

Davenport-Perth

Neighbourhood and Community Health Centre



2019 PROGRAM EVALUATION

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Executive Summary

In 2019, DPNCHC's programs and services continued to deliver strong positive outcomes for clients and meet their service delivery targets. The majority of programs evaluated indicated they were adequately resourced, well attended, and delivered as planned.

Based on both strengths demonstrated in the program outcomes, and areas for improvement, the following recommendations have been made for future program planning:

1. Continue to set progressive targets and higher goals for program outputs and client outcomes as appropriate;
2. Champion client-informed program planning and responsive strategies for program improvement and curriculum/activity planning.

Additionally, this year's Program Evaluation coincides with the conclusion of DPNCHC's 2014-2019 Strategic Plan. This report includes a summary of all the activities undertaken over its 6 years to demonstrate the work completed to satisfy its objectives. In developing the next Strategic Plan, DPNCHC has undertaken two special projects to hone the strategic clarity of our organizations work and impact. These projects have culminated in a framework known as a Theory of Change, which is now being used as a guiding document for both our next Strategic Plan (and consequently our forthcoming Operational Plans) as well as our agency-wide evaluation framework. This framework identifies five key client impacts we work to achieve in our programs and services. As a next step in our evaluation improvement process, every program included in this report was asked to complete a scoping exercise indicating which of these impacts they could begin to measure. Moving forward, pilot projects will be initiated to build out this measurement framework in detail.

Purpose

Every year 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 2018): *“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:

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 on 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;
- How effective the planning and delivery of the programs were;
- If these programs and services need to be altered in any way to better serve clients.

The **Overall Assessment** section of this report provides a collective analysis of the findings by discussing:

- How impactful are our programs and services overall?
- 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 and Strategic Plan?
- How effective is our evaluation method, and does it provide the insights we need to plan effectively?

Method

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 evaluation plan, including a data collection plan;
- Documentation of evaluation results (outcome and process results);
- Feedback from partners, clients, and/or staff;
- Reflection on how the results of the prior year's evaluation results influenced program change, if applicable;
- Recommendations for how the results of this evaluation period should influence upcoming planning.

In 2018, staff were given a new standardized evaluation report form to complete. Use of this form improves the comparability of findings between programs. This template was updated in 2019 to reflect an evaluation improvement project completed at the Centre. With support from the McConnell Foundation through a grant opportunity, DPNCHC worked with a coach from Innoweave for 6 months in 2019 to develop measurement tools to identify and assess client impacts. These impact tools were developed with a mixed team of Senior Managers and Managers. This undertaking built upon a previous project funded through McConnell with Innoweave through which DPNCHC developed a Theory of Change for the organization. The Theory of Change identified the client impacts that the tools were developed to measure (see [Appendix D](#) for more information).

Evaluation reports were submitted to the Manager of Planning, and Decision Support (Manager of PDS) in January 2020 to be condensed and summarized. The reports reflect activities undertaken within the 2019 calendar year, or the 2018-2019 fiscal 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.

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.

Not all programs and services are included in the annual Program Evaluation. Programs and services evaluated are (1) items from the annual Operational Plan (which correspond to objectives in the 2014-2019 Strategic Plan), (2) special initiatives, or (3) periodically selected core programs. See [Table 1](#) for a summary of all DPNCHC programs active and evaluated in 2019, and [Table 2](#) for a summary of the 2019 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). 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.

Table 1: DPNCHC PROGRAMS, SERVICES & INITIATIVES IN 2019

Department	Programs, services & initiatives (<i>evaluated programs highlighted</i>)	# of programs evaluated
Health Services	Counselling & Therapy Services Dietitian Services Family Connections (BPD skills group) Physiotherapy Services Portuguese & Spanish Speaking Caregivers Educational Attainment Workshops Primary Care Health Services Surfing Tsunamis (Dialectical Behavioral Therapy Group Program)	1/7
Community Development & Health Promotion	Peer Led AA Meetings Community Kitchen Healthy Cooking Workshops & Demonstrations Community Singing Group Diabetes Prevention Program Coffee with Candidates Evening Repair Cafe Young Adult Soccer Drop-In 40+ Adult Drop-In Program (formerly Latin Men United) Tolerating Triggers (Chronic Pain Self-Management Group Program) Yoga Drop-In	2/10
Early Years Programs	ABC's of Yoga (Campbell Park Outreach) Ages and Stages Screening Clinics Baby and Me Baby Lap Time Baby Circle Time Babies on the Move Book Buddies Building Blocks Childminder Training for Newcomer/Low-Income Women Drop-In Services (multiple locations) Family Circle Time (Perth Park Outreach) Healthy Child Screening Healthy Beginnings Indoor Active Play (multiple locations) Infant Massage Therapy Let's Learn Living and Learning with Baby Make the Connection (Toddlers & Parent's Group) Nobody's Perfect Ojibikens Indigenous Land Educational Program Park Outreach (Campbell Park & Perth Park) Portuguese Mothers Group Positive Discipline Parenting Program Ready to Learn Ready Set School Stepping Stones Toddler Play Time Wonderland Toddler Programs	1/28

<p>Child & Youth Services</p>	<p>After School Program Boys to Men In-School Program Lunch Time Leadership March Break Camp Sassy Girls In-School Program Speech Bubble Summer Camp Wize-Up Tutoring Program Young Men's Project Youth Leadership Program Youth Employment & Training</p>	<p>3/11</p>
<p>Adult Services</p>	<p>Adult Swim (Regent Park) Community Dining Community Support & Crisis Intervention Services Harm Reduction Support Services Let's Talk English Conversation Circle Literacy Services Men's Drop-In Program Pelham Park Gardens Weekly Drop-In Settlement Services Wychwood Barns Weekly Drop-In</p>	<p>1/10</p>
<p>Senior Services</p>	<p>Art Group Bailando Forever 55+ (Portuguese Dance Group) Bocce Ball Cantinho Da Amizade 55+ (Portuguese Social Group) Chair Zumba Chair Yoga Cinema Italiano 55+ (Italian Social Group) Club Amistad (Spanish Social Group) Dance Fit 55+ Donne Insieme 55+ (Italian Social Group) French Language Class Get Fit 55+ Happy Beaders (craft group) KAIROS Blanket Exercise Events Ping Pong 55+ Pole Walking Senior's Choir Senior's Conversational ESL Senior's Sewing / Knitting / Embroidery Class Seniors Wellness Group Sit Fit 55+ Soup Social Walk Fit 55+ Zumba Gold</p>	<p>1/24</p>
<p>Volunteer Services</p>	<p>Volunteer Program Assistance Student Placements</p>	<p>0/2</p>

TABLE 2: SUMMARY OF DPNCHC 2019 OPERATIONAL PLAN ACTIVITIES IN 2019

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	Adult Services Senior's Services CDHP	6
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	Children & Youth Services Health Services	3
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	None	0
4.0 Mental Health: We will focus on early intervention and support for people experiencing mental health challenges	None	0
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for children, youth and families	Early Years Programs Children & Youth Services	2
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	Health Services Agency-Wide Initiatives	4

Findings

PHYSIOTHERAPY SERVICE	
Program Area	Health Services
Program Lead	Sarah Perruzza, Registered Physiotherapist
History	In 2015 DPNCHC, along with ten other Toronto-Central LHIN CHCs, added Physiotherapists to their health teams. One additional CHC added a physiotherapist to their team in 2018-2019. These CHCs formed a network which works collectively to provide physiotherapy services through peer led planning, evaluation and resource sharing. DPNCHC experienced a temporary pause in the practice from March-September 2018 due to a staff vacancy. The practice has been built to full capacity again since the position was filled.
Purpose	The Physiotherapy Service was developed to facilitate the diagnosis, treatment and management of a variety of acute and chronic conditions, and promote physical activity, increased mobility and function in our patients. Additionally, having a physiotherapist on the Health Centre team increases the capacity of the Primary Care providers to treat more patients as the physiotherapist can absorb some of their workload by offering screening, assessment and input towards diagnosis. This service also helps fulfill principles of health equity by enhancing patient access to a healthcare service that many cannot afford otherwise due to its costs or their lack of health insurance that would cover such a service.
Primary Activities	<ul style="list-style-type: none"> • One-to-one comprehensive physiotherapy assessment; • One-to-one follow-up appointments focused on review and progression of skills, exercise therapy, manual therapy, and modalities (therapeutic ultrasound, interferential current, heat, cold) as needed; • Provide support, expertise and training in group programs offered in other departments in the Centre.
Program / Service Objectives	<ul style="list-style-type: none"> • Reduction in pain measured by patient self-reporting; • Increased physical activity measured by patient self-reporting; • Modification of behaviour measured by patient self-reporting; • Overall change of condition as measured by the Global Rating of Change Scale; • Increase in function as measured by the Patient Specific Functional Scale.
Target Population	Individuals of any age connected to DPNCHC in need of physiotherapy for acute or chronic conditions who do not have the means to access physiotherapy via private coverage or otherwise. Patients of the Health Centre are given priority, however, referrals are accepted from all programs across the Centre and from select external sources.
Enrollment Requirements	<ul style="list-style-type: none"> • Lives within DPNCHC Catchment area, OR is referred through Toronto-Central LHIN Physiotherapy network, OR Unison Health and Community Services (neighbouring CHC without a physiotherapy program); • Lives within DPNCHC Catchment area, and is referred via Solo Practitioners in Need (SPIN);

	<ul style="list-style-type: none"> • Does not have physiotherapy coverage via extended health care; • Is not navigating an active Motor Vehicle Injury claim where there is therapy coverage; • Is not navigating an active WSIB injury claim where there is physiotherapy coverage; • Must complete a Health Centre intake form, if not already a client; • Must complete a Physiotherapy Health Screening form if they do not receive primary medical care at DPNCHC. 	
Capacity	22-30 hours available for patient appointments per week. 35-44 individual appointments available per week (depending on appointment type being booked, which require different amounts of time).	
Program Duration	Year-round services available during: Monday 12:00 pm – 8:00 pm Tuesday, Wednesday Friday: 9:00am – 5:00pm Thursday: 1pm – 5pm	
Resources	<ul style="list-style-type: none"> • Dedicated program space in Health Centre; • Interpretation services (in person and telephone) funded through health centre budget; • Salary of practitioner funded through LHIN. 	
Partners	Toronto-Central LHIN Physiotherapy Network (13 CHCs, 2 Family Health Teams)	
Staffing	1 full time Physiotherapist (35 hours/week)	
OUTCOMES		
Evaluation Period	2018-2019 fiscal year	
Evaluation Method	<ul style="list-style-type: none"> • Tracking of practice size and wait times for appointments; • NOD tracking of Global Rating of Change (GROC), a validated test that enables the client to rate their improvement based on their treatment plan (collected and evaluated by TC LHIN); • NOD tracking of the Patient Specific Functional Scale (PSFS), a validated test that enables the client to rate their functional improvement of self-identified tasks (collected and evaluated by TC LHIN). 	
	Target	Actual
Program Outputs	Practice size - no baseline, will use current client will be used to identify target practice size.	<p># of unique clients served in 2018/2019 fiscal year = 253 (practice was closed from March – September to due staff vacancy so this reflects work completed over 6 months only).</p> <p>Wait time fluctuated between 2 days and 4 weeks – average of 2 weeks.</p>

	Client wait time to first appointment - no baseline, will use current data to set best practice standard.	
Participant Outcomes	To increase overall change of all patients based on the GROC. To increase the overall function of all patients based on the PSFS.	74% of clients reported a clinically significant change on the GROC PSFS results are still forthcoming from the TC LHIN Physiotherapy Network.

STAKEHOLDER PERSPECTIVE

Client Feedback	<p>Client Survey Feedback:</p> <p>“Physiotherapy has been a really valuable resource to me. Please continue to offer these services to the community!”</p> <p>“I really enjoyed the depth of knowledge the physiotherapist had, and it was explained in a very practical manner.”</p> <p>“The Physiotherapist helped me to manage the pain myself and be independent.”</p>
Staff Feedback	<p>From members of the Primary Care team:</p> <p>“I spoke to [my clients] daughter and she said she cannot believe the change in her father since working with you. They are so happy!”</p> <p>“[My client] was in to see me and said she was so happy with the outcome when you treated her shoulder last year, she would like to come back to see you for her back pain.”</p>

REFLECTION

Assessment	<p>Did the program/service operate at full capacity?</p> <p>The program operated at capacity based on the provider’s current schedule and no-one as turned away. The average wait time for an initial physiotherapy assessment was 2 weeks. During the period of highest demand, that wait time reached 4 weeks, and during times of reduced volume, the wait time was 2-3 days.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service?</p> <p>Yes – resources were adequate and no future changes would be needed for successful delivery.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div>1 Not at all</div> <div>2 For the most part, no</div> <div>3 Somewhat</div> <div>4 For the most part, yes</div> <div style="border: 2px solid blue; padding: 5px;">5 Completely</div> </div> <p>What were the successful aspects of the program / service design?</p> <p>The Primary Care team, as well as the Seniors Department, were very willing to consult with and refer to the physiotherapist, thus building the physiotherapy practice at DPNCHC quickly. Within a short amount of time, the physiotherapist’s schedule was at capacity, and many of the Centre’s clients were actively receiving care.</p>
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The TC-LHIN Physiotherapy Network provided invaluable insight to how the various other CHC's operate their physiotherapy programs. The network served as a resource to work through clinical questions and help guide care. This network also provided the DPNCHC Physiotherapist with access to other practitioners with different skill sets for referrals and case advising.

What were the barriers to delivering the program/service as intended?

There were barriers in collecting all discharge data, as patients often do not return for follow-up appointments at which point this information would be collected. Additionally, some patients had difficulty completing the measurement tools. For example, some did not conceptually understand the GROC scale, or struggled to identify their own functional limitations while doing every day activities (i.e. "I can vacuum my home without needing to take a break") and keeping track of whether or not these limitations changed after treatment (PSFS). This challenge was anticipated by the TC-LHIN PT Network and they are currently comfortable with the level of data being collected.

There were barriers with prioritizing referrals, as often clients were referred via both DPNCHC staff and external referrals without clear indication of injury, acuteness/chronicity. Additionally, some referees did not provide the appropriate information to the client about physiotherapy and expectations for active participation – thus, not everyone that was referred was appropriate for physiotherapy interventions.

DPNCHC Client Impacts (Pilot Project)

Theory of Change Client Impacts that could be measured in this program:



Rationale:

In general, goals in physiotherapy when focused on a particular injury are to reduce pain and increase function. When these goals are realized (even if only partially) this leads to reduced stress, better sleep, increased capacity to participate in activities and occupation – all of which have a positive influence on a patient's well-being.

When managing clients with chronic conditions (diabetes, heart disease, rheumatoid arthritis, etc.), focus is on increasing overall physical activity, weight loss (where required), and client education about how those factors may affect their conditions. When clients increase their activity level and achieve a healthier weight they have better overall health outcomes.

The model of physiotherapy within the CHC is to increase clients' ability to manage their own health better through education, encouragement, and guidance, thereby increasing client capacity.

Recommendations

AREAS FOR IMPROVEMENT

The Physiotherapist is working to create a streamlined method to triage referrals that will ensure those who need to be seen quickly are prioritized, and those with other access to care, or who are managing well on their own can wait to be treated.

In order to reduce the occurrence of inappropriate internal referrals to the program, more training is required within referring programs at DPNCHC. Program workers need assistance to better identify which clients are appropriate candidates for physiotherapy by considering both their physical condition and how ready and willing the participant is to participate in physiotherapy.

CHRONIC PAIN SELF-MANAGEMENT PROGRAM

Program Area	Community Development & Health Promotion (CDHP)
Program Leads	Gabrielle Langlois, CDHP Coordinator DPNCHC Counsellor-Therapist Team Jedid Jah-Blom, Community Dietitian
History	This program was successfully piloted in 2018 and delivered for a second time in 2019. The program was developed after program workers in several departments observed both a common need amongst many clients for pain management support (particularly in the adult drop-in and counselling programs) and a lack of affordable or accessible supports in the community to address these issues. An interdisciplinary team worked to identify ways to bring pain management resources to DPNCHC. The team engaged the Wasser Pain Clinic for peer learning and program observation, and also hosted a pain management program led by South Riverdale CHC on site. Afterwards the Team developed a DPNCHC-led model based on including a component with nutrition strategies developed by the Community Dietitian.
Strategic Objective	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions and other conditions.
Purpose	To offer participants new tools and approaches to help better manage chronic pain.
Primary Activities	<ul style="list-style-type: none"> ● Develop, practice and strengthen “thinking strategies”, and mindfulness practices (based on cognitive behavioural and dialectical behavioural approaches) to help cope more effectively with pain led by Counsellor-Therapists; ● Practice physical exercises and activities to manage pain, including a pre-assessment, led by a Physiotherapist; ● A better understanding of how nutrition can affect pain, and practical supports to help with healthy eating, led by a Dietitian; ● Opportunities to share experiences with others experiencing chronic pain problem solve to develop personal approaches to pain management.
Program / Service Objectives	<ul style="list-style-type: none"> ● Develop new knowledge and skills to better understand how pain works and how to modify behaviours to reduce its impact on individual functioning; ● Reduce experience of pain for participants.
Target Population	Adults with chronic pain.
Enrollment Requirements	<ul style="list-style-type: none"> ● At least 18 years old; ● Living with chronic pain for more than 3 months; ● Completed intake process with a team member to ensure the program is a good fit; ● Demonstrates commitment to attending all sessions (one absence ok); ● Open to trying and practicing the new skills taught; ● Must be able to speak and read in English.
Capacity	12 participants
Program Duration	Once per year - 10 weeks of programming per session
Resources	<ul style="list-style-type: none"> ● Printing of skills manuals;

	<ul style="list-style-type: none"> Food for Dietitian programming - \$400 	
Staffing	Program Delivery: 20 hours x 4 staff = 80 hours total Program Development: 25 hours total for concept development, intake process, planning.	
OUTCOMES		
Evaluation Period	March – June 2019	
Evaluation Method	Five-Facet Mindfulness Questionnaire Pain Self Efficacy Questionnaire Pain Catastrophizing Scale Pain Limitation/Disability Scale DPNCHC Nutrition feedback form	
	Target	Actual
Program Outputs	2x 1-hour session / week for 10 weeks 8-10 participants	2x 1-hour session / week for 10 weeks 8 participants
Participant Outcomes	50% of participants experience clinically significant reduction in pain according to 4 validated rating scales	84% reported improvement in ability to be more self-aware and to apply mindfulness practices to address pain. 80% reported a decrease in levels of pain-related anxiety. 50% reported increased confidence in coping with pain. 100% reported that sharing and learning with others experiencing pain was a motivator to participation and significantly reduced feelings of isolation.
STAKEHOLDER PERSPECTIVE		
Client Feedback	Clients liked the opportunity to share their experience managing with pain with peers and professionals, however, many felt that 10 weeks was a long time commitment.	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity? No - the program was not at capacity. 10 participants were registered but only 8 attended. Outreach efforts will be increased for the 2020 session.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service? Yes –time requirements were appropriate for all participating staff and an opportunity to organize staff time for more efficiency has been identified (see Areas for Improvement section below). CDHP program budget covered expenses for the client manual production.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p>	

	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td style="border: 2px solid orange;">4</td> <td>5</td> </tr> <tr> <td>Not at all</td> <td>For the most part, no</td> <td>Somewhat</td> <td style="border: 2px solid orange;">For the most part, yes</td> <td>Completely</td> </tr> </table> <p>What were the successful aspects of the program / service design? Participants were very satisfied with the content of the workshops. The workshop curriculum was developed by program workers based on the feedback collected from clients in other programs and from the pilot session. This approach helped the program workers accurately anticipate participant needs and tailor the program accordingly.</p> <p>What were the barriers to delivering the program/service as intended? For some participants, the content of the course felt complex and the standardized tests were somewhat difficult for them to understand and complete. The methods used in the course (both the skills taught and measurement tools) have been selected from well validated sources and aren't appropriate for modification. Therefore, more focus will be placed on determining whether a potential participant has the language capacity for this type of program.</p>	1	2	3	4	5	Not at all	For the most part, no	Somewhat	For the most part, yes	Completely
1	2	3	4	5							
Not at all	For the most part, no	Somewhat	For the most part, yes	Completely							
<p>DPNCHC Client Impacts (Pilot Project)</p>	<p>Theory of Change Client Impacts that could be measured in this program:</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="border: 2px solid orange; padding: 5px;">Increased capacity</td> <td>Increased sense of belonging</td> <td>Increased well-being</td> <td>Better health outcomes</td> <td>Increased resiliency</td> </tr> </table> <p>Rationale: The primary focus of this program is a wide range of skills development. The measurement tools currently being used to evaluate the program focus specifically on increased capacity to manage pain in the future.</p>	Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency					
Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency							
<p>Recommendations</p>	<p>PROGRAM CONTINUATION The team will continue to offer this program annually given the strong client outcomes and alignment with agency's objectives around client impact (i.e. increased capacity). Program workers will continue to identify clients in multiple program spaces who experience chronic pain and could benefit from this support.</p> <p>AREAS FOR IMPROVEMENT The program duration will be reduced to 8 weeks from 10 based on participant feedback. The structure of program delivery has been adjusted to have lower demand on staff time:</p> <ul style="list-style-type: none"> ● Counsellor-therapist will attend 1x/week for the duration of the program; ● Physiotherapist will attend 1x/week for 5 weeks; ● Dietitian will attend 1x/week for 2 weeks; <p>This adjustment may result in less relationship development between participants and staff, however, given the high value clients place on the peer relationships they develop in the program, and the confidence staff have delivering the curriculum after the first two cohorts, this is an appropriate point to shift focus on economizing on staff time. Past participants will be invited to the first meeting of the next session to share the impact and successes it had for them and enhance the peer-learning component of the program.</p>										

COMMUNITY KITCHEN & HEALTHY FOOD COOKING DEMONSTRATIONS

Program Area	Health Services
Program Lead	Jedid-Jah Blom, Registered Dietitian
History	Originally piloted in 2017 in fulfillment of DPNCHC's 2014-2019 Strategic Plan, these workshops and demonstrations have become a part of the regular programming that the DPNCHC Community Dietitian offers.
Strategic Objective	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions, and other conditions.
Purpose	To provide health literacy support through free monthly community kitchen workshops at DPNCHC and cooking demonstrations at The Stop Community Food Centre that support participant ability to prepare low cost nutritious meals and increase their access to food.
Primary Activities	<p>Community Kitchen:</p> <ul style="list-style-type: none"> • In-depth workshops - 3 hours of programming that includes meal preparation, cooking, dining together and clean-up; • Education and teaching led by a registered Dietitian on a variety of health topics informed by Dietitian expertise and interests of participants. <p>Food Demonstrations:</p> <ul style="list-style-type: none"> • 1 hour demonstrations of a simple and quick snack or meal; • Facilitated discussion about healthy eating and food preparation; • Food samples provided to participants. <p>Outreach:</p> <ul style="list-style-type: none"> • Recruit new participants in partnership with an external program that operates at DPNCHC and focuses on individuals living in poverty.
Program / Service Objective	<ul style="list-style-type: none"> • Increase participant skills and motivation to cook more often at home incorporating healthy, nutrition-driven choices; • Increase participant knowledge about healthy eating and food preparation.
Target Population	Community members looking to gain knowledge about healthy eating, food skills, and/or to participate in a social environment with a focus on food and nutrition.
Enrollment	<ul style="list-style-type: none"> • Community Kitchen (DPNCHC) requires pre-registration at main reception; • Food Demonstrations (The Stop) delivered in drop-in model;
Capacity	<p>Community Kitchen: 12 participants/session</p> <p>Food Demonstrations: 35 participants/session</p>
Program Duration	<p>Community Kitchen: 10 3-hour workshops, approximately 1x/month, Jan-Dec 2019</p> <p>Food Demonstrations: 10 1-hour demonstrations, approximately 1x/month, Jan-Dec 2019</p>
Resources	Community Kitchen:

	<ul style="list-style-type: none"> • \$100/session for food, supported by Dietitian program budget; • DPNCHC's on-site kitchen equipment; • DPNCHC's program space; • Printing costs to produce flyers/handouts supported by Dietitian program budget. <p>Food Demonstrations:</p> <ul style="list-style-type: none"> • \$35/session for food, supported by Dietitian program budget; • The Stop's on-site kitchen equipment (in-kind contribution); • The Stop's program space (in-kind contribution); • Printing costs to produce flyers/handouts supported by Dietitian program budget. 	
Partners	The Stop Community Food Centre (Food Demonstrations only) Bread and Bricks Social Justice Group (outreach and recruitment target)	
Staffing	<p>Community Kitchen:</p> <p>Registered Dietitian x 8 hours x 10 workshops = 80 hours Volunteer/student x 7 hours x 7 workshops = 49 hours</p> <p>Food Demonstrations:</p> <p>Registered Dietitian x 4 hours x 10 demos = 50 hours Volunteer/student x 2 hours x 7 demos = 14 hours</p>	
OUTCOMES		
Evaluation Period	At the end of each workshop or demonstration.	
Evaluation Method	Post-participation survey	
	Target	Actual
Program Outputs	<p>10 x 3-hour workshops over 12 months</p> <p>10x 1-hour demonstrations over 12 months</p> <p>5-10 unique participants per workshop/demo</p> <p>35 unique participants total</p> <p>15 instances where a newly recruited participant will register for food programming</p>	<p>10 x 3-hour workshops over 12 months</p> <p>10x 1-hour demonstrations over 12 months</p> <p>6-17 participants / workshop or demo</p> <p>66 unique participants total</p> <p>18 instances where a newly recruited registered for food programming</p>
Participant Outcomes	80% of participants will report intention to implement new nutrition or cooking knowledge gained in workshop/demo regularly at home.	98% of participants reported intention to implement new nutrition or cooking knowledge gained in workshop/demo regularly at home

STAKEHOLDER PERSPECTIVE

Client Feedback	Participants liked the fast and easy to cook recipes with few low cost ingredients, enjoyed learning the nutritional value and health benefits of new foods, and valued the new food preparation skills taught.
Partner Feedback	The Stop Community Food Centre found that the food demonstrations became an important complement to their monthly food bank hamper. Learning to cook the ingredients in the hamper and about the cost and health benefits of cooking plant-based recipes at home increases the utility of the food hamper for recipients. The staff of Bread and Bricks reported that the Community Kitchen was well received by their clients who felt it was a valuable space to both socialize and learn about available community programming and services.

REFLECTION

Assessment	<p>Did the program/service operate at full capacity?</p> <p>The programs never quite met capacity but their attendance rates were similar to previous years. In the Community Kitchen, approximately 10-20 participants would register per workshop and 6-17 would actually attend. During the Food Demonstrations, approximately 4-6 participants would attend the demonstration but often up to 20 additional participants would join the conversation as the program progressed during each session.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service?</p> <p>The Community Kitchen requires a volunteer or placement student to help with the set-up and clean-up of the program as well as to help some participants with proper cooking techniques and following the recipe. The program ran well when these supports were available. Some of the participants took initiative to demonstrate their skills and knowledge to others, and to help clean the dishes and the room set up. Budget and materials in these workshops were sufficient for the number of participants. The timing of the program did not work for some participants and they often arrived 30 minutes late, however, the required program space was not available at a later time in the day. For the Food Demonstrations staff of The Stop Community Food Centre asked to deliver the program in the dining area where participants had more room to sit down and to observe the full demo without too much interruption. The budget and materials were adequately available and used. No changes are needed in the future.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p> <table style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td style="border: 2px solid orange;">4</td> <td>5</td> </tr> <tr> <td>Not at all</td> <td>For the most part, no</td> <td>Somewhat</td> <td>For the most part, yes</td> <td>Completely</td> </tr> </table> <p>What were the successful aspects of the program / service design?</p> <p>In the Community Kitchen participants were very satisfied with the opportunity to cook together in a small group and to receive fast and easy recipes that they can cook at home. Participants were very grateful to take an extra meal home and provide extra food for their household that day. They also valued the feedback forms and opportunity to inform the planning of future workshops. Based on this feedback, recipes were adjusted to meet the different dietary restrictions that participants had. Many participants attended</p>	1	2	3	4	5	Not at all	For the most part, no	Somewhat	For the most part, yes	Completely
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Not at all	For the most part, no	Somewhat	For the most part, yes	Completely							

	<p>more than one workshop, which may have been a result of the shared ownership in planning the program.</p> <p>Participants in the Food Demonstrations valued being able to taste a sample of the recipe that was demonstrated and learning alternative options for ingredients and cooking materials. These approaches helped to increase the likelihood participants would cook with the featured ingredient(s) at home. Participants appreciated being able to sit while watching the demonstration in a space that minimized interruption.</p> <p>What were the barriers to delivering the program/service as intended?</p> <p>The Bread and Bricks group was not able to refer as many community members to the Community Kitchen as they hoped due to the early timing of the program, which could not be shifted. Collaboration with Bread and Bricks can be discontinued until a more favourable program time is available.</p> <p>The original space where the Food Demonstration was delivered was too busy and small for participants to sit down and engage. This issue was resolved by moving the food demonstration to The Stop’s dining area.</p>
<p>DPNCHC Client Impacts (Pilot Project)</p>	<p>Theory of Change Client Impacts that could be measured in this program:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid orange; padding: 5px; text-align: center;">Increased capacity</div> <div style="text-align: center;">Increased sense of belonging</div> <div style="border: 2px solid orange; padding: 5px; text-align: center;">Increased well-being</div> <div style="text-align: center;">Better health outcomes</div> <div style="text-align: center;">Increased resiliency</div> </div> <p>Rationale:</p> <p>The Community Kitchen both increases participant capacity by focusing on skills and knowledge development and wellbeing by providing a supportive and fun environment for cooking together where participants connect with peers and sharing their cooking and life experiences. The Food Demonstrations focus solely on skills and knowledge (capacity) development.</p>
<p>Recommendations</p>	<p>PROGRAM CONTINUATION</p> <p>These programs are now a core offering in the Dietitian program to promote health.</p> <p>AREAS FOR IMPROVEMENT</p> <ul style="list-style-type: none"> • A peer leader will be recruited to provide consistent support with planning and delivery of the Community Kitchen program; • Timing of the program will be shifted if the kitchen space room becomes available at different times; • Recipe options will be brought to each Food Demonstration so participants can vote on the offering at the subsequent session; • Recipes of raw food preparations will be included to increase opportunities for participants who don’t have access to a stove/oven/microwave. <p>BEST PRACTICES</p> <p>By soliciting feedback at the end of every Community Kitchen session the program is inclusive of participants with different dietary restrictions and level of cooking skills. Coordinating the Food Demonstration programming to utilize ingredients in the Food Hamper program increases the likelihood that participants can prepare the recipe at home.</p>

BUILDING BLOCKS

Program Area	Early Years
Program Lead	Carrie Youdell, Early Years Program Manager
History	Introduced in 2017 for preschool aged children who need extra programming and developmental support that could not be accommodated fully within the general Early Years adult-child drop-in.
Strategic Objective	5.1 Improve our capacity to serve children with special needs.
Purpose	Provide dedicated programming to parents with children who require extra support in language development and socialization with other children through a play-based curriculum and parent education focused on child development strategies.
Primary Activities	<ul style="list-style-type: none"> ● Specialized sensory and skill-based play program; ● Parent education and access to child development specialists; ● Parent-child interactive programming.
Program / Service Objective	<ul style="list-style-type: none"> ● Increase parent knowledge of child development and developmental concerns; ● Increase parent awareness of child's needs; ● Increase access to developmentally appropriate programs; ● Strengthen developmental progress of participating children.
Target Population	Parents with children ages 2.5 to 4 years who present developmental concerns.
Enrollment	Parent or program worker has identified a developmental concern in a child.
Capacity	6-8 families per session (1 child and 1 parent per family per session)
Program Duration	2-hour sessions 1x/week for 8 weeks per program series Offered twice per year (April - May and October - November)
Resources	<ul style="list-style-type: none"> ● Program space at Pauline Public School Satellite Classroom; ● Use of all existing EY toys and equipment.
Partners	DPNCHC Community Dietitian (workshop provider) Counsellor therapist, Macaulay Child Development Centre (workshop provider)
Staffing	2 Staff x 4 hours/week x 16 weeks = 128 hours 1 Volunteer x 3 hours/week x 16 weeks = 48 hours

OUTCOMES

Evaluation Period	Final Session of each group.
Evaluation Method	Post participation survey (parents only). Observation & direct feedback to staff.

	Target	Actual
Program Outputs	2x 8-week sessions 1 2-hour workshop / week per session 12-16 families registered (1 parent, 1 child each)	2x 8-week sessions 1 2-hour workshop / week per session 17 families registered (1 parent, 1 child each)
Participant Outcomes	80% of parents will learn new skills to support their child's development 80% of parents will report having access to professional that assisted them with their child's learning needs	100 % found the program very helpful 100% stated that the program supported their child's development 100% learned new ideas/skills from the program and from accessing professionals that assisted them with their child's needs

STAKEHOLDER PERSPECTIVE

Client Feedback	<p>Parent Survey Feedback:</p> <p>"I learned how to adjust [to] my child's behavior and what to do when he cries." "Not just for my son, but my mental health, I love this program." "I learned games to stimulate [my child], help her with visual cue cards to communicate better, [and] use the songs in the program to tell time is over." "I learned the importance of play, brain development, sensory issues, and how to redirect my child and [their] emotions."</p>
Staff Feedback	<p>"The program really supports children who are not able to manage the busy drop ins or who may have special needs. It also gives parents time to observe and learn about their children's behaviour. The program is a valuable part of our programs."</p>

REFLECTION

Assessment	<p>Did the program/service operate at full capacity? The program operated at capacity and exceeded the target amount of registrants - 8 families were registered in the first session and 9 in the second, all of whom had regular attendance. The program capacity was expanded based on high demand and staff capacity. The staff added more sessions to continue supporting the children's play on behalf of the families, increasing the original program format from 6 weeks to 8-9 weeks.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service? Resources were adequate and no changes are required.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p>										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">Not at all</td> <td style="text-align: center;">For the most part, no</td> <td style="text-align: center;">Somewhat</td> <td style="text-align: center;">For the most part, yes</td> <td style="text-align: center; border: 2px solid orange;">Completely</td> </tr> </table>	1	2	3	4	5	Not at all	For the most part, no	Somewhat	For the most part, yes	Completely
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Not at all	For the most part, no	Somewhat	For the most part, yes	Completely							

	<p>What were the successful aspects of the program / service design?</p> <p>Parent feedback identified the content delivered in the program as highly valuable and helpful. Many of the activities helped families try new child development supports at home, acting as a bridge while they were on wait lists to access other in-depth therapies. The quiet play program is ideal for children with special needs, as the volume and size of the core Drop Ins are overwhelming for children with atypical sensory needs. It allowed families a quieter, more supportive, and less judgemental program environment where their children's behaviour was accepted without criticism, as all the parents were experiencing similar issues.</p> <p>What were the barriers to delivering the program/service as intended?</p> <p>There were a few challenges booking workshop speakers, but it was resolved and the workshops were delivered.</p>
<p>DPNCHC Client Impacts (Pilot Project)</p>	<p>Theory of Change Client Impacts that could be measured in this program:</p> <div style="display: flex; justify-content: space-around; align-items: center; text-align: center;"> <div style="border: 2px solid orange; padding: 10px; width: 150px;">Increased capacity</div> <div style="margin: 0 20px;">Increased sense of belonging</div> <div style="border: 2px solid orange; padding: 10px; width: 150px;">Increased well-being</div> <div style="border: 2px solid orange; padding: 10px; width: 150px;">Better health outcomes</div> <div style="margin: 0 20px;">Increased resiliency</div> </div> <p>Rationale:</p> <p>The program aims to increase the knowledge, understanding and capacity of parents who have children with special needs, and to improve their parent-child interactions. Parents who attend the program get access to a variety of professionals that support health and well-being (speech and language, sensory development, behaviour guidance, nutrition, counselling).</p>
<p>Recommendations</p>	<p>PROGRAM CONTINUATION</p> <p>This program will continue to be offered as long as there is demand. It works well within the Early Years' service menu since the department sees a high number of children with special needs (autism/ and/or speech and language issues).</p> <p>AREAS FOR IMPROVEMENT</p> <p>None currently identified. The program is meeting demand and capacity and does not have a wait list. Program outputs and participant outcomes have consistently met or exceeded targets.</p> <p>BEST PRACTICES</p> <p>This model is similar to other models offered in the Early Years sector. Staff enhance the base model by tailoring the curriculum to needs that emerge from the group. In doing so, staff have continued to expand their partnerships to provide workshops and add new curriculum topics as needed by the clients (for example, such as dealing with stress and learning mindfulness techniques from Counsellor Therapists).</p> <p>Program Workers also provide extensive referrals, follow ups and screening as needed while building relationships with families so they feel a sense of belonging and non-judgment in the program.</p> <p>Giving families, especially those on wait lists for developmental therapies, access to a variety of professionals allows them to start implementing new skills and activities at home while waiting for developmental therapies.</p>

ANNUAL YOUTH SUMMER CAMP

Program Area	Children & Youth Services
Program Lead	Rachael Demareski-Chafe, Children & Youth Program Worker
History	DPNCHC has offered youth Summer Camp programming for over 25 years
Purpose	Children and Youth Services supports diverse young people to reduce barriers that hinder their development of individual wellbeing and their capacity for meaningful community participation. Core programming focuses on developing skills and knowledge, helping young people gain access to community resources and supports that foster healthy development and increase life choices. The Annual Summer Camp is a cornerstone offering in the department and works towards C&Y's primary program goals by providing access to a low-cost, skill-building recreational day camp for children living in the DPNCHC catchment area.
Primary Activities	Daily programming may include: <ul style="list-style-type: none"> ● Swimming; ● Art activities; ● Cooking activities; ● Sports and recreation activities; ● Weekly field trips or special outings.
Program / Service Objective	To enhance participants' life skills and provide opportunities for meaningful relationship building and problem solving.
Target Population	Children ages 6-12
Enrollment	<ul style="list-style-type: none"> ● Children must be between the ages of 6-12; ● Some flexibility offered to include 5 year olds on a case-by-case basis (typically only offered to children with older siblings also in the program); ● Registration required; ● Program fee of \$75/week.
Capacity	50 participants per session
Program Duration	7 weeks total from July-August delivered in three sessions (3 weeks, 1 week, 3 weeks)
Resources	<ul style="list-style-type: none"> ● Canada Summer Jobs program (provides staff budget); ● Registration fees (covers activities and supplies); ● Multiple dedicated on-site program spaces (Sanctuary Room, Basement, Florrie's Room); ● Various partners providing programming or field trip destinations (see Partners)
Partners	<ul style="list-style-type: none"> ● Canada Summer Jobs (funder); ● RBC Bank (provided 2 site-visits where participants learned about coding); ● Planned Parenthood (provided training to program staff on healthy sexuality); ● Seniors Department volunteer / local artist (provided art activity); ● Joseph J. Piccininni Community Recreation Centre (field trip destination); ● Sunnyside Gus Ryder Pool (field trip destination);

	<ul style="list-style-type: none"> Donald D Summerville Olympic Pool (field trip destination). 	
Staffing	<p>1 Camp Coordinator x 50 hours/week x 7 weeks = 350 hours</p> <p>1 Lead Camp Staff x 35 hours x 7 weeks = 245 hours</p> <p>3 Junior Camp Counsellors x 40 hours x 7 weeks= 840 hours</p> <p>3 Senior Camp Counsellors x 40 hours x 7 weeks= 840 hours</p> <p>1 Mural Express Artist x 35 hours x 7 weeks = 245 hours</p> <p>1 Volunteer x 16 hours/week x 7 weeks= 112 hours</p>	
OUTCOMES		
Evaluation Period	July – August 2019	
Evaluation Method	Program Data Parent Feedback Survey	
	Target	Actual
Program Outputs	<p>50 participants each Session 1 and 3</p> <p>No target Session 2</p> <p>3 sessions of programming over 7 weeks</p> <p>5 days of programming per week</p>	<p>52 participants in Session 1</p> <p>35 participants in Session 2</p> <p>55 participants in Session 3</p> <p>3 sessions of programming over 7 weeks</p> <p>5 days of programming per week</p>
STAKEHOLDER PERSPECTIVE		
Client Feedback	<p>Overall, parents provided substantial positive feedback about both the camp activities and the staff. Specific feedback indicated:</p> <ul style="list-style-type: none"> Strong satisfaction with communication with staff and organizers that was noted as both easy and effective; Strong appreciation for the low-cost of the programs; Strong intention to recommend the camp to others or return next year; Desire for the registration process to be available online; Desire for more trips to the children. 	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>The program operated at full capacity and additional space was created during some sessions to meet demand where possible while making sure participant numbers aligned with safety regulations (i.e. on swimming trips which requires a set number of children per available supervisor). Even while obeying these guidelines additional space was created to accommodate more children so that no applicants were turned away.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service?</p> <p>Resources were adequate to deliver the program as planned.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p>	

	1 Not at all	2 For the most part, no	3 Somewhat	4 For the most part, yes	5 Completely					
DPNCHC Client Impacts (Pilot Project)	<p>What were the successful aspects of the program / service design? This year saw both an increase in the number of registered participants and an increase in the number of new participants who have not previously used this service - many of whom had been referred from clients from previous years.</p> <p>What were the barriers to delivering the program/service as intended? Challenges were faced in collecting feedback surveys from parents. Parents often forgot surveys on site after the rush of morning drop off and didn't feel they had enough time to complete them during pick up at the end of the day when trying to get home. To encourage a higher rate of participation, parents who completed the surveys were entered in a draw for a grocery gift card. The draw increased the survey participation rate and resulted in enough data collection to review the program satisfaction appropriately.</p> <p>Theory of Change Client Impacts that could be measured in this program:</p> <table border="0" data-bbox="409 835 1474 982"> <tr> <td>Increased capacity</td> <td style="border: 2px solid red;">Increased sense of belonging</td> <td>Increased well-being</td> <td>Better health outcomes</td> <td>Increased resiliency</td> </tr> </table> <p>Rationale: This program provides opportunities for children to engage within their peer groups through various activities and outings. The participants are assigned to age cohorts during group activities which allowed them to create close bonds within a smaller peer group. Other activities are organized in a large, cross age format. Coordinating activities with different age groups teaches the participants different social skills to navigate peers who are at different developmental levels than themselves. This approach helps develop a community or family-like feeling among participants over the course of the summer as they develop confident feeling that they belong in the group. This sense of belonging is reflected in the programs high year-over-year return rate and high rate of referrals among family and friends.</p>					Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency
Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency						
Recommendations	<p>PROGRAM CONTINUATION This program is a part of our core offerings and has stable funding.</p> <p>AREAS FOR IMPROVEMENT Many parents expressed a desire for more field trips and outings to be included in camp programming. Currently the Camp provides offsite programming at parks and swimming pools and one field trip per week that incurs expense for the program. Some parents have suggested outings to theme parks or movies which would require additional fees that would impact the affordability of the camp overall. This request will be reviewed under careful consideration of the program staff keeping in mind the need to maintain affordable access.</p> <p>Many parents have requested an online option for registration and payment to eliminate the need to do either or both activities in person. The feasibility of this request is being investigated.</p> <p>Historically, food and snacks are not provided to participants in this program. Long days of travelling and active play leave participants hungry by mid-afternoon. Despite</p>									

numerous conversations with parents about providing adequate food many participants have no food left by the end of day and some children come to the program with no food at all for the day. Currently resources have not been identified to add this component to the program.

LESSONS LEARNED

- Most parents prefer a flexible payment schedule that allows payments in weekly increments as opposed to a large lump sum.
- Registration was restructured so that parents could sign up for 1 week at a time if they prefer instead of being required to sign up for 3 week increments, lowering the barrier to accessing this service for some families.

BEST PRACTICES

- Participants are frequently involved in the planning and implementation of activities, allowing participants to feel most ownership over the program; this approach also supports staff in confidently making programming decisions.

YOUNG MEN'S PROGRAM

Program Area	Children and Youth Services
Program Leads	Courtney McFarlane, Children, Youth & Adult Services Manager Mario Lopez, Program Lead Tremar Brown, Romeo Joshua Osas, & Tavis Bourne, Youth Peer Leaders
History	DPNCHC has provided co-educational programming for youth since its inception. Over the years, a demand for programming specific to the needs of young women has been recognized and such programs have been offered consistently since the mid 1990's. When male staff have been a part of programming, the department has offered young men's projects to keep program focus equitable and in recognition of an increasing need for a space for young men - particularly Black and racialized youth - that was identified by community partners, staff and the young men themselves, as well as in the Here4Youth report produced in 2015. This programming has included various drop-in, cooking, and peer-led programs, which have been offered since the late 2000's The Young Men's Project is the latest iteration of this type of programming.
Strategic Objective	2.3: Create Youth Focused Counselling Programs
Purpose	To provide space for young men in the community to socialize, develop life skills, positive relationships and access resources / support and assist in addressing issues facing young Black men such as vulnerability to leaving school early, involvement in gangs, violence, and engagement with the criminal justice system.
Primary Activities	<ul style="list-style-type: none"> ● Weekly planning/training days for peer leaders; ● Weekly psycho-educational workshops and discussion groups (on site); ● Weekly physical activity programming (gym access, basketball games).
Program / Service Objective	<ul style="list-style-type: none"> ● Increased social, physical and life skills; ● Increased knowledge of and access to resources; ● Increased leadership and decision-making; ● Increased community participation; ● Increased sense of connectedness.
Target Population	Male youth 14 – 24 years of age, prioritizing the inclusion of black and racialized youth
Enrollment	Registration required – no program fee
Capacity	15 participants for Wednesday program (discussion groups) 20 participants for Friday program (gym session)
Program Duration	32 weeks
Resources	<ul style="list-style-type: none"> ● Grant funding for Peer Leader stipends and Program Lead wages; ● Program space at DPNCHC for Wednesday program; ● Gym space at local school for Friday program; ● Kitchen space for cooking workshops; ● Grant funding for food for cooking workshops; ● DPNCHC C&Y program budget support for snacks during non-cooking workshops.

Partners	<ul style="list-style-type: none"> • Toronto Urban Health Fund (primary funder); • Planned Parenthood Toronto (staff training and delivery of sexual health workshops); • St. Stephen's Employment and Training Centre (delivery of employment workshops); • Toronto District School Board (provision of free program space through the community access to schools program); • The Stop Community Food Centre (cooking workshop program space). 	
Staffing	Program Leader 1 x 21 hours/week x 32 weeks = 672 hours Peer Leaders 3 x 12 hours per week x 32 weeks = 1152 hours	
OUTCOMES		
Evaluation Period	Oct 2018 – June 2019	
Evaluation Method	Written outcome based evaluation questionnaires completed by Peer Leaders and Youth Participants	
	Target	Actual
Program Outputs	32 weekly sessions 15 workshops focusing on sexual health, mental health and related topics 10 – 16 youth per workshop Three Peer Leaders trained to lead the development, implementation and evaluation processes (attending 1 session per week for 9 weeks) 16 Cooking sessions at Stop Community Centre twice a month reaching 15 participants A minimum 5 bi-weekly peer supported life skills workshops reaching 18 participants per workshop Host a weekly Friday Night Gym for 32 weeks for 17 youth per week	32 weekly sessions 15 workshops delivered focused on health related topics 10 – 16 youth per session Three Peer Leaders were hired, trained and attended 1 session per week for 9 weeks Conducted 16 cooking sessions reaching 15 participants per session Conducted a minimum of 14 bi-weekly peer supported life skills workshops reaching 18 participants per workshop Conducted 32 weekly Friday Night Gym activities for 17 youth per week
Participant Outcomes	100% of Peer Leaders will be able to identify skills developed and enhanced through project activities 100% of participants will increase their access to healthy food 100% of participants will increase their cooking skills 100% of participants will be able to identify at least one life skill change 20% of youth participants will access at least one community health resource	100% of Peer Leaders stated that they increase their leadership skills through project activities 100% of participants increased their access to healthy food 100% of participants increased their cooking skills 100% of participants stated that they increased at least one life skill 20% of participants accessed at least one community health resource

REFLECTION

Assessment

Did the program/service operate at full capacity?

Though the Young Men's Project exceeded the target number of individual participants engaged in the project, attendance overall wasn't consistent and target numbers for the Wednesday workshops were slightly under those anticipated. Participant retention and engagement was strongest in the Friday night gym sessions.

Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service?

There were sufficient resources allocated for Peer Leader staffing costs and for program materials, supplies and outings. Not enough supervision time was allocated for the project for the Program Manager. As a result the Peer Leaders didn't always receive the planning and implementation support they required – particularly for the workshop sessions which resulted in less formal peer-led workshops and fewer external agency led sessions.

Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?

1	2	3	4	5
Not at all	For the most part, no	Somewhat	For the most part, yes	Completely

What were the successful aspects of the program / service design?

The Peer Leaders (PLs) felt that the Friday open gym sessions were the most successful. These sessions attracted a core group of participants who came out regularly and benefitted from the opportunity to come together to play competitive basketball.

PLs were satisfied with their roles structuring and delivering the sessions, organizing the distribution of snacks and collecting/managing program data. Though the aim was primarily recreational, the PLs did report post-session hangouts outside the school socializing and discussing a range of topics long past program's formal end time.

The team work and leadership demonstrated by the PLs led to the success of this aspect of the project. Having worked together in the previous iteration of the project, the two PLs had grown their skills and felt confident in taking on lead roles within the project. In the previous year, their roles were more supported as there was a Program Worker, whereas this year they were required to be more independent and reliant on each other. They stepped up to meet these expectations quite effectively. They felt they did a good job "in spite of not having an overall lead coordinator."

What were the barriers to delivering the program/service as intended?

The Wednesday night workshops were less successful in attracting ongoing participation. The core group of youth who came regularly was small. It was a challenge for the Peer Leaders to gain the same level of enthusiasm and interest from the youth for these sessions. For some of the youth, making a commitment to two evenings per week was difficult and they prioritized the gym program. As a result the Peers were challenged to follow through with workshop planning and delivery due to the inconsistent and fluctuating attendance.

The Peers tested an incentive based approach to increase attendance on the Wednesday night session by requiring attendance on these nights to be given access to the Friday night program. This approach increased the participation rates slightly.

<p>DPNCHC Client Impacts (Pilot Project)</p>	<p>Theory of Change Client Impacts that could be measured in this program:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid red; padding: 5px; text-align: center;">Increased capacity</div> <div style="text-align: center;">Increased sense of belonging</div> <div style="text-align: center;">Increased well-being</div> <div style="text-align: center;">Better health outcomes</div> <div style="border: 2px solid red; padding: 5px; text-align: center;">Increased resiliency</div> </div> <p>Rationale:</p> <p>The life skills workshops, specifically those that address race, racism, anti-black racism, mental health, and sexual health build knowledge of these issues and how to address real challenges, issues, and concerns that the participants face relating to these topics. Perhaps even more importantly, providing this environment for learning and skills building among peers with shared experiences and skilled facilitators empower the participants and provides them with vital support in learning to cope with, manage and overcome these challenges despite having to deal with these issues frequently in their day to day lives.</p>
<p>Recommendations</p>	<p>PROGRAM CONTINUATION</p> <p>The project will continue pending funding approval from the primary grantee. This funding will be used to add additional staffing and an enhanced cooking component through deeper partnership with The Stop (see detail below).</p> <p>AREAS FOR IMPROVEMENT</p> <p>The following improvements have been planned to enhance program outcomes:</p> <ul style="list-style-type: none"> ● Hiring of Program Worker to provide more support to peer leaders; ● Hiring of one additional Peer Leader to ensure that there's always at least one pair of facilitators; ● An expanded food and cooking component as a result of feedback from participants – enhanced snacks for alternate Wednesday workshops, and a more comprehensive cooking component in partnership with the Stop; ● Better planning and implementation of the evaluation processes and tools. <p>BEST PRACTICES</p> <p>The roles of Peer Leaders in engaging other youth and planning relevant engaging programming based on their understanding of their needs and interests in a best practice. The most impactful skill development and knowledge gain occurs among young people tasked with these roles.</p>

WIZE-UP! TUTORING

Program Area	Children and Youth Services
Program Lead	Rachael Chafe, Children and Youth Program Worker
History	The agency has been providing academic support to children in the primary grades since the early 1990's. Initially programming was provided in Carleton Village Public School through the Toronto District School Board (TDSB) where DPNCHC led program development, coordination and staff supervision. In the late 1990's the TDSB restructured their programming and took over operation of the after-school offerings on-site. DPNCHC began offering after-school programming at Pope Paul and St Luigi Catholic Schools and later consolidated. In 2003 DPNCHC received funding through the Royal Bank of Canada After-School Program Grants and developed a more formal and structured tutoring program which has been running since. Standardized testing scores of neighbourhood schools have remained low during this time, as have the figures for overall academic achievement in this area of our catchment, affirming the continued need for such support for local students.
DPNCHC Objective	5.1: Increase academic outcomes
Purpose	Provide access to academic support and formalized tutoring to children and families for whom such services in-school were unavailable/insufficient or extracurricular tutoring programs were too costly, and increase social and academic skills for participants.
Primary Activities	<ul style="list-style-type: none"> ● Weekly 1.5 hour sessions of tutoring support to students in the primary grades utilizing post-secondary students as volunteer tutors; ● One on one / small group support and activities focused on the development and improvement of literacy and numeracy skills.
Program / Service Objective	<ul style="list-style-type: none"> ● Increase student's grade level in the subject area of focus; ● Increase student's academic confidence; ● Encourage more positive attitudes among students towards their academic area of focus.
Target Population	Students in primary grades 1 – 3
Enrollment	<ul style="list-style-type: none"> ● Participants are referred to the program by the Principal at Carleton Village based on assessed need; ● Must be in the grades 1-3; ● Registration form & information release for staff to access student report cards (completed by parents).
Capacity	10 students
Program Duration	20 weeks (November – April)
Resources	<ul style="list-style-type: none"> ● DPNCHC staff time; ● School staff time; ● Practicum student time; ● Program space (DPNCHC).
Partners	<ul style="list-style-type: none"> ● Child Development Institute (provides training to program delivery team on curriculum development and participant management related to diverse learning needs and behavioural challenges); ● Frontier College (provides tutor training in curriculum and activity development); ● Carleton Village Health and Wellness Academy (provides referrals, support liaising with parents, access to curricular materials and report cards).

Staffing	Program Worker: 1 x 7 hours per week x 24 weeks = 168 hours Post-secondary volunteer Tutors: 7 x 7 x 22 weeks = 1078 hours Secondary student volunteers: 2 x 2 x 15 weeks = 60 hours											
OUTCOMES												
Evaluation Period	Throughout program and at conclusion											
Evaluation Method	<ul style="list-style-type: none"> • Written questionnaires for students and parents; • Ongoing assessment of skills; • Review of report cards. 											
	Target	Actual										
Process	10 participants 20 weekly sessions	3 registrants with highly inconsistent attendance Many sessions were cancelled due to no attendance.										
Participant Outcomes	<ul style="list-style-type: none"> • 58% of participants will increase grade level in subject area of focus; • 60% of participants report increased academic confidence; • 59% of parents report more positive attitudes among children to academic area of focus. 	Outcomes were not measured due to poor enrollment and attendance.										
REFLECTION												
Assessment	<p>Did the program/service operate at full capacity? The program didn't operate at full capacity. Only 3 three students registered and their attendance was infrequent.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, materials, time) to support the program or service? There was adequate staffing, but there wasn't adequate training or information sharing between the partner school and facilitators. Often materials used weren't relevant to what the students were learning in school due to a lack of communication. Certain tutoring curriculum supports were available but facilitators had a lack of practical understanding of how to implement the materials.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 2px solid red; padding: 5px;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td style="border: 2px solid red; padding: 5px;">Not at all</td> <td>For the most part, no</td> <td>Somewhat</td> <td>For the most part, yes</td> <td>Completely</td> </tr> </table> <p>What were the barriers to delivering the program/service as intended? There was a lack of communication with the school, poor attendance by participants and irrelevant program/education materials.</p>		1	2	3	4	5	Not at all	For the most part, no	Somewhat	For the most part, yes	Completely
1	2	3	4	5								
Not at all	For the most part, no	Somewhat	For the most part, yes	Completely								

Client Impacts	<p>Theory of Change Client Impacts that could be measured in this program:</p> <table border="0"> <tr> <td data-bbox="418 212 636 331" style="border: 2px solid red; padding: 5px;">Increased capacity</td> <td data-bbox="675 222 794 310">Increased sense of belonging</td> <td data-bbox="854 239 1032 296">Increased well-being</td> <td data-bbox="1076 239 1227 296">Better health outcomes</td> <td data-bbox="1304 239 1419 296">Increased resiliency</td> </tr> </table> <p>Rationale:</p> <p>The primary purpose of the program is to increase participants' capacities and skills that enhance academic performance as well as their attitude towards, and confidence in, school.</p>	Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency
Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency		
Recommendations	<p>PROGRAM CONTINUATION</p> <p>The program was not continued during the 2019/2020 school year. Program staff are reviewing the program and believe any future iteration of the program should be done in partnership with a tutoring organization or agency.</p> <p>AREAS FOR IMPROVEMENT</p> <p>The role of our school partner is in many ways crucial to the success of the program, and it was often difficult to connect with the school regarding referral of students and receiving report cards in a timely manner to determine the impact of the program. Improvements need to be made to better manage contact with the school and provide a better mode of communication to ensure a more effective working relationship. Additionally, future programming should include tutors that are experienced, trained and/or have an educational background.</p> <p>LESSONS LEARNED</p> <p>When participants do not have regular attendance, the program cannot be run in an effective and meaningful way. Participants used the program like a drop-in service, which impacts the level of engagement between participants and staff. Without a strong rapport between the participants and tutors it became very difficult to overcome ongoing challenges the students had, such as behavioural issues. This lack of rapport made it both hard for tutors to assess the reading and math levels of the students and left the students hesitant to share the challenges they faced in their school work.</p> <p>Additionally, we learned that the program was more engaging the students came with homework (which is rarely) and we were able to help them. When we were making assumptions about what they were learning (due to lack of communication with the school) it made the material unengaging for participants.</p>					

LET'S TALK ENGLISH CONVERSATION CIRCLE

Program Area	Settlement
Program Lead	Ingrid Moreno and Wendy Lancashire
History	Program was run as a pilot from February to April 2018 based on staff observation that there was a need for more language support in the Spanish newcomer community. A second round of programming began in June 2019.
DPNCHC Objective	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.
Purpose	This group was designed to accommodate the needs of a small group of clients who wanted to improve their English language skills but for various reasons could not attend regular ESL/LINC classes.
Primary Activities	<ul style="list-style-type: none"> ● Outreach & recruitment of participants ● Practice English during weekly facilitated session – discussion topics focused on Indigenous History
Program / Service Objective	<ul style="list-style-type: none"> ● Increase spoken English language skills ● Reduce social isolation ● Provide referrals to other programs/services as requested
Target Population	Older youth, adults and seniors for whom English is not their first language and who wish to improve conversational English skills
Enrollment	Registration required
Capacity	12
Program Duration	Project was intended to run from June 2019 to August 2019
Resources	<ul style="list-style-type: none"> ● DPNCHC staff time; ● Partner staff time; ● Budget from DPNCHC's Settlement Services; <ul style="list-style-type: none"> ○ Snacks (\$250); ○ Printing and stationary materials (\$100); ● Program space at DPNCHC.
Partners	Arts for All (facilitator)
Staffing	<p>1 DPNCHC staff x 4 hours/week x 12 weeks = 48 hours</p> <p>1 Arts for All staff x 2 hours/week x 12 weeks = 24 hours</p>
OUTCOMES	
Evaluation Period	August 2019
Evaluation Method	Staff Process Reflection

	Target	Actual										
Program Outputs	12 sessions 12 participants	3 sessions 2-4 participants/session										
Participant Outcomes	Increase in knowledge of English (spoken) Increase in confidence to speak English Reduce social isolation	Data not collected due to low registration/attendance.										
STAKEHOLDER PERSPECTIVE												
Partner Feedback	Program needs to run either in fall, winter or spring - summer months were not ideal.											
Staff Feedback	It was helpful to run the program with another staff person rather than a volunteer as there was less orientation required.											
REFLECTION												
Assessment	<p>Did the program/service operate at full capacity? No – program had many spaces available.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service? Staffing and resources allocated to materials were adequate.</p> <p>Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 2px solid green; padding: 10px;">1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td style="border: 2px solid green; padding: 10px;">Not at all</td> <td>For the most part, no</td> <td>Somewhat</td> <td>For the most part, yes</td> <td>Completely</td> </tr> </table> <p>What were the barriers to delivering the program/service as intended? There were few registrants and even less people attending the actual classes.</p>		1	2	3	4	5	Not at all	For the most part, no	Somewhat	For the most part, yes	Completely
1	2	3	4	5								
Not at all	For the most part, no	Somewhat	For the most part, yes	Completely								
	<p>Theory of Change Client Impacts that could be measured in this program:</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 2px solid green; padding: 10px;">Increased capacity</td> <td>Increased sense of belonging</td> <td>Increased well-being</td> <td>Better health outcomes</td> <td>Increased resiliency</td> </tr> </table> <p>Rationale: The programs primary focus is on skills development and increasing English language capacity.</p>		Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency					
Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency								
Recommendations	<p>PROGRAM CONTINUATION This program is being reviewed by the staff team involved. It is unclear at this time if it will be delivered again. Staff believe this was the wrong time of the year to run the program and will ensure that if this program is run again it is not during summer months.</p>											

KAIROS BLANKET EXERCISE

Program Area	Seniors' Services
Program Lead	Catherine Goetz, Manager of Senior's Services
History	<p>The Seniors Services department obtained one time funding to deliver the KAIROS Blanket Exercise to two client groups along with food catering from an indigenous restaurateur. It was created in 1997 by KAIROS - a Canadian faith-based ecumenical organization - in response to the 1996 report of the Royal Commission on Aboriginal Peoples in consultation with indigenous elders and representatives.</p> <p>This event follows a longer history in the department of providing programming focused on indigenous history in Canada. Past programs and events include: a trip to Petroglyphs Provincial Park in 2010; a visit to the indigenous village at Crawford Lake in 2011; a 2015 trip to "Ste. Marie-Among-the-Hurons" museum and park; the 'First Story Toronto' bus tour of historical aboriginal Toronto in 2017. The KAIRO exercise was hosted by the Bread and Bricks Social Justice Group at DPNCHC previously, which clients from the Spanish Seniors Services programs attended. Their experience led staff to pursue hosting these workshops again.</p>
Strategic Objective	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.
Purpose	Provides Senior's Service clients with a unique opportunity to learn about indigenous history and increase their empathy and cultural competency through education in fulfilment of one of the principles of Truth and Reconciliation.
Primary Activities	<ul style="list-style-type: none"> ● Lead participants through an interactive educational program that teaches the history of indigenous peoples in Canada from the indigenous perspective. ● Engage in reflection and sharing among participants; ● Learn about and try traditional indigenous food.
Program / Service Objective	<ul style="list-style-type: none"> ● Develop cultural competency among clients regarding aboriginal history in Canada; ● Build understanding about the historic and contemporary relationship between Indigenous and non-Indigenous peoples in Canada through all eras.
Target Population	Multicultural (mainly English, Italian and Portuguese) older adults & seniors (55 years +).
Enrollment	<ul style="list-style-type: none"> ● Registration required but no fees; ● Able to understand English
Capacity	100 participants - 50 per event.
Program Duration	Two 1-day events delivered in March 2019.
Resources	<ul style="list-style-type: none"> ● Funding for facilitator (\$1000); ● Funding for catering (\$1600); ● DPNCHC staff time; ● LACforAL Staff time; ● Program space at DPNCHC;

	<ul style="list-style-type: none"> Program space at LACforAL. 	
Partners	<ul style="list-style-type: none"> KAIROS Canadian Ecumenical Justice Initiative (program designer and facilitator); Ontario Ministry of Seniors and Accessibility (primary funder); Loyola Arrupe Centre for Active Living (offsite program co-host); NishDIsh (caterer). 	
Staffing	<p>2 Program Managers x 15 minutes x 4 programs = 2 hours (outreach & promotion)</p> <p>6 Program Workers/Assistant x 10 minutes x 3 weeks = 3 hours (recruitment and registration)</p> <p>2 Program Managers x 6.5 hours (1 event each) = 13 hrs (facilitation support)</p> <p>5 Program Workers/Assistants x 6.5 hrs (1 event each) = 32.5 hrs on facilitation help</p>	
OUTCOMES		
Evaluation Period	During event.	
Evaluation Method	<p>Post-participation survey</p> <p>Observation</p> <p>Staff feedback</p>	
	Target	Actual
Program Outputs	<p>2 events</p> <p>50 participants / event</p>	<p>2 events</p> <p>22 participants at Event 1</p> <p>19 participants at Event 2</p>
Participant Outcomes	<p>75% of participants report greater knowledge of Indigenous history and/or culture in Canada.</p> <p>85% of participants report greater empathy towards Indigenous Peoples of Canada.</p>	<p>100% reported greater knowledge of Indigenous history and/or culture in Canada after the event.</p> <p>85% reported greater empathy towards Indigenous Peoples of Canada</p>
STAKEHOLDER PERSPECTIVE		
Client Feedback	<ul style="list-style-type: none"> Many clients felt upset over their lack of previous education on the subjects taught; Some clients felt upset that they had held negative attitudes towards indigenous people because of misinformed prejudices; Many participants felt motivated to share the information they learned and continue to inform themselves on on-going indigenous issues; Participants greatly enjoyed the indigenous food provided. 	
Partner Feedback	The hosting agency felt the program was very positively received – participants felt they learned a lot and enjoyed the indigenous food.	
Staff Feedback	Staff who attended the events felt they were very successful and were impressed at the level of sharing and reflection that occurred in the concluding “Talking Circle”. Staff also felt	

they learned a lot and felt some shock and upset over the details they learned in the curriculum.

REFLECTION

Assessment

Did the program/service operate at full capacity?

Each event garnered nearly full registration capacity, but attendance was around 50%.

Were there adequate allocation of resources (i.e. staff, budget, and materials, time) to support the program or service?

Yes – resources were adequate and no future changes would be needed for successful delivery to English and Spanish-speakers with full literacy skills.

Were the overall objectives and targets set for the project / program / service delivered as it was planned and intended?

1	2	3	4	5
Not at all	For the most part, no	Somewhat	For the most part, yes	Completely

What were the successful aspects of the program / service design?

The KAIROS's program design was very well received. Staff felt that its interactive and inclusive structure accommodates different learning styles (visual, audial, spatial, and kinetic). The integrated evaluation process – the "Talking Circle" where each participant shared - was also well received by participants.

What were the barriers to delivering the program/service as intended?

The project was originally planned to include Portuguese translation, however, the facilitator had to postpone this option as materials were not ready on time. For this reason, Portuguese speaking clients couldn't participate in the event. Although KAIROS had previously delivered the program to a Spanish speaking group as DPNCHC, the process relied on internal staff translation and made the overall delivery too long. For this reason it was decided that staff translation should not be used for the Portuguese-speaking (or Italian-speaking) seniors groups. Since this change in plans left little time to recruit more English-only senior clients at DPNCHC, a partner agency was approached to deliver the program at their site.

Client Impacts

Theory of Change Client Impacts that could be measured in this program:

Increased capacity

Increased sense of belonging

Increased well-being

Better health outcomes

Increased resiliency

Rationale:

The primary purpose of the Blanket Exercise is to increase knowledge of indigenous issues, increase cultural competency skills in the participants, and change the attitudes and behaviours participants have towards indigenous peoples. All three of these objectives match DPNCHCs definition of increased capacity.

Recommendations

PROGRAM CONTINUATION

Maybe - if the facilitator is able to add a Portuguese language curriculum to their portfolio, the department would fundraise in order to the experience to the Portuguese-speaking clients.

LESSONS LEARNED

Clients of the Senior's Services tend to have a strong preference to stick to regular programming schedules and participate in programs offered in their first language regardless of other language/English proficiency. Additionally, these clients are often easily deterred by poor weather. The staff believe these dynamics led to the high-registration but lower-attendance outcome of the program. Future delivery of the program would be best during the summer to reduce barriers to clients trying new offerings.

BEST PRACTICES

The inclusion of Indigenous foods was identified as an excellent enhancement to the KAIROS programming, creating a tactile and visceral means for the participants to further understand and experience indigenous culture and perspective.

Overall Assessment

In 2019/2020, 92 programs, services and/or initiatives were active at DPNCHC. 9 programs were evaluated. Every department or program area was evaluated except for Volunteer Services.

TABLE 3: 2019 EVALUATION SUMMARY

Program Area	Programs, Service or Initiative Evaluated	Program Output Targets	Client Outcome Targets	Capacity Met?	Resources Adequate?	Delivered as Intended?	Program Continuing?
Health Services	Community Kitchen & Healthy Food Cooking Demonstrations	Exceeded	Exceeded	No	Yes	For the most part, yes	Yes
	Physiotherapy Services	N/A - target setting year	N/A - target setting year	Yes	Yes	For the most part, yes	Yes
CDHP	Chronic Pain Self-Management Program	Met	Exceeded	No	Yes	For the most part, yes	Yes
Early Years Programs	Building Blocks	Exceeded	Exceeded	Yes	Yes	Completely	Yes
Youth Services	Summer Camp	Exceeded	N/A	Yes	Yes	Completely	Yes
	Young Men's Project	Met	Met	Yes	Yes	For the most part, yes	Yes
	Wize Up!	Not Met	Not Met	No	No	Not at all	No
Adult Services	Let's Talk English Conversation Circle	Not Met	Not Met	No	Yes	Not at all	Maybe
Senior Services	KAIROS Blanket Exercise	Partially Met	Exceeded	No	Yes	For the most part, yes	Maybe

Impact

- Overall, evaluations indicated that DPNCHC's program continue to offer strong and consistently positive program outputs and client outcomes;
- 6/9 programs that set targets for program outputs met or exceeded those targets and 1/9 partially met its target;
- 5/7 programs that set targets for participant outcomes met or exceeded those targets;
- 1 program did not set targets and was working to set a baseline for future evaluation, however, this program had high demand, was able to meet its capacity, and had strong positive client and staff feedback.

Resources & Planning

- 8/9 programs reported adequate resource allocation to support their objectives;
- Many programs identified potential need for additional resources, however, only two identified this need as critical for the program's continued success;
- Only 4/9 programs reported meeting their capacity for participation, potentially indicating an underuse of staff time during these programs.
- 7/9 evaluations indicated that the program of service was mostly or completely delivered as intended;
- 6/9 programs evaluated will continue to be offered as a regular part of DPNCHC programming;
- 1/10 of the programs evaluated will not be continued as it was a special workshop enabled by one time funding;
- Several evaluations noted a rapid response to client feedback during program delivery - either soliciting feedback directly to guide programming details during its duration or indirectly through observation and informal discussion – and implementing adjustments to the program during its delivery in response to what they learned.

Evaluation

- The standardized evaluation form continues to fulfil the purpose of creating comparable data across programs;
- The trends in program performance across the various evaluation subjects are similar to those in 2018;
- The scoping question regarding DPNCHC's pilot impact measurement tools were readily answered and will provide a useful starting point to further test the tools implementation (see Table 4);
- 8/9 programs identified increased capacity as a client outcome in their programs, while only 4/9 identified outcomes in the remaining four categories;
- Staff will need support and involvement in identifying pilot programs to measure the 5 client impacts in.

TABLE 4: DPNCHC's THEORY OF CHANGE CLIENT OUTCOMES

Program Area	Programs, Service or Initiative Evaluated	Increased Capacity	Increased Wellbeing	Increased Sense of Belonging	Better Health Outcomes	Increased Resiliency
Health Services	Physiotherapy Services	X	X		X	
CDHP	Chronic Pain Self-Management Program	X				
	Community Kitchen & Healthy Food Cooking Demonstrations	X	X			
Early Years Programs	Building Blocks	X	X		X	
Youth Services	Summer Camp			X		
	Young Men's Project	X				X
	Wize Up!	X				
Adult Services	Let's Talk English Conversation Circle	X				
Senior Services	KAIROS Blanket Exercise	X				

Recommendations

Impact

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

Programs that were delivered as planned all had strong client impacts and met or exceeded targets, indicating the staff involved have an accurate sense of client capacities and potential outcomes for programs. This pattern is consistent with trends from previous Program Evaluations. Staff are encouraged to continue to increase their participant outcome targets and strive for further excellence.

Resources & Planning

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

The majority of evaluations indicated an adequate allocation of resources. In the two instances where resources effected program outcomes, both related to lack of staff/volunteer/student support and training in the program. Both evaluations outlined direct solutions to these issues and identified necessary steps to remedy these challenges. As noted in previous Program Evaluation reports, finding reliable volunteer and student staff continues to be a challenge.

How should these program evaluation results inform future programs/services, as well as our next Annual Operational Plan and Strategic Plan?

Many programs identified success when implementing various forms of program planning with clients, including direct forms of planning such as soliciting weekly feedback to plan upcoming sessions or indirect, responsive planning where ideas were gathered informally or through observation and quickly implemented. DPNCHC staff should continue to implement this planning approach where appropriate and consider it a best practice of the organization.

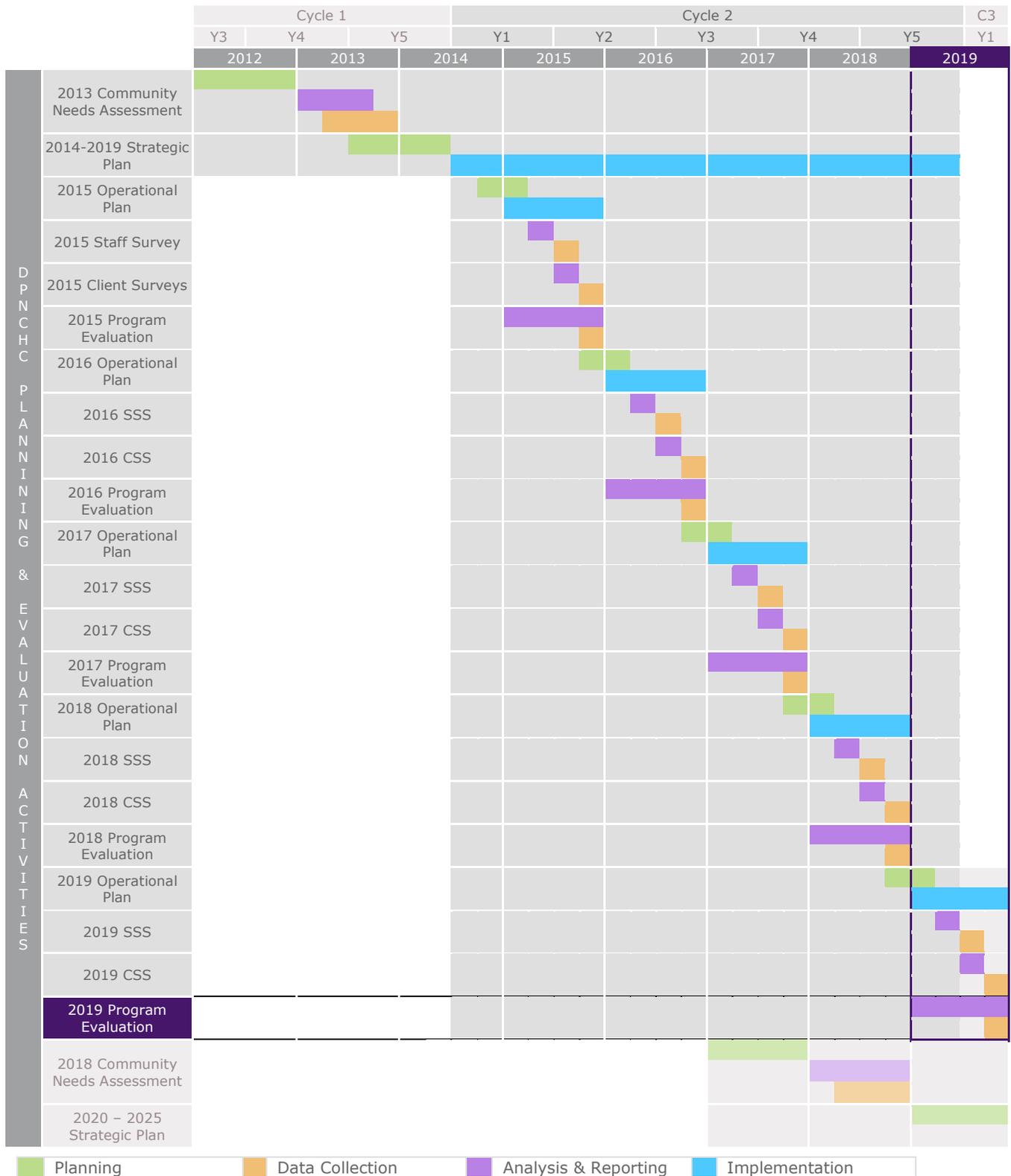
Evaluation

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

The number of programs and service evaluated in the Annual Evaluation Report decreased this year as activities planned to fulfill the most recent Strategic Plan came to a close. During the 2019 calendar year, DPNCHC developed its new Strategic Plan along with a new framework to articulate the organizations impact as a whole, known as the Theory of Change (TOC), which will serve as a cross-agency framework to evaluate client impact.

All of the programs evaluated indicated at least one TOC client impact they believe could reasonably be measured in their program. The majority of impacts identified were Increased Capacity. The Manager of PDS should begin to work with staff in a small number of selected programs to further develop the piloted Impact Measurement framework and identify program where more diverse opportunity to measure impacts is possible. Moving forward, the Annual Program Evaluation will focus on programs and services outside of the Strategic Plan. The theme of these evaluations, beyond the current approach of identifying general program outputs and outcomes will be to identify TOC client impacts measurable in each program. The Manager of PDS will work with staff teams to develop the pilot measurement tools further and increase capacity among teams to implement them.

Appendix A: DPNCHC's Planning & Evaluation Model



Appendix B: DPNCHC 2014-2019 Strategic Objectives

Primary Strategic Objective	Supporting Objectives	Year Completed					
		'14	'15	'16	'17	'18	'19
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	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	X	X
	1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models.	X			X	X	X
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	2.2 Develop an outreach strategy to connect with high needs youth (aged 18-24) to determine their needs.		X	X	-	-	-
	2.3 Create a youth focused sexual health program that provides health care and health promotion.		X		X	X	X
	2.4 Create youth focused counseling programs.		X		X	X	X
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	3.2 Enhance seniors' fitness to include new activities and greater assistance to the frail elderly.	X	-	-	-	-	-
	3.3 Develop and improve services to support seniors with chronic health issues in accessing a broader range of support services and programs.	X	-	-	-	-	-
	3.4 Develop new partnerships to enhance seniors' advocacy endeavors, for new programs, and better access.		X	-	-	-	-
	3.5 Enhance support and services for seniors experiencing depression or cognitive impairment.		X		X	X	-
4.0 Mental Health:	4.2 Identify mental health issues early to reduce long term impacts in young children.	X				X	-

We will focus on early intervention and support for people experiencing mental health challenges	4.3	Partner with organizations that help improve mental health conditions.		X	X	-	-	-
	4.4	Create a mental health framework.		-	-	-	-	-
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for children, youth and families	5.2	Improve capacity to serve children with special needs.	X			X	X	X
	5.3	Increase academic outcomes.		X		X	X	X
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	6.2	Increase access to healthcare services for clients.		X		X	X	X
	6.3	Develop a quality improvement plan that focuses on improved service navigation and access for high needs clients.		X	X	-	-	-
	6.4	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	-	-
	6.5	Develop a plan to move the organization towards cultural competency.		X		X	X	X
	6.6	Improve data collection, analysis and use to support evidence based practice and responsive programming.		X		X	X	X
	6.7	Enhance profile, visibility and presence in the catchment area.		X		X	X	X
	6.8	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	Year Completed									
	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
Health Services										
All Health Programs	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 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		
Community Kitchen Workshops & Healthy Cooking Demonstrations									X	X
Physiotherapy Services										X
Children & Youth Services										
All Youth Programs	X	X		X						
Youth Outreach Strategy: Here4Youth					X	X	X			
Youth Sexual Health Programs					X					
Ten x 10							X			
Youth-Led Counseling / Young Men's Project							X	X	X	X
Wize-Up Wednesdays								X	X	X
Summer Camp										X
Adult Services										
All Adult Programs	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		
Let's Talk English Conversation Circle									X	X
Early Years Programs	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
All Early Years Programs	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		
Building Blocks									X	X
Early Milestones Project									X	
Senior's Services	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
All Seniors Programs	X	X								
Seniors Fitness Programs					X					
Seniors Information Fair					X					
Pelham Seniors							X			
Enhanced Support Services							X			
'Grand-Parenting' Workshops								X		
Navigating in the Digital Age									X	
Senior's Choir									X	
KAIROS Blanket Exercise										X
Community Development & Health Promotion	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
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	X	
Food Insecurity Reduction Initiative								X		
Peer Led AA Meetings									X	
Chronic Pain Self-Management Program										X
Volunteer	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19
All Volunteer Programs	X	X		X	X	X	X			

Appendix D: Evaluation Framework

Following recommendations from the 2017 Program Evaluation, DPNCHC undertook a review and revision of its evaluation practices in 2018. Feedback was gathered from the Senior Management Team and Program Managers about the current state of the Centre's evaluation practices, including reflection on what works best and what staff desired as outcomes from the evaluation process. To guide this development, the Manager of PDS (project lead) undertook a week-long course on Evaluation Fundamentals provided by the Canadian Evaluation Society to workshop and reframe DPNCHC's evaluation framework. This framework was further revised through 2018/2019 as DPNCHC completed two processes to develop a Theory of Change (see next page). A set of 'Impact Measurement' tools were also developed to track and evaluate the agency's progress towards fulfilling the outcomes and principles identified in the Theory of Change. These two projects, funded through grants obtained from the McConnell Foundation and supported by coaching from Innoweave, also significantly informed the development of the new Strategic Plan (to begin implementation in 2020) and were developed with input from all levels of staff. DPNCHC will continue to work to socialize the Theory of Change, and provide training and support to establish and expand internal approaches to measuring the impacts we seek to have as identified in the Theory of Change.

WHO WE SERVE

Those who experience SOCIAL BARRIERS:

- Mental health issues
- Addictions
- Language barriers
- Racism
- Immigration status
- Disabilities
- Newcomer status
- Lack of literacy
- Low education
- Trauma background
- Difficulty accessing services

Those who experience ECONOMIC BARRIERS:

- Low income status
- Living in poverty
- Food insecurity
- Lack of ability to participate socially
- Lack of opportunity
- Poor housing
- Homelessness
- Precarious employment

OUR THEORY OF CHANGE

HOW WE WORK

- ✓ Use strong planning, assessment & monitoring processes
- ✓ Base decision-making on data
- ✓ Create deep integration across programs & with partners
- ✓ Employ continuous quality improvement
- ✓ Ensure strong governance & stewardship
- ✓ Maintain a local community & neighbourhood focus
- ✓ Provide a multi-service hub model with system navigation support
- ✓ Recognize & embrace diversity
- ✓ Employ skilled & empathetic staff
- ✓ Take a client-centered approach
- ✓ Uphold an equity approach to service delivery
- ✓ Use a community development approach

OUR AREAS OF FOCUS

Community Work

Building community coalitions

System Approach

Service collaboration & integration

Our Programs & Services

Mental Health Services

Health Services

Addictions Support & Harm Reduction

Social Support Navigation

Health Promotion

OUR IMPACT

Collective leadership to address community-driven priorities & neighbourhood improvement

Important and effective services that are available & accessible

Client Impact

Increased capacity

Increased sense of belonging

Increased wellbeing

Better health outcomes

Increased resiliency

**Ignite
Change.
Improve
Lives.
Strengthen
Community.**



Davenport-Perth
Neighbourhood and
Community Health Centre

Life happens here.™