Counselling)	Exceeded	Exceeded
Adult Services	Naloxone Overdose Policy & Procedure	N/A	Met
	Settlement Services	Exceeded	Exceeded
Early Years Programs	Ages and Stages Questionnaire Screening	Exceeded	Not Met
	IMPAKT – Social Inclusion for Children with Disabilities	Exceeded	Not Met
	STOMP (CANCELLED)	N/A	Not Met
	Winter Wonderland Toddler Program	Exceeded	Met
Senior Services	Grand-Parenting Workshops	Exceeded	Exceeded
Community Development & Health Promotion	Diabetes Prevention Program	Met	Met
	DPNCHC Photo Project: Portraits of Davenport	Met	Met
	Food Insecurity Reduction Initiative	Met	Met

Resources

How effectively are DPNCHC resources being utilized in the administration and delivery of our programs and services?

The current Evaluation Policy being used does not require evaluations to include budgetary information or detailed staffing and material requirements. Consequently, assessment of the value and impact of DPNCHC's resources from an internal perspective is limited at this time. Since most evaluations reported successful delivery of their programs and services, it can be assumed that the resources and administration overall were, at a minimum, sufficient and functional except where directly noted by the reporter.

Follow-up interviews with reporters revealed several resource and administrative needs, which would support both program delivery and effective planning for future programs or program changes. Most of these requests related to knowledge and skills development. Reporters indicated a desire or need for more resources regarding best practices for program delivery and improvement, models for program design, evaluation strategies, and data collection techniques, both to satisfy internal and external/funder provided evaluation requirements.

Other resource requests include:

- Assistance with participant / client recruitment, including both strategies and resources (materials and labour) for targeted recruitment needs;
- Strategies for participant retention, particularly for new initiatives and offerings, including designing effective participation incentives and more effective articulation of program benefits and values;
- Guidance with setting evaluation targets (including completing literature reviews and inventories of best practices) that are more empirical and less anecdotal;
- Guidance with more systematically tracking progress towards achieving evaluation targets over the evaluation period (as opposed to compiling and reporting on all data at the end of the evaluation period);
- Training on the design of data collection techniques that are reflective of program / service parameters, and the use of the data collected;
- Strategies to streamline evaluation reporting and data collection requirements where multiple evaluations must be completed (i.e. both internal and external requirements).

Planning

How should these program evaluation results inform our next Annual Operational Plan, Community Needs Assessment, and Strategic Plan?

The 2017 Program Evaluation overlaps with Planning Years 3 and 4 within the 2014-2019 Strategic Plan (SP) and the 2017 Operational Plan (OP), which is the fourth OP written to achieve the strategic objectives from the 2014 – 2019 SP (see **Appendix A** for detail). An inventory of all Operational Plan outcomes during the 2014 – 2019 Strategic Plan implementation period indicate that each Strategic Objective has now been addressed and achieved at least once (see **Appendix B**

for detail). All Strategic Objectives from sections 1.0 – 5.0 of the 2017 Operational Plan were completed. The successful completion of these Objectives means that all activities to support Objectives 1.0 – 5.0 in the 2018 Operational Plan should be new or expanded upon from previous years.

Out of the 14 individual program and service evaluations included in this report, 11 were a part of the 2017 Operational Plan. Out of these 11 evaluations, 9 of the programs, policies, and services that were piloted or improved will continue to be offered in DPNCHC's portfolio. These outcomes indicate that the organization is currently engaged in an effective and successful planning process. However, follow-up interviews with reporters indicated uncertainty about how to apply evaluation findings effectively in subsequent Operational Plans. The lack of connection between the Program Evaluation outcomes, and the subsequent Operational Plan, may indicate lost opportunities in terms of building upon proven successes and planning for program development in a more intuitive or organic style.

Evaluation

How effective is our evaluation method, and is it providing the insights we need to plan effectively?

At present, many of the evaluations strategies being implemented by staff are reliant on anecdotal and impressionistic insights. Targets being set for both performance indicators and outputs tend to be based primarily on past program success and generalized conceptions about client behaviors and needs. These approaches reflect strong programmatic knowledge amongst managers, supervisors, and workers, which could be enhanced with more objective substantiation in order to plan more effectively.

In particular, there was often a lack of substantiating, empirical data to support the targets set for outcomes and achievements. Empirical data would complement the anecdotal projections relied on to determine targets for performance indicators and outputs. Implementing more empirical baselines to set targets (typically drawn from best practices and industry standards through literature reviews and research), in addition to using impressionistic and institutional knowledge from staff, will (1) make following through on evaluation requirements more logical for program workers, and (2) make planning for future program adjustments, improvement, and continuation a more simple and straightforward process that reduces the risk of personal bias or oversight.

Recommendations

Impact

Recommendations addressing the observations made in the Impact assessment are primarily addressed in the Evaluation related recommendations that follow.

Resources

1) Documenting Budget and Resource Use

Details on program budgets, staffing requirements and material needs were not included in individual evaluations, likely due to the parameters of our current Evaluation Policy. It is therefore recommended that the Policy be updated to include reporting directly on budgets, staffing requirements, and material requirements for each program and service. This information provides necessary (although not exclusive or complete) context to assess the effectiveness of a program or service, and assists with planning for its future effectively (particularly regarding stability).

Research should be completed by the Manager of HPPQI to determine the best approaches to evaluating these details (which may vary by Program Area) and discussed with both the Senior Management Team and Program Managers.

2) Increase Staff Knowledge and Capacity

Staff reported many needs and interests regarding resources and support in terms of skills and knowledge. It is therefore recommended that the DPNCHC facilitate trainings or opportunities, internally or externally, to address the following areas of interest and knowledge deficits:

- DPNCHC's Planning & Evaluation Model.
- Strategic planning for individual evaluations and progress tracking.
- Data collection strategies.
- Effective data use.
- Researching and applying best practices.
- Program modeling and design.
- Effective communications and outreach strategies.

It is likely that DPNCHC has some internal capacity among its staff to lead these trainings and discussions, but may need to rely on additional external resources to provide these opportunities. The Senior Management Team will work with the Manager of HPPQI to develop a plan that will provide this training.

Planning

1) Applying Outcomes-Based Planning

This year's Evaluation, and the recommendations in the 2016 Program Evaluation, suggests that, in the past, the learnings from our program outcomes are not always being effectively carried over into subsequent planning activities. For example, the Operational Plan is sometimes

viewed as a one-time benchmark, or 'box to be checked off', as opposed to a tool for continuous learning and outcomes-based planning. This gap between evaluation and planning may have occurred as a result of a repeated turnover in the Manager of HPPQI role, which has occurred three times in the past two years, around the time when the Program Evaluation and Operational Plan are being completed. Such turnover causes knowledge loss and a disruption in planning momentum, as this staff member oversees and coordinates all planning and evaluation activities.

In order to create a smoother and more coordinated process, it is recommended that the Manager of HPPQI work directly with the Senior Management Team to map out DPNCHC's Planning and Evaluation Cycle with detail, including more a formal timeframe and execution schedule to ensure certain activities are completed with enough time for them to be properly utilized in subsequent related activities. This mapping procedure should be followed by a refresher training for all staff involved in evaluation and planning activities. This activity should focus on the execution of the following planning and evaluation activities upcoming in 2018:

- Finalizing and implementing the 2018 Operational Plan,
- Implementing the 2014-2019 Strategic Objectives,
- Completing the 2018 Community Needs Assessment,
- Authoring the 2019 –2024 Strategic Plan.

2) Operational Planning Guidance

Given the current gap between evaluation learnings and operational / program planning, it is recommended that the Manager of HPPQI be made available to work directly with interested staff on determining effective performance indicators and output targets as means for evaluation in the upcoming Operational Plan. This activity can also include developing a corresponding evaluation plan / procedure for tracking evaluation progress, if requested by staff.

Evaluation

1) Widen Evaluation Scope

Review of the DPNCHC Program Evaluation history indicates that in recent years, the scope of the PE has narrowed. In 2016, it was decided that the PE would focus only on programs and initiatives addressed in the Annual Operational Plan. However the initial historical review of PEs from 2010 to the present indicates that many long-standing programs offered have not been formally evaluated recently, or in some cases ever, since they do not fall within the parameters of the Operational Plan.

Consideration should be given to setting standards or intervals for regular evaluation of programs that fall outside of the Operational Plan.

2) Review and Improve Evaluation Procedure

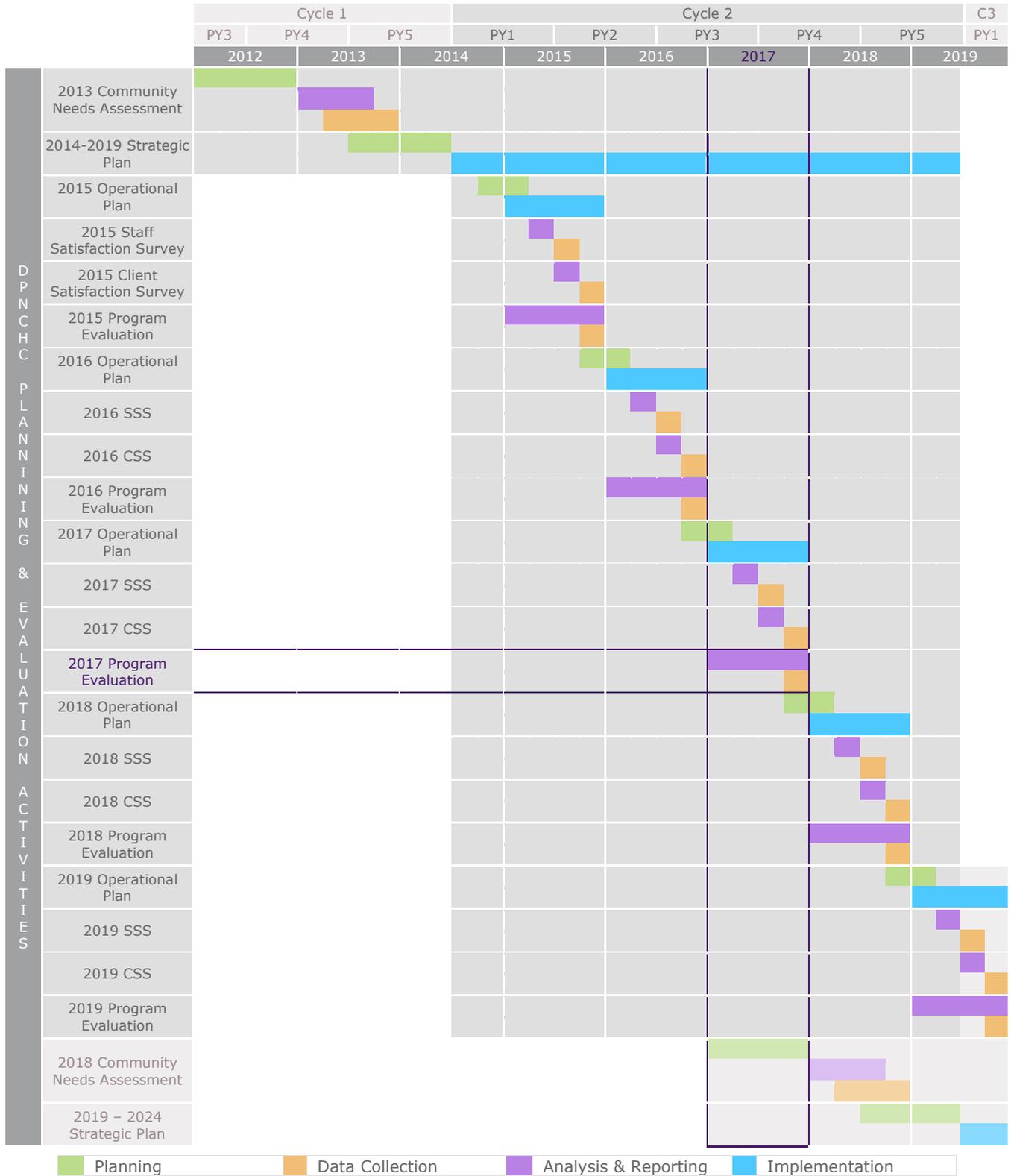
The format and content of the evaluations submitted were highly inconsistent across programs and program areas. While it is not necessary for evaluation procedures to be completely uniform, more structure and more detailed expectations may assist reporters in completing this task more efficiently.

The 2017 Program Evaluation includes a standard format for presenting evaluation findings, which was piloted in a post-hoc fashion. This format was developed after receiving all evaluation reports, and was based on the breadth of information those reports contained. The format was reviewed between the Manager of HPPQI and the reporters in order to complete area which their original reports did not address. Overall, the format received positive feedback and it was concluded that starting the evaluation process with a clear guide like this will help reporters in completing the evaluation process, and that it would be feasible to report on all the included fields in the tested format.

Additionally, many of the evaluation documents outlined in the Evaluation Policy were not submitted with as a part of the evaluation reports. Follow-up interviews indicated some confusion surrounding the format, use, and need for each document and evaluation tool, and concerns about redundancies between the various requirements.

Given these areas for improvement, it is recommended that the DPNCHC's Evaluation Policy be reviewed in 2018. This activity would align with on-going policy review that will completed in 2018 to support the Accreditation Review that the DPNCHC must complete in 2019.

Appendix A: DPNCHC 5-Year Planning Model



Appendix B: DPNCHC 2014-2019 Strategic Objectives

Primary Strategic Objective	Supporting Activity	Year Completed			
		'14	'15	'16	'17
1.0 Health Promotion: We will improve the health and well-being of at risk populations through targeted health promotion initiatives	1.1 Develop an approach to work with community leaders to identify key issues and goals for the community and/or to work on identified goals.		X		X
	1.2 Facilitate structures for community residents and program participants to shape and influence agency priorities.	-	-	-	-
	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions, and other conditions.		X		X
	1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models	X			X
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	2.1 Develop an outreach strategy to connect with high needs youth (aged 18-24) to determine their needs.		X	X	
	2.2 Create a Youth focused sexual health program that provides health care and health promotion.		X		X
	2.3 Create youth focused counseling programs.		X		X
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	3.1 Enhance seniors' fitness to include new activities and greater assistance to the frail elderly.	X			
	3.2 Develop and improve services to support seniors with chronic health issues in accessing a broader range of support services and programs.	X			
	3.3 Develop new partnerships to enhance seniors' advocacy endeavors, for new programs, and better access.		X		
	3.4 Enhance support and services for seniors experiencing depression or cognitive impairment		X		X
4.0 Mental Health: We will focus on early intervention and support for people experiencing mental health challenges	4.1 Identify mental health issues early to reduce long term impacts in young children.	X			X
	4.2 Partner with organizations that help improve mental health conditions		X	X	
	4.3 Create a mental health framework	-	-	-	-
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for	5.1 Improve capacity to serve children with special needs.	X			X
	5.2 Improve capacity to serve children with special needs	X			

children, youth and families	5.3 Increased academic outcomes.		X		X
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	6.1 Increase access to healthcare services for clients		X		X
	6.2 Develop a quality improvement plan that focuses on improved service navigation and access for high needs clients.		X	X	
	6.3 Develop a new model of collaborative and individualized care for clients and families focused on their personal goals, values and choices; this care is organized around the individual/family's best interests by a cross section of agency staff.		X		X
	6.4 Develop a plan to move the organization towards cultural competency.		X		X
	6.5 Improve data collection, analysis and use to support evidence based practice and responsive programming		X		X
	6.6 Enhance profile, visibility and presence in the catchment area.		X		X
	6.7 Develop a plan to move the organization to increased funding stability.		X		X

Appendix C: DPNCHC Program Evaluation History

This review only includes programs and services identified in the previous Program Evaluations. This is not a comprehensive review of DPNCHC's Program History as a whole. In certain years, an assessment of an entire Program Area was undertaken, as opposed to an individual program or service. Program Area evaluations are indicated with an X aligning with the Program Area title. All other evaluation points correspond with the name of a specific program, service or initiative.

Program Area	'10	'11	'12	'13	'14	'15	'16	'17
Health	X							
Ladies Take a Break		X		X				
Feeling Fit, Feeling Good (Walking Group)		X		X				
Counselling & Psychotherapy				X	X			
Nutrition: Cook Like a Man!				X				
Resistance Exercise					X			
Harm Reduction Peer Support							X	
Surfing Tsunamis DBT (Transitional Aged) Group		X		X			X	
Living Better with Pain							X	
Trans Youth Health Care							X	
Portuguese/Spanish Caregiver Workshops								X
Trans Youth Sexual Health Programming								X
Youth	X	X		X				
Youth Outreach Strategy: Here4Youth					X	X	X	
Youth Sexual Health Programs					X			
Ten x 10							X	
Youth-Led Counseling Programs							X	X
Wize-Up Wednesdays								X
Adults	X							
Settlement	X	X		X	X	X	X	X
Drop-In		X		X				
Street Outreach (Harm Reduction)		X				X		
Community Dining		X		X				
Literacy				X		X		
Community Support & Crisis Intervention				X				
Peer Outreach				X				
Community Reporter Pilot					X			

Naloxone Procedure & Policy								X
Early Years & Children	X							
Ready for School Connects	X	X		X	X	X		
Children's Mental Health Workshops					X			
System Navigation for Newcomer Families					X			
Let's Get Started Program					X			
Community Child Minder Program						X		
Infant Massage							X	
Parent Child Mother Goose ASL Program							X	
Ages & Stages Questionnaire					X		X	X
STOMP								X
IMPAKT								X
Winter Wonderland								X
Seniors	X	X						
Seniors Fitness Programs					X			
Seniors Information Fair					X			
Pelham Seniors							X	
Enhanced Support Services							X	
'Grand-Parenting' Workshops								X
Community Development								
Financial Literacy Program		X						
Latin Men United				X				
Expanded Drop-In (Pilot)					X			
Community Advisory Group						X		
Community Ramp Project							X	
Family Connections							X	
Portuguese Mothers Group							X	
DPNCHC Photo Project								X
Diabetes Prevention Program								X
Food Insecurity Reduction Initiative								X
Volunteer	X	X		X	X	X	X	

Appendix D: References & Resources

The following tools and resources were used to develop the evaluation methodology and presentation of this report:

Fraser Health. *A Guide to Planning and Conducting Program Evaluation*. British Columbia, Canada. 2009. <http://www.fraserhealth.ca/media/20170601-guide-to-planning-and-conducting-program-evaluation.pdf>

Ontario Centre of Excellence for Child and Youth Mental Health. *Program Evaluation Toolkit: Tools for Planning, Doing, and Using Evaluation*. Ottawa, Ontario. 2013. <http://www.excellenceforchildandyouth.ca/sites/default/files/docs/program-evaluation-toolkit.pdf>

The Urban Institute. *Evaluation Strategies for Human Services Programs: A Guide for Policymakers and Providers*. Washington D.C., USA. 1996. https://www.bja.gov/evaluation/guide/documents/evaluation_strategies.html

Western Interstate Commission for Higher Education. *Human Services Program Evaluation: How to Improve Accountability and Program Effectiveness*. Colorado, USA. 2015. <http://files.eric.ed.gov/fulltext/ED557770.pdf>

The following resources provide additional information about programs, policies, or announcements referenced throughout the report:

Government of Canada. *Government of Canada implements new legislative changes to the Citizenship Act*, October 10 2017. https://www.canada.ca/en/immigration-refugees-citizenship/news/2017/10/government_of_canadainplementsnewlegislativechangestothecitizens.html

The Hospital for Sick Children. *Program Summary: Early Years*. 2014. <http://www.sickkids.ca/STOMP/Program%20Summary%20Early%20Years/Program-Summary-Early-Years.html>

Rainbow Health Ontario. *Trans Health Connection*. 2017. <https://www.rainbowhealthontario.ca/trans-health-connection/>