

Davenport-Perth

Neighbourhood and Community Health Centre



2018 PROGRAM EVALUATION

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Executive Summary

In 2018, DPNCHC's programs and services consistently delivered strong positive outcomes for clients and service delivery targets. 9/10 programs evaluated indicated they were adequately resourced and delivered services or programs successfully as planned. This thus indicates a strong satisfaction of the Strategic Objectives and activities put forth in the 2014-2019 Strategic Plan, and 2018 Operational Plan.

DPNCHC operates on a 5-Year Planning and Evaluation Cycle, which is currently in its 5th Year, and being extended for a 6th through 2019 while strategic planning activities are underway. As a part of these planning activities, the Centre's Evaluation Framework is being revised. The 2018 Program Evaluation represents the outcomes from the first round of these revisions, where staff were given a standard report form to provide feedback on program activities. This approach has resulted in more comparable data between programs, and a stronger basis for identifying strengths and areas for improvement across the Centre.

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 promote peer-based learning and leadership models as a model for program design;
2. Continue to use hands on, tactile, and demonstration style learning environments in skills and capacity building programs;
3. Schedule more time for program planning and coordination activities, particularly when managing collaborative relationships with external partners, volunteers, and contract staff.

Based on the outcomes of the new evaluation report form, and steps laid out in the revised Evaluation Framework, the following recommendations have been made for further evaluation process improvement:

1. Add more opportunities for client feedback in the evaluation process;
2. Identify programs outside of the Strategic Plan for evaluation in 2019;
3. Evaluate at least two core services offered at the Centre in 2019;
4. Improve evaluation tools used to measure client outcomes.

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 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 focused on process evaluation and will include improvements to the client outcome component in 2019. This template was developed through feedback and review with the Senior Management Team and Program Managers Team in 2018, as a response to recommendations in the 2017 Program Evaluation to improve the evaluation framework. See [Appendix D](#) for more context on this process and a draft of the new Evaluation Framework

Evaluation reports were submitted to the Manager of Health Promotion, Planning, and Quality (Manager of HPPQI) Improvement between December 2018 and January 2019 to be condensed and summarized. The reports reflected activities undertaken within the 2018 calendar year, or the 2017-2018 school year. The evaluations used a mix of pre- and post-participation surveys with staff, volunteers, and clients; semi structured interviews; program registration data; and observational data to report on outcomes.

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. Most programs and services evaluated are either (1) those that correspond with the strategic objectives addressed in the annual Operational Plan (which are selected from the 2014-2019 Strategic Plan), or (2) new initiatives. In 2018, all programs and services evaluated were those tied to the Operational Plan. See Table 1 for a summary of all DPNCHC programs active and evaluated in 2018, and Table 2 for a summary of the 2018 Operational Plan's activities. This Program Evaluation does not include an evaluation of the Strategic Objectives from section 6.0 of the Strategic Plan (those addressing Organizational Capacity) except where they had direct overlap with programming. 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 2018

	All programs, services & initiatives (<i>evaluated programs highlighted</i>)	Dept. offerings evaluated
Health Services	Counselling & Therapy Services Community Kitchen Healthy Cooking Workshops & Demonstrations 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) Tolerating Triggers (Chronic Pain Self-Management Group Program)	1/9
Community Development & Health Promotion	Peer Led AA Meetings Diabetes Prevention Program Young Adult Soccer Drop-In 40+ Adult Drop-In Program (formerly Latin Men United) Yoga Drop-In	2/5
Early Years Programs	Baby and Me Baby Lap Time Baby Play Time Babies on the Move Book Buddies Building Blocks CreARTivity Program Drop-In Services (multiple locations) Early Milestones Project Healthy Beginnings at The Stop Community Center Indoor Active Play (multiple locations) Infant Massage Let's Learn Living and Learning with Babies Make the Connection (Toddlers & Parent's Group) Nobody's Perfect Park Outreach Programs Parent-Child Mother Goose Program Parenting in Canada Portuguese Mothers Group Ready to Learn Toddler Play Time Wonderland Toddler Programs	2/23
Child & Youth Services	After School Program Girl's Comic Book Program Lunch Time Leadership Lion's Den Program March Break Camp	2/10

	<p>Sassy Girls Summer Camp Wize-Up Wednesdays Young Men's Project Youth Leadership Training</p>	
Adult Services	<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 Pelham Park Gardens Weekly Drop-In Settlement Services Wychwood Barns Weekly Drop-In</p>	1/10
Senior Services	<p>Art Group Bailando Forever 55+ (Portuguese Dance Group) Bocce Ball Cantinho Da Amizade 55+ (Portuguese Social Group) Chair Zumba Gold Chair Yoga Christmas Market Club Amistad (Spanish Social Group) Dance Fit 55+ Donne Insieme 55+ (Italian Social Group) Film Italiano 55+ (Italian Social Group) Happy Beaders (craft group) Lumosity Brain Games Navigating in the Digital Age Ping Pong 55+ Senior's Art with Tania Senior's Choir Senior's Conversational ESL Senior's Sewing Seniors Wellness Group Sit Fit 55+ Soup Social Walk Fit 55+ Zumba Gold & Get Fit 55+</p>	2/24
Volunteer Services	<p>Volunteer Program Assistance Student Placements</p>	0/2

TABLE 2: SUMMARY OF DPNCHC 2018 OPERATIONAL PLAN ACTIVITIES IN 2018

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 Health Services Community Development & Health Promotion	5
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	Health Services Child & Youth Services	3
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	Senior Services	2
4.0 Mental Health: We will focus on early intervention and support for people experiencing mental health challenges	Early Years Programs	1
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for children, youth and families	Child & Youth Services Early Years Programs	2
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	Health Services DPNCHC	5

Findings

COMMUNITY KITCHEN HEALTHY COOKING WORKSHOPS	
Program Area	Health Services
Program Lead	Jedid-Jah Blom, Registered Dietitian
History	Piloted in 2017.
DPNCHC Strategic Objective	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions, and other conditions.
Purpose	To improve health literacy through interactive workshops that increase participant ability to prepare low cost nutritious meals.
Primary Activities	<p>Community Kitchen Workshops:</p> <ul style="list-style-type: none"> • Hands-on meal preparation, cooking and clean-up; • Education talk with Dietitian on variety of health topics; • Eat and share a meal together. <p>Food Demonstrations:</p> <ul style="list-style-type: none"> • Dietitian demonstration of easy to prepare snack or meal; • Facilitated discussion about healthy eating and food preparation; • Food sampling.
Program / Service Objective	<ul style="list-style-type: none"> • Increase motivation to cook more at home and make healthier nutrition choices; • Increase knowledge about healthy eating and food preparation.
Target Population	All adult populations.
Enrollment	<p>Community Kitchen Workshops:</p> <ul style="list-style-type: none"> • Age 18+; • Monthly registration at main reception of DPNCHC; • No cost to participants. <p>Food Demonstrations:</p> <ul style="list-style-type: none"> • Age 18+; • Drop-in at The Stop Community Food Centre; • No cost to participants.
Capacity	Community Kitchen Workshops: 12 Food Demonstrations: 35
Program Duration	Community Kitchen Workshops: 10 3-hour workshops, 1x/month, Jan-Nov, 2018 Food Demonstrations: 10 1-hour demonstrations, 1x/month, Jan-Dec, 2018
Resources	<p><i>Community Kitchen:</i></p> <p>\$100/session for ingredients/supplies Kitchen equipment (DPNCHC's existing inventory) DPNCHC kitchen space (in kind contribution) Flyers/handouts</p> <p><i>Food Demonstrations:</i></p> <p>\$30/session ingredients/supplies Kitchen equipment (The Stop's existing inventory) The Stop's program space (donated) Flyers/handout printing</p>
Partners	The Stop Community Food Centre (for Food Demonstrations)

Staffing	<p><i>Community Kitchen:</i> Community Dietitian x 8 hours x 10 workshops = 80 hours Volunteer x 7 hours x 5 workshops = 35 hours</p> <p><i>Food Demonstrations:</i> Community Dietitian x 5 hours x 10 demos = 50 hours</p>	
OUTCOMES		
Evaluation Period	January–December 2018	
Evaluation Method	Client post-participation survey	
	Target	Actual
Process	10 Community Kitchen Workshops 10 Food Demonstrations 5-10 participants per workshop/demo. 35 unique participants	10 Community Kitchen Workshops 10 Food Demonstrations 5-15 participants per workshop or demo. 61 unique participants
Participant Outcomes	60% of participants report intention to implement new nutrition or cooking knowledge gained in workshop/demo regularly at home	97% of participants reported intention to implement new knowledge gained during workshop/demo regularly at home
STAKEHOLDER PERSPECTIVE		
Client Feedback	Clients like easy to cook recipes, few ingredients, and quick cooking techniques. They said they enjoy learning about new foods as well as health benefits of nutrients in foods.	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>Yes, however, for the Food Demonstrations participants often joined late due to schedule overlaps and missed the majority of the program content.</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>For the Community Kitchen it was necessary to have a volunteer help with handout preparation, as well as set up and clean-up of the workshop. A volunteer was not available every session resulting in longer handout preparation, as well as set up and clean up time. Budget and materials were sufficient for the number of participants. Most sessions participants were able to take some left over food home. Timing of the program did not work for some participants as they would show up 30 minutes to 1 hour late. Room booking was not possible at a later time in the day.</p> <p>For the Food Demonstrations staff, budget and materials were adequately available and used. No changes are needed in the future.</p> <p>Thinking about the overall objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <p style="text-align: center;"> 1 Not at all 2 For the most part, no 3 Somewhat 4 For the most part, yes 5 Completely </p> <p>b) What were the successful aspects of the program / service design?</p>	

Community Kitchen: Participants were very satisfied with the opportunity to cook together in a small group and to receive easy nutritious recipes they can also cook at home. This is because participants provided ideas for future recipes during each workshop. During the last 6 workshops attendance was higher and most participants wanted to keep coming back for the next workshop.

Food Demonstrations: Participants enjoyed being able to taste a sample of the recipe that was demonstrated. This increased their likeliness to make the recipe at home.

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

During one of the Community Kitchen workshops, participants had negative feedback about hygiene of other participants. Hand washing protocol was reinforced and a wash cloth with hand sanitizer solution was provided for a participant who could not reach the sink.

Recommendations

PROGRAM CONTINUATION & IMPROVEMENTS:

These programs will continue and are a part of the 2019 Operational Plan.

Community Kitchen: A volunteer will need to be recruited for each workshop to relieve some staff time for handout preparation, set up and clean-up of the workshop; Perth Hall space is not available at later time in the day so scheduling concerns cannot be addressed yet.

Food Demonstrations: While typically only 4-6 participants would observe during the demonstration, often up to 30 other participants would join the facilitated conversation as they left other programming. Running this activity before/after ongoing programming is valuable.

LESSONS LEARNED

For the workshops, individuals will no longer be allowed to participate in the workshop if they arrive late, out of respect for the people who are on time and so as to not disrupt the program. A review of the workshop rules will be held at the beginning of every session.

A standardized evaluation tool was used for the workshops and demonstrations to gather information about the demographics and interests of the participants for future program planning. This was well received by the participants.

DIABETES PREVENTION PROGRAM	
Program Area	Community Development & Health Promotion
Program Lead	Gabrielle Langlois, CDHP Coordinator Jedid-Jah Blom, Community Dietitian
History	This is the 4 th round of program funded by Toronto Public Health. Each round has targeted a different ethno-cultural population identified as at higher risk of developing diabetes.
DPNCHC Objective	1.3 Develop a strong health promotion focus in work on chronic disease, mental health, addictions and other conditions.
Purpose	To provide culturally appropriate and accessible health education for adults who are at risk of developing Type 2 diabetes
Primary Activities	<ul style="list-style-type: none"> • Peer training and program development; • Deliver peer-led diabetes prevention education sessions; • Deliver yoga training and practice series; • Deliver Healthy Eating and Cooking Workshops; • Deliver Grocery store tours to promote label reading and making good food choices.
Program / Service Objective	<ul style="list-style-type: none"> • Provide sessions that are accessible to adults who are at risk of developing type 2 diabetes; • Increase knowledge and awareness of type 2 diabetes risk factors; • Increase knowledge and understanding of how to reduce type 2 risk factors through healthy eating, physical activity and stress management education; • Encourage participants to complete the Canadian Diabetes Risk Questionnaire during program to determine their personal risk factors for diabetes.
Target Population	South Asian Women
Enrollment	South Asian Women's Centre registered participants through their own intake process
Capacity	10-25 participants
Program Duration	Sept. 2017 – Dec 2018
Resources	Grant budget of \$10,475 covered: Peer honorariums Kitchen supplies & ingredients General materials (photocopying, etc) 2 DPNCHC Staff time (in-kind)
Partners	South Asian Women's Centre Toronto Public Health
Staffing	Community Dietitian – 125 hours over three sessions CDHP Coordinator – 80 hours over three sessions
OUTCOMES	
Evaluation Period	Sept 2017 – Dec 2018
Evaluation Method	Written and oral post participation surveys (provided by TPH)

	Attendance records	
	Target	Actual
Process	<p>Fall 2017: 10-15 participants 6-week workshop 1 Walk group 5 Yoga classes 5 Healthy Eating and Cooking Workshops</p> <p>Spring 2018: 10-15 participants 6 week workshop 5 Yoga classes 5 Healthy Eating and cooking workshops</p> <p>Fall 2018: 20 Participants 4 Healthy Eating & Cooking Workshops 2 Grocery Store Tours</p>	<p>Fall 2017 12 participants 6 sessions 1 Walk group 5 Yoga classes 5 Healthy Eating & Cooking Workshops</p> <p>Spring 2018 14 participants 6 sessions 5 Yoga classes 5 Healthy Eating and cooking workshops</p> <p>Fall 2018: 25 participants 4 Healthy Eating & Cooking Workshops 2 Grocery Store Tours</p>
Participant Outcomes	<p>80% of participants can identify the risk factors of diabetes 80% can identify serving size and contents on food labels</p>	<p>90% could identify risk factors 40% SAWC group could read labels</p>
STAKEHOLDER PERSPECTIVE (OPTIONAL)		
Client Feedback	High attendance, positive weekly comments	
Partner Feedback	A Program Worker from SAWC commented that the Yoga and cooking was particularly well received and the most engaging. They also felt personally that they learned the most from the Grocery Store Tour: reinforced label reading to better understand contents, portions, etc.	
Staff Feedback	The women were very engaged during the Healthy Eating and Cooking Workshops and asked a lot of questions about healthy eating, different cooking techniques and substituting new foods. They also wanted to know how to read food labels and how to select healthier foods at the grocery store.	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>Yes - we followed the program size of the existing wellness group at SAWC, but the room size was small for the numbers and may have been better suited to a smaller group.</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>Yes - the funding provided for a high level of useful resources.</p> <p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <p style="text-align: center;"> 1 2 3 4 5 </p> <p style="text-align: center;"> Not at all For the most part, no Somewhat For the most part, yes Completely </p>	

	<p>b) What were the successful aspects of the program / service design? The curriculum is clear and easy to follow for the group since the Peer Leaders facilitated and ensured comprehension of content. Having a budget for transit tokens enabled access.</p> <p>c) What were the barriers to delivering the program/service as intended? N/A</p>
<p>Recommendations</p>	<p>PROGRAM CONTINUATION & IMPROVEMENTS:</p> <p>DPNCHC will offer the program again if we receive funding from TPH. TPH has a well-developed and funded model that allows for adaption based on population needs, so core improvements for delivery are not required. More resources are required for support around evaluation – written evaluation has limitations for those with low literacy and/or language barriers. Label reading was particularly hard for this group due to language barriers (the activity must be done in English as that is what is available in Toronto stores), so perhaps additional supports can be developed to help enhance this component of the model.</p> <p>LESSONS LEARNED</p> <p>It is important to understand the different approaches used with participants by different organizations and accommodate them in program planning. This was a new partnership that functioned differently than previous iterations of this program.</p> <p>All of the core models are well validated and should be considered in capacity building: peer trained leaders, funding for travel and food, well developed curriculum.</p>

PEER-LED AA MEETINGS		
Program Area	Community Development & Health Promotion	
Program Lead	Gabrielle Langlois, CDHP Coordinator Wendy Lancashire, Director of Community Support Services Community Volunteer	
History	AA Meetings have been offered intermittently in the Centre over the years as peer mentors have been available.	
DPNCHC Objective	1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models	
Purpose	Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The primary purpose is to stay sober and help other alcoholics to achieve sobriety.	
Primary Activities	Provide weekly open AA meetings	
Program / Service Objective	Provide more addiction supports as requested by community members.	
Target Population	Individuals who suffer from alcoholism	
Enrollment	None – drop in model	
Capacity	N/A	
Program Duration	Dec 2017 – May 2018	
Resources	DPNCHC staff time DPNCHC program space Supplies - coffee, cups	
Partners	Alcoholics Anonymous	
Staffing	Community Volunteer – 20 hours CDHP Coordinator – 5 hours	
OUTCOMES		
Evaluation Period	Dec 2017 – May 2018	
Evaluation Method	Attendance record	
	Target	Actual
Process	5-10 participants 21 sessions (1x per week)	3 participants 3 sessions
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>No – there was extra space. Issues recruiting participants discussed below.</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>Resources did not appear to be an issue.</p>	

	<p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <p style="text-align: center;"> 1 Not at all 2 For the most part, no 3 Somewhat 4 For the most part, yes 5 Completely </p> <p>b) What were the successful aspects of the program / service design? N/A – program ended early.</p> <p>c) What were the barriers to delivering the program/service as intended? There was difficulty recruiting participants for the program. Timing may be an issue. It was suspected that many people in need of this program also use shelters, which they must be at before the starting time of this program in order to secure their spot. The same would be the case if people were using faith-based shelters, where participants usually need to arrive by 4pm. The volunteer was not able to adjust to this schedule.</p>
<p>Recommendations</p>	<p>PROGRAM CONTINUATION & IMPROVEMENTS:</p> <p>The program will be tried again in December 2018 – May 2019, as addiction supports are still needed in the community. Another leader has been recruited as that is better for a peer model and will allow a back-up should one be sick or unable to attend. The timing has been changed to earlier in the afternoon – after The Stop’s lunch program, and before The Stop’s bingo program. The new program time will be tried to see if it meets the need of potential participants. More refreshments would ideally be provided.</p> <p>LESSONS LEARNED</p> <p>More consideration needed to be given to the time of day the program was offered.</p>

BUILDING BLOCKS		
Program Area	Early Years Programs	
Program Lead	Carrie Youdell, Manager of Early Years, Adult Literacy & Volunteer Services	
History	Program was introduced in 2017 to support pre-school children who needed extra supports but could not be accommodated fully within our regular adult-child drop in.	
DPNCHC Objective	5.1 Improve our capacity to serve children with special needs.	
Purpose	To pilot 2 interactive - 6 weeks groups for parent and their preschoolers ages 2.5 - 4 years, that required extra language and socialization support with other children. The program offered a play program, at the same time parents could engage with a specialist or listen to a short workshop within the same space – and learn new strategies for their children.	
Primary Activities	<ul style="list-style-type: none"> • 2 groups spring and fall; • 6 weeks in length; • Specialized sensory and skill-based play program; • Access to weekly specialists; • Parent-child interactive. 	
Program / Service Objective	<ul style="list-style-type: none"> • Increase knowledge of child development/developmental concerns • Increase access for children to developmentally appropriate programs that strengthen child development 	
Target Population	Parents with children ages 2.5 to 4 years.	
Enrollment	Parent has identified a developmental concern that corresponds with the program type.	
Capacity	6 families per program (6 children accompanied by a parent)	
Program Duration	Tuesdays from 9:30-11:30	
Resources	<ul style="list-style-type: none"> • Program space at Pauline Public School Satellite Classroom • 2 DPNCHC staff • 1 volunteer • Use of all existing EY toys and equipment <ul style="list-style-type: none"> • Workshop providers 	
Partners	Workshop providers: DPNCHC Early Abilities & Speech and Language staff Macaulay Child Development Organization DPNCHC Community Dietitian	
Staffing	Staff 2 x 4 hours/week x 16 weeks = 128 hours Volunteer #1 x 3 hours/week x 16 weeks = 48 hours	
OUTCOMES		
Evaluation Period	Final Session of each group.	
Evaluation Method	Parent Survey, direct feedback to staff	
	Target	Actual
Process	2 x 6 week programs 12 2-hour workshops 12 families (1 parent, 1 child)	2 x 8 week programs 16 2-hour workshops 12 families (1 parent, 1 child)

Participant Outcomes	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 90% found the program very helpful 10% found the program neutral 90% stated that the program supported their child’s development 90% learned new ideas/skills from the program and from accessing professionals that assisted them with their child’s needs
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STAKEHOLDER PERSPECTIVE (OPTIONAL)

Client Feedback	<p>“He has overcome so much, encouraged potty training, became more socialable and learned about routines.”</p> <p>“it helps me to use strategies for negative behaviour along with some positives to adjust.”</p> <p>“Make more programs like this – so helpful.”</p>
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REFLECTION

Assessment	<p>Did the program/service operate at full capacity?</p> <p>Yes - 6 children were enrolled in each session (12 in total) and had regular attendance. The staff decided to add a few more sessions to continue supporting the children’s play on behalf of the families</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>Yes.</p> <p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center; border: 2px solid orange;">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;">Completely</td> </tr> </table> <p>b) What were the successful aspects of the program/service design?</p> <p>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>c) What were the barriers to delivering the program/service as intended?</p> <p>There were a few challenges booking workshop speakers.</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							

Recommendations	<p>PROGRAM CONTINUATION & IMPROVEMENT</p> <p>The program will continue. It works well within service menu and provides more choices to families. The staff have now delivered 3 groups in total and supported all of the planning details.</p> <p>Staff felt the program needed more time to allow children to play and socialize beyond the 6 weeks. The both programs were extended to 8 weeks up to allow the children a longer play period once the workshops ceased. The evaluation was</p>
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completed at week 6 – but both groups continued for a few more weeks. The program will expand from a 6 to 8 week session moving forward.

To increase access in the community, it would be ideal to bring one program to DPNCHC. Right now the program is only offered at Pauline School.

LESSONS LEARNED / AREAS OF EXCELLENCE

Staff are more in tuned in our core programs, in order to catch children who might benefit from a supportive quieter model like Building Blocks.

This program is based on a validated model used commonly in the Early Years' sector. The model is currently being delivered in a number of EY locations across Toronto. Staff were trained to deliver this type of program in 2017 and would recommends it to all EY providers.

EARLY MILESTONES PROJECT		
Program Area	Early Years Programs / Early Identification & Special Needs Programming	
Program Lead	Carrie Youdell, Early Years Program Manager	
History	Since 2002, the Early Years department has offered a variety of screening activities and programs to help families with young children that may require extra supports. There are currently 4 programs to assist families with development concerns. These activities will vary from year to year based on the needs that arise in programs. The Early Milestones Project is a new initiative under this umbrella.	
DPNCHC Strategic Objective	4.1 Identify mental health issues early to reduce long term impacts in young children.	
Purpose	In program, staff often observe children who struggle with developmental issues and or who are on long wait lists for assessments. Their parents require a tremendous amount of support in seeking early childhood interventions when a concern arises. Feelings of guilt, frustration, financial pressure, anxiety, denial and a lack of child development knowledge can affect a parent's ability to respond in to their children appropriately. Early Identification activities link families to the right resources to help identify child development concerns early. From here parents can get the early intervention services or training required to help improve child outcomes.	
Primary Activities	<ul style="list-style-type: none"> • Train staff • Screen children with suspected developmental delays during Nurse Practitioner visits through distribution of age-appropriate books • Refer children to ASQ screening if delays are suspected • Refer child and family to appropriate services and programs 	
Program / Service Objective	<ul style="list-style-type: none"> • Improve access for parents with children who have developmental concerns with appropriate referrals, screening and information • Increase knowledge of child development • Increase access for children to developmentally appropriate program 	
Target Population	Children ages 1-6	
Enrollment	N/A – screening process	
Capacity	N/A – screening process	
Program Duration	March 2018 – October 2018	
Resources	Staff time	
Partners	Health Centre Team	
Staffing	3 Nurse Practitioners / Registered Nurses	
OUTCOMES		
Evaluation Period	October 2018	
Evaluation Method	Attendance Records Client Records	
	Target	Actual
Process	100% of staff will be trained on the Nursing Team in Early Learning Milestones Project	100% of staff was trained on the Nursing Team in Early Learning Milestones Project
	40 children	76 children

Participant Outcomes	<p>100% of children with flagged developmental concerns (predicted to be 10 children) will receive appropriate referrals.</p> <p>80% of caregivers will uptake recommended referrals to support child development.</p>	<p>100% of children identified (4 total) received additional supports (participated in additional - Ages and Stages Questionnaire screening)</p> <p>100% of caregivers of those families up took referrals to appropriate/ additional services</p>										
REFLECTION												
Assessment	<p>Did the program/service operate at full capacity? Yes.</p> <p>Were there adequate allocation of resources to support the program or service? Resources were adequate.</p> <p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center; border: 2px solid orange;">4</td> <td style="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;">Completely</td> </tr> </table> <p>b) What were the successful aspects of the program / service design? Early Milestones offered the Nursing Team more information on child development. This was positively received by the team, and subsequently, additional training for the NP's on the ASQ screen has been obtained to help them better understand the appropriate referral paths (for example, when to use the ASQ and when to use a developmental pediatrician). Additionally, the parents truly enjoyed the books.</p> <p>c) What were the barriers to delivering the program/service delivery as intended? The only small issue we faced was scheduling check in meetings more frequently due to limitations in Nurse Practitioner schedules. Although we did not meet the estimated number for children needing additional screening - 4 as opposed to 10 – this is an indicator that the children were actually faring better than expected.</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								
Recommendations	<p>PROGRAM CONTINUATION & IMPROVEMENTS</p> <p>The program will not continue formally. The books will continue to be distributed to encourage early literacy and attachment. The Early Years Team will meet with the Nursing Team to do some follow up with on the implementation of the three year old check-ups.</p> <p>LESSONS LEARNED / AREAS OF EXCELLENCE</p> <p>Integrated care between the Health Centre and Early Years team continues to be successful and produce strong outcomes for clients. This model can be relied on for future programming success.</p> <p>One of the most positive discoveries was that we realized some of the children at age 3 were missing opportunities for developmental health check-ups (either parents were overlooking them, or just felt they were not needed). Children are seen at age 2, then age 4 for immunizations, despite major developmental concerns often being</p>											

prominent at age 3. This is an important factor in helping children achieve developmental milestones for school readiness – having a two year gap in developmental screening can impact healthy development/early intervention. As a result, the providers decided to do an audit of children at the age of 3 and contact families with reminders to come in for a check-up. The purpose was to try and catch any more issues before children start school, in case children need any early intervention services.

Wize-Up!	
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 in one form or another since the early 1990's. Initially programming was provided with funding and program space in Carleton Village Public School through the TDSB with DPNCHC providing leadership in program development, coordination and staff supervision. In the late 1990's the TDSB restructured their programming and took over the running of After-school programming on-site. DPNCHC began offering after-school programming at Pope Paul and St Luigi Catholic Schools. After-school programs were consolidated at 1900 Davenport in the early 2000. In 2003 DPNCHC received funding through RBC After-School Program Grants and developed a more formal and structured tutoring program which has been running since. EQAO scores of neighbourhood schools have remained low, as have the figures for overall academic achievement in this area of our catchment. Accordingly, our partner school Carleton Village has affirmed the need for such supports for their students.
DPNCHC Strategic 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 academics 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 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	<p>1 full-time program worker (DPNCHC staff - leads development, implementation and evaluation of program)</p> <p>Partner school in-kind support (administration staff provides program outreach, student selection, liaising with parents, and the provision of curricular information and resources; school loans curriculum resources like books)</p> <p>Post-secondary institutional partners (provide 7 practicum students who assist lead staff with program implementation and evaluation.</p> <p>Program space (at DPNCHC)</p>

Partners	<p>Child Development Institute: provides training to program delivery team on curriculum development and participant management related to diverse learning needs and behavioural challenges</p> <p>Frontier College: provides tutor training in curriculum and activity development</p> <p>Carleton Village Health and Wellness Academy: provides referrals, support liaising with parents, access to curricular materials and report cards.</p>	
Staffing	<p>Program Worker: 1 x 7 hours per week x 24 weeks = 168 hours</p> <p>Post-secondary volunteer Tutors: 7 x 7 x 22 weeks = 1078 hours</p> <p>Secondary student volunteers: 2 x 2 x 15 weeks = 60 hours</p>	
OUTCOMES		
Evaluation Period	April – July 2018	
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 children 20 weekly sessions	8 children 20 weekly sessions
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. 	<ul style="list-style-type: none"> • 50% of participants will increase grade level in subject area of focus; • 65% of participants report increased academic confidence; • 75% of parents report more positive attitudes among children to academic area of focus.
STAKEHOLDER PERSPECTIVE (OPTIONAL)		
Client Feedback	<p>Children expressed satisfaction with the program and the activities, though their favourite aspects ranged from “getting my homework done” to “computer time” to naming their friends.</p> <p>In answer to the question what did your child like the most, one parent responded, “She told me the food. LOL!”</p> <p>In terms of impact that parent wrote, “I’ve noticed that [my child] reads more now, but just at home not school. But I will work on that more.” Another parent wrote, “What my child liked most about the program was going.”</p>	
Partner Feedback	<p>School partner expressed satisfaction with the program and felt more communication with teachers would be ideal. Suggested some resources such as Jump Math and Net Numeracy. Felt it was important to continue to focus on the primary grades and literacy.</p>	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>Only 8 participants were enrolled although there was space for 10. Three older students came regularly to receive assistance with homework and to access a quiet space, computer and other resources to complete homework and projects, but were not a part of the formal program.</p> <p>Were there adequate allocation of resources to support the program or service?</p>	

Resources were adequate to support the program.

Thinking overall about the objectives and targets set for the program / service:

- a) Was 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

- b) What were the successful aspects of the program / service design?

Overall feedback from parents was positive. They observed more engagement of their children with reading and confidence in their skills.

There were a good number of student tutors and staff which allowed for one-on-one support to the participants. Tutors were able to work with the children on their academic challenges without them having to face any embarrassment of working through their challenges in front of their peers. Tutors generally worked with the same children over the program period, This allowed them to gain a good understanding of the challenges and strengths of the children and develop both rapport and trust.

A number of the children referred to the program were already involved in our after-school program which facilitated the relationship building process. We already knew what some of the strengths of the children were for us to build on and the challenges to look out for.

Participants were connected to our other children's programs through the tutoring program. As a result of their positive connection with the tutoring program team and experience at DPNCHC parents enrolled their children in the after-school program and the school break programs.

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

Some of the children not only had academic challenges but a few also presented behaviour challenges, including oppositional attitudes and difficulty settling and focussing. Others had a range of negative emotions related to their academic difficulties such as feelings of frustration, being overwhelmed, and negative self-images, shame which could sometimes lead to acting out.

The training received from CDI helped members of the program team manage the challenging behaviours utilizing the strategies taught.

Recommendations

PROGRAM CONTINUATION & IMPROVEMENT

The program will be offered in the 2018 – 2019 program year.

The role of our school partner is in many ways crucial to the success of the program. It can often be 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 the primary school contact, mode or frequency of communication to ensure a more effective working relationship and program.

The staff lead felt more structured training sessions focused on tutoring through an organization with experience and capacity would have been

beneficial for the program team in terms of developing more effective teaching and engagement strategies.

LESSONS LEARNED / AREAS OF EXCELLENCE

We learned that it was necessary to have sufficient program space to enable students to be separate enough from their peers so as not to be distracted.

One-on-one relationship building was key in providing the attention and guidance children needed in order to focus on the task at hand, and to establish confidence that the tutor cared about them and their individual success.

Regarding program content, active learning experiences – games, group tasks, challenges, etc. that built literacy and numeracy skills in a fun and engaging way – were more effective than worksheets.

If it worked optimally the role of the school could be a model of excellence: the identification of the focus population; connecting with teachers to identify individual students; connecting with parents to promote and encourage the involvement of their children; providing access to relevant curricular resources; providing access to report cards; and providing evaluation feedback.

Young Men's Project	
Program Area	Children & Youth Services
Program Lead	Courtney McFarlane, Manager of Children, Youth & Adult Services Tremar Brown & Tavis Bourne, Youth Peer Leaders
History	<p>DPNCHC has provided co-educational programming for youth since its inception. Over the years, a need for provide programming specific to the needs of young women has been recognized. In response, such programs have been offered consistently since the mid 1990's, including project such as Sistahs on the Move and, more recently, Girls Night Out.</p> <p>When male staff have been a part of the time, the department has offered young men's projects to keep program focus equitable. Boys Night Out was created in the late 2000's and run for a few years, pausing and resuming in 2012. In 2015 a cooking program for young men Guys Can Cook was created as well as Just Us Guys (a group for young men at Pelham Park Gardens Housing). These projects were created in response to an increasing need for a space for young men - particularly Black and racialized youth, to develop life skills, positive relationships and access resources and supports – that was identified by community partners, staff and the young men themselves, as well as in the Here4Youth report produced in 2015. The Young Men's Project is the latest iteration of male specific programming in this department.</p>
DPNCHC Strategic Objective	2.3: Create Youth Focused Counselling Programs
Purpose	To provide space young men in the community to socialize, develop life skills, positive relationships and access resources and supports 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 was seen as timely and necessary to address.
Primary Activities	<ul style="list-style-type: none"> • Weekly planning/training days for peer leaders; • Weekly youth-led psycho-educational workshops and discussion groups (on site); • Weekly gym sessions (at Carleton Village Health & Wellness Academy).
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 – 23 years of age, prioritizing the inclusion of Black and racialized youth.
Enrollment	Registration required - no program fee
Capacity	Target 32 participants in total –up to 15 on Wednesdays, up to 20 for the Friday night (gym session)
Program Duration	16 weeks
Partners	<ul style="list-style-type: none"> • 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
Staffing	Program Coordinator 1 x 3.5 hours/week x 24 weeks = 84; Peer Leaders 2 x 12 hours per week x 21 weeks = 504

	Student Volunteers: 2 x 3.5 x 10 weeks = 70 hours	
OUTCOMES		
Evaluation Period	June – October 2018	
Evaluation Method	Written outcome based evaluation questionnaires completed by Peer Leaders and Youth Participants	
	Target	Actual
Process	<p>Two sessions per week over 16 weeks</p> <p>10 workshops focusing on sexual health, mental health and related topics</p> <p>8 – 12 youth per workshop</p> <p>Two Peer Leaders trained to lead the development, implementation and evaluation processes (attending 3 sessions per week)</p>	<p>Two sessions per week over 16 weeks</p> <p>10 sessions focused on health related topics</p> <p>6 – 10 youth per session</p> <p>Two Peer Leaders were hired and trained Peer Leaders and attended 2 sessions per week</p>
Participant Outcomes	<p>100% of Peer Leaders will be able to identify skills developed and enhanced through project activities</p> <p>80% of Young Men’s Project participants will report increased knowledge of health issues, resources and supports</p>	<p>100% of Peer Leaders will be able to identify skills developed and enhanced through project activities</p> <p>71% of Young Men’s Project participants will report increased knowledge of health issues, resources and supports</p>
STAKEHOLDER PERSPECTIVE		
Staff Feedback	<p><i>"I felt that my skills did get enhanced. I've gotten better with time management, meeting deadlines and being somewhat more mature," – Peer leader.</i></p> <p><i>"I benefitted from this position from learning to book/run workshops, and involve and help youth within the community," – Peer leader.</i></p>	
REFLECTION		
Assessment	<p>Did the program/service operate at full capacity?</p> <p>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 workshop Wednesdays were slightly under those anticipated. Participant retention and engagement was strongest in the Friday night gym sessions.</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>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.</p> <p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p>	

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

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

The Peer Leaders felt that the Friday basketball open gym sessions were the most successful. The Friday sessions attracted a core group of participants who came out regularly and benefitted from the opportunity the program provided for them to come together to play completeive basketball.

Staff were satisfied in their roles structuring and delivering the sessions, organizing the distribution of snacks and the keeping of program stats. Though the aim was primarily recreational the Peer Leaders did report post-sessions hangouts outside the school socializing and discussing a range of topics long past program’s end.

The team work and leadership demonstrated by the Peer Leaders led to the success of this aspect of the project. Having worked together in the previous iteration of the project, the two Peer Leaders had grown in skills and felt more confident in taking on lead roles within the project. In the previous year, their roles were more supportive as there was a Program Worker, 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”

c) What are the that prevented delivering the program/service as intended?

The Wednesday night workshops were less successful in attracting ongoing participation. Though there was a core group of youth who came regularly it 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. Also for some of the youth making a commitment to two evenings per week was difficult. As a result the Peers were challenged to follow through with workshop planning and delivery due to the inconsistent and fluctuating attendance.

The Peers thought it would be helpful to provide incentives for the youth to come out to the Fridays and Wednesdays by tying regular attendance at the Wednesday sessions to participation in the group outings. This did increase the participation rates slightly.

Recommendations

PROGRAM CONTINUATION & IMPROVEMENT

The project will continue through funding secured, which will be used to hire a Program Worker to provide increased support to the team and an increase in the number of Peers, and to enhance the project with a new component and partner agency. Future successful delivery will require:

- More staff to support peer leaders;
- One additional Peer Leader (to ensure that there’s always at least one pair of facilitators);
- Adding a food and cooking component as a result of feedback from participants – enhanced snacks for alternate Wednesday workshops, and a cooking lesson component in partnership with the Stop;
- Better planning and implementation of the evaluation processes and tools.

LESSONS LEARNED / AREAS OF EXCELLENCE

- Better implementation of the evaluation process: evaluations happened very late in the project year and some participants had moved on and were hard to

connect with; Peers commented that “we had to try and round everyone up to get feedback”;

- Peer Leader evaluation was too long and “felt like a mini exam” - Peers weren’t motivated to complete the form and did not always provide full responses to the questions; a focus group or documented team evaluative discussion was suggested as an alternative;
- The model reminded Peers of their capabilities and capacities to collaborate and lead, where they “learned that we are capable and relied on each other”;
- Peers learned patience and the need for flexibility: “Things we plan don’t always happen when and how we planned them. We need to be flexible to make sure we always had a back-up plan. Plan for 10, hope for 7 and prepare to work with 4”;
- Schedules were important tools for the Peers to develop and follow (structuring the sessions and the program terms) - it guided their work and planning and also provided necessary information to the participants regarding programming;
- Workshops are challenging in terms of drawing out youth - topics need to be engaging, relevant with either a new focus on key component topics or new agencies or novel approaches to delivery to ensure engagement.
- 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.

LET'S TALK ENGLISH CONVERSATION CIRCLE		
Program Area	Settlement Services (sub-area of Adult Services)	
Program Lead(s)	Ingrid Moreno, Family Settlement Worker Wendy Lancashire, Director of Community Support Services	
History	Program was run as a pilot February to April 2018	
DPNCHC Strategic Objective	Operational Plan Item 1.1: Develop an approach to work with community leaders to identify key issues and goals for the community and/or to work on identified goals	
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 to potential clients • Develop curriculum with volunteer teacher • Run program 1x/week for 12 weeks • Complete project evaluation 	
Program / Service Objectives	<ul style="list-style-type: none"> • Increase in spoken English language skills • Reduce social isolation • Provide referrals to other programs/services as requested by participants 	
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	15 participants	
Program Duration	February - April 2018	
Resources	1 DPNCHC staff 1 volunteer instructor \$250 for snacks \$100 for materials (photocopies and some stationary) 1 program space for 12 individuals Outreach flyers	
Partners	N/A	
Staffing	1 staff person at 4 hours per week for 12 weeks (48 hours total) 1 volunteer at 2 hours per week for 12 weeks (24 hours total)	
OUTCOMES		
Evaluation Period	May 2018	
Evaluation Method	Staff Process Reflection Client survey	
	Target	Actual
Process	12 sessions 12 participants February 2018 to April 2018	12 sessions 15 participants February 2018- April 2018
Participant Outcomes	80% of clients report achieving their learning goals	100% of clients reported achieving their learning goals

STAKEHOLDER PERSPECTIVE											
Client Feedback	<p>"I am more comfortable to express ideas."</p> <p>"I am able to make sentences."</p> <p>"I feel better about asking for help with things like directions."</p> <p>"I would take this class again and tell family friends about it."</p>										
Partner Feedback	N/A										
Staff Feedback	<p>"I personally believe that there is a clear need in the community for something like that, where people whose first language is not English can communicate and learn without been judged, socialize, establish new connections, and just relax and have a good laugh after a long working day. I do hope that we will be able to continue with this project and make it more formal, with a professional teacher who gets adequate compensation, because it will be very beneficial for the community we serve."</p>										
REFLECTION											
Assessment	<p>Did the program/service operate at full capacity?</p> <p>15 participants registered, which exceeded the target of 12.</p> <p>Were there adequate allocation of resources to support the program or service?</p> <p>Staffing and volunteer support was adequate. As was the budget for materials.</p> <p>Thinking overall about the objectives and targets set for the program / service:</p> <p>a) Was the project / program / service delivered as it was planned and intended?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="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 green;">Completely</td> </tr> </table> <p>b) What were the successful aspects of the program / service design?</p> <p>Our observations during the classes, as well as clients' feedback, show that the project was highly successful. The participants were able to learn new vocabulary (colors, directions, verbs etc.) and to improve their speaking skills. Some participants noted that their level of confidence while speaking English also increased. Many of them indicated that they would be very happy to continue and expressed their gratitude to organizers.</p> <p>c) What were the barriers to delivering the program/service as intended?</p> <p>There were no barriers experienced.</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							
Recommendations	<p>PROGRAM CONTINUATION & IMPROVEMENT</p> <p>Yes, the program will be offered in early 2019. Dates are still to be determined. Ideally another volunteer can be found who has teaching experience. While the staff person will be able to do the instruction it would be beneficial for the participants if there was another person to support their learning. It would also be ideal to have an honorarium for a potential volunteer teacher.</p> <p>LESSONS LEARNED / AREAS OF EXCELLENCE</p> <p>Overall this pilot program went better than anticipated. One idea that will be tried for the next group is for the participants to have more input in to the topics</p>										

that will be covered during the twelve weeks. For the pilot, we relied on the expertise of the volunteer teacher for the curriculum.

This group required very little outreach. The Family Settlement worker let settlement program clients know about the program and that if they were interested to let her know.

Those who participated in the program appreciated that there was no cost associated with it and for some the social/sense of belonging aspect was even more important than the learning. The participants decided that for the last class they wanted to have a small pot luck party to celebrate their accomplishments and to thank the volunteer who taught them.

NAVIGATING IN THE DIGITAL AGE	
Program Area	Seniors' Services / "Skills Development" sub-area
Program Lead	Catherine Goetz, Manager of Senior's Services
History	The project was established as a new initiative in the 2017-18 fiscal year through a funding opportunity from the "New Horizons for Seniors Program" (NHSP) funding stream of Employment and Social Development Canada.
DPNCHC Objective	3.4 Enhance support and services for seniors experiencing depression or cognitive impairment.
Purpose	Support social participation and inclusion of seniors through programming related to how to use, and create with, various digital sources that many seniors find intimidating. DPNCHC's senior clients face barriers of poverty; low education & literacy levels; and are at risk for social isolation. Accordingly, the workshops use a community development approach that is inclusive, welcoming, and supportive of abilities and cultures. Workshops will be offered in four languages English, Spanish, Portuguese, Italian) and at no cost.
Primary Activities	<ul style="list-style-type: none"> • Create planning committee of staff and seniors to identify plan workshops and identify peer mentors; • Deliver range of workshops and field trips; • Develop and administer post-workshop evaluations; • Review evaluation results to the planning committee; • Write final report and send to NHSP.
Program / Service Objective	<ul style="list-style-type: none"> • Demystify digital tools/processes in order to improve participant ability to communicate with friends/family and improve their confidence in navigating tasks requiring digital skills; • Increase social & community capacity by increasing skills; • Encourage mentoring and friendships among participants through knowledge sharing to decrease social isolation.
Target Population	Older adults and seniors (55 years +) who speak English, Italian, Portuguese or Spanish, and who are sighted.
Enrollment	No registration required, no fees
Capacity	175 participants
Program Duration	August 2017 – March 2018
Resources	<p>NHSP Grant:</p> <p>Facilitator fees - \$3500 Honorariums, volunteer expenses - \$950 Outreach - \$150 Refreshments - \$200 Supplies (USB sticks, materials) - \$1550 Travel (fieldtrips) - \$1486</p> <p>In-Kind support:</p> <p>DPNCHC program space DPNCHC staff time Refreshments (donations from local businesses) Library program space Community group program space</p>

Partners	West Toronto Support Services for Seniors First Portuguese Canadian Cultural Centre Abrigo Toronto Public Library Gladstone Branch	
Staffing	Project Facilitator – 1 staff x 178 hours 7 Support Staff – approx. 178 hours total (interpreters, translators, IT Support, Project Management) Volunteers – 12 individuals, 196 hours total	
OUTCOMES		
Evaluation Period	December 2017 – February 2018	
Evaluation Method	<ul style="list-style-type: none"> Participant surveys in 4 languages Focus Group with Planning Committee Observation Project Facilitator’s observations and comments Program Workers’ observations and comments Attendance records 	
	Target	Actual
Process	<ul style="list-style-type: none"> 48 workshops over 12 weeks (12 per language group) 16 field trips (4 per language group) 175 participants Delivered August 2017 and March 2018 	<ul style="list-style-type: none"> 40 workshops over 12 weeks (12 per language group) 16 field trips (4 per language group) 151 participants Delivered August 2017 and March 2018
Participant Outcomes	<ul style="list-style-type: none"> 85% of participants will express that they will make behaviour changes to support their memory & brain health 95% of seniors will express having learned new things about using, and creating with, digital technology; 85% will express greater confidence in their newly acquired skills; 80% will express feeling a greater knowledge of free or affordable digital resources in the community; 75% will express a greater ability to connect with others because of what they have learned; 75% will say they have learned things they can pass on to others; and 65% will express that they now feel more confident in navigating Toronto’s transportation systems and therefore, their neighbourhood and city services and attractions. 	<ul style="list-style-type: none"> 100% of participants will express that they will make behaviour changes to support their memory & brain health; 98% of seniors will express having learned new things about using, and creating with, digital technology; 98% will express greater confidence in their newly acquired skills; 88% will express feeling a greater knowledge of free or affordable digital resources in the community; 96% will express a greater ability to connect with others because of what they have learned; 94% will say they have learned things they can pass on to others; and 93% will express that they now feel more confident in navigating Toronto’s transportation systems and therefore, their neighbourhood and city services and attractions.
STAKEHOLDER PERSPECTIVE		
Client Feedback	Participants felt most confident about learning the functions of the icons on their cellphones and tablets; how to guard their privacy on the internet; how to navigate the internet and send and receive email; using USB sticks; printing pictures from email	

and phone messages; what WiFi is and how to use it; learning about apps, search engines, YouTube, Facebook, FaceTime and Messenger; and learning to use Presto Cards and the UP Express. When asked in the post participation survey, "after learning hands-on how to use Toronto's navigation systems, will you use them to travel outside of your own area; or to city services or attractions?" 93 % said they would.

REFLECTION

Assessment Did the program/service operate at full capacity?

No – there was space for 175, and only 151 participated. However, given a number of technological problems that occurred, the smaller group likely functioned better than a larger group would have. This was caused by timing and schedule conflicts with a partner agency; and due to many Portuguese and Spanish seniors vacationing overseas during the program period.

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

Resources were adequate.

Thinking overall about the objectives and targets set for the program / service:

a) Was the project 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

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

The orientation to Presto transit passes was very successful. Two Metrolinx staff oriented participants to the UP Express and the coming of Presto with maps and visual guides to help with comprehension in different language groups. A subsequent field trip to two transit stations were conducted to experience using terminals to make transit pass purchases and riding the UP Express route learn navigation. Following up the information session with practice was well received.

c) What were the barriers delivering the program/service as intended?

The number of workshops delivered had to be reduced due to internet failure and WiFi failure. These deficiencies were resolved through repairing and improving infrastructure in the building. These disruptions had a negative effect on participants and staff, who felt frustrated by the interruptions and slowness of hands-on computer work requiring the internet.

At least half of the Portuguese-speaking seniors found the classes difficult because they do not have computers, laptops, tablets, and digital cameras at home. These participants found it too difficult to keep up with the other more tech-savvy seniors in their group. They felt they would be better taking more basic computer lessons and more one-on-one teaching.

Some issues arose with partner coordination. Library management changed during the project planning period and the library branch had to be switched last minute because the right equipment wasn't available. This timing prevented the workshop from being advertised outside of the existing participant group. Two other partner agencies did not follow through on program space commitments and one was unable to recruit their own participants.

Recommendations

PROGRAM CONTINUATION & IMPROVEMENT

The program will not continue as it is funding-dependant. The department is currently seeking computer instructors as volunteers to work with clients interested in developing their computer skills, but it will not have the same comprehensive program elements. If the program were funded again, staff would coordinate smaller class sizes so that there is more one-on-one time with the instructor. It would also be necessary to set up a longer planning time with external partners, such as the Gladstone Public Library which has a computer lab and instructors, to better coordinate delivery and outreach.

LESSONS LEARNED / AREAS OF EXCELLENCE

- Keep technological skills development programming smaller in size with an 8 to 10-person group;
- Seniors prefer learning by doing when it comes to technology;
- Available, on-call IT support is necessary for running a computer program.

SENIORS' CHOIR		
Program Area	Seniors' Services / "Skills Development" sub-area	
Program Lead	Catherine Goetz, Manager of Senior's Services	
History	Choirs have been offered twice before when funding is available.	
DPNCHC Objectives	3.4 Enhance support and services for seniors experiencing depression or cognitive impairment.	
Purpose	Statistics from the Canadian Mental Health Association indicate up to 18% of Canadians experience mild to serious Seasonal Affective Disorder in winter. The program aimed to mitigate this issue by providing clients with access to music focused program to improve mood.	
Primary Activities	<ul style="list-style-type: none"> • Participant outreach; • Deliver 12 weeks of instruction & practice in choral singing; • 2 public performances; • Conduct pre and post surveys with participants ("Happiness" scores between using the Panas Scale); • Report outcomes & collect feedback from participants. 	
Program / Service Objective	Enhance support and services for older adults and seniors who may be experiencing depression, particularly in the winter months. Improve well-being and mood during the winter season Increase social connection	
Target Population	Older adults & seniors (55 years +); able to understand English.	
Enrollment	No registration or fees	
Capacity	20 participants	
Program Duration	January - June 2018	
Resources	Choir Director fees: \$1,000 Materials for songbooks: \$290 Photocopying: \$150 Weekly program space (DPNCHC in-kind) DPNCHC staff time (in-kind)	
Staffing	<ul style="list-style-type: none"> • 1 Program Managers (Senior Services) • 1 Program Workers (Senior Services) • 1 Choir Director (paid professional fees) 	
EVALUATION		
Evaluation Period	January 2018 – May 2018	
Evaluation Method	<ul style="list-style-type: none"> • Pre-participation and post-participation surveys • Observation 	
Process	Target	Actual
	<ul style="list-style-type: none"> • 15 participants taught • 12 weeks of instruction • 15 choir songbooks produced • 2 public performances to be held 	<ul style="list-style-type: none"> • 15 participants taught • 16 weeks of instruction • 15 choir songbooks produced • 2 public performances held
Participant Outcomes	<ul style="list-style-type: none"> • 15% of the participants will show increased "Happiness" scores on the Panas Scale after completing the program 	<ul style="list-style-type: none"> • 82% of sample members showed increased "happiness" on the Panas scale

	<ul style="list-style-type: none"> Negative feelings scores declined by 4%
STAKEHOLDER PERSPECTIVE	
Client Feedback	<ul style="list-style-type: none"> Participants enjoyed the program and requested priority be placing on funding an extension; Participants did not like having to fill out pre and post surveys.
Staff Feedback	This is a successful and very enjoyable programme for the participants. Fundraising efforts should be carried out to continue on in the fall and winter of 2018.
REFLECTION	
Assessment	<p>Did the program/service operate at full capacity?</p> <p>Full capacity was not reached, although target enrollment was. Since this a short-term project, no outreach outside was done beyond the pool of existing senior's services users.</p> <p>Were there adequate allocation of resources (i.e. staff, budget, materials, time) to support the program or service?</p> <p>Funding resources were not adequate for hiring. Originally the choir director's hourly rate was to be subsidized through an in-kind contribution from a partner agency. When funding was received this individual wasn't available for the project, so a substitute was hired at a full rate, forcing the program duration to be shorter.</p> <p>Thinking overall about the objectives and targets set for the project:</p> <p>a) Was the project delivered as it was planned and intended?</p> <p style="text-align: center;"> 1 2 3 4 5 Not at all For the most part, no Somewhat For the most part, yes Completely </p> <p>b) What were the successful aspects of the program/service design?</p> <p>Having an experienced community choir director, and regular (weekly) rehearsals enabled successful delivery of the project.</p> <p>c) What were the barriers to delivering the problem/service as intended?</p> <p>See resource response above.</p>
Recommendations	<p>PROGRAM CONTINUATION & IMPROVEMENT</p> <p>The program will continue, as the participants indicated high satisfaction and also improved their "Happiness Scores". A DPNCHC staff member who oversaw the program was appointed continue leading the choir for 3 months after the Choir Director left, until June 2018. Further extension is dependent on funding. Planned changes include:</p> <ul style="list-style-type: none"> Budgeting the correct professional fees; Fundraising to retain the community choir director; External outreach to expand choir membership; Grant applications to secure stable funding for the Choir. Omit Panas Scale tool for measuring happiness due to difficulties completing it with participants;

- Lengthen the programme time to an hour and a half (funding and space contingent);
- Increase the number of English-speaking participants via community outreach.

LESSONS LEARNED / AREAS OF EXCELLENCE

Additional funding was applied for to expand the Seniors Choir into 2019. Funds were obtained from the provincial government – federal funding is pending. Fundraisers were successfully held through the spring and summer of 2018 to further support the Choir and outreach was initiated to recruit new participants.

Overall Assessment

In 2018, 83 programs, services and/or initiatives were active at DPNCHC. Ten programs were evaluated. Every department or program area was evaluated except for Volunteer Services.

TABLE 3: 2018 EVALUATION SUMMARY

Program Area	Programs, Service or Initiative Evaluated	Client Outcome Targets	Process Targets	Capacity Met?	Resources Adequate?	Delivered as Intended?	Program Continuing?
Health Services	Community Kitchen Health Cooking Workshops & Food Demonstrations	Exceeded	Exceeded	Yes	Partially	Completely	Yes
Community Development & Health Promotion	Diabetes Prevention Program	Partially Met	Met	Yes	Yes	Completely	TBD
	Peer Led AA Meetings	N/A	Not Met	No	Yes	Somewhat	Yes
Early Years Programs	Building Blocks	Exceeded	Met	Yes	Yes	Completely	Yes
	Early Milestones Project	Exceeded	Exceeded	N/A	Yes	For the most part, yes	No
Youth Services	Wize-Up!	Partially Met	Partially Met	No	Yes	For the most part, yes	Yes
	Young Men's Project	Partially Met	Met	Yes	Partially	For the most part, yes	Yes
Adult Services	Let's Talk English Conversation Circle	Exceeded	Met	Yes	Yes	Completely	Yes
Senior Services	Navigating in the Digital Age	Exceeded	Partially Met	No	Yes	For the most part, yes	No
	Senior's Choir	Exceeded	Partially Met	No	No	For the most part, yes	TBD

Impact

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

- 6/9 programs that set client outcome targets exceeded them, with the remaining 3/9 partially meeting their targets, creating strong outcomes in working towards DPNCHC's Strategic Objectives;
- Additional client feedback, where provided, indicated satisfaction with programs, and in one case, clients advocating for fundraising to extend the program;
- Client Satisfaction Surveys in 2018 (details can be found in the Client Satisfaction Report) indicated very high levels of client satisfaction across all domains of service, for all groups sampled – corroborating the high levels of satisfaction identified in the program evaluations.

- Many of the programs and services evaluated this year implemented some form of peer-based learning or leadership models. This method has been used in many DPNCHC programs in the past, and continues to prove an impactful practice for our context;
- Several of the programs used hands-on, tactile, and highly engaged forms of teaching and practice in skills/capacity building projects that was very well received by clients: field trips, demonstrations, interactive teaching.

Resources

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

- 9/10 programs reported having adequate resources to support their programs, and had limited suggestions for additional resources needed to enhance the programs;
- 4/10 programs did not reach their potential enrollment capacity, potentially indicating an under-use of staff time during program delivery. One program identified that the smaller group size was likely more appropriate than what was originally planned;
- 5/10 evaluations indicated a need or desire for more staff and volunteer support – in some cases a need for additional staff, in others, more staff time was required to complete planned activities than budgeted for.

Planning

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

- 9/10 evaluations indicated the project was delivered mostly or completely as intended, with only 1 evaluation rating its delivery as somewhat successful – consequently, most barriers faced in program delivery can be considered not highly impactful on outcomes;
- 5/10 of the evaluations identified issues with scheduling and coordination: when making arrangements with partner agencies to use space and communicate over program direction; scheduling volunteers and internal collaborators to support programs; and, scheduling and timing use of program space within DPNCHC effectively (scheduling conflicts sometimes forced programs to be delivered at non-optimal times);
- 5/10 evaluations identified a need for more staff or volunteer support in order for the program to be delivered effectively;
- 6/10 programs evaluated will continued to be offered at DPNCHC.

Evaluation

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

- The standardized evaluation report form has created data that can be used to analyze program effectiveness across multiple areas of interest, creating more opportunities to identify strengths and weaknesses in DPNCHC's programs;
- Staff reported back that the report form was relatively easy to use, and not overly time consuming (approximately one hour of work per form in most cases).

Recommendations

Impact

1. Program managers should continue to prioritize peer-based learning and leadership models, as programs continue to have strong outcomes when these approaches are implemented;
2. Program managers should continue to prioritize hands-on, demonstration based, highly instructive teaching models in skills and capacity building programs – almost all programs that used these models exceeded their client outcome targets;
3. Many evaluations did not provide client feedback directly from the program experience – the evaluation framework will be further updated in 2019 to include more tools for collecting feedback from clients and participants (see evaluation recommendations), so more detail around client impact can be incorporated in evaluation reports;

Resources & Planning

Two main areas for improvement were identified in regards to program planning, based on barriers identified in evaluations: scheduling and coordination, and appropriate staffing. It is recommended that:

1. Program leads should schedule more staff time for scheduling and coordination activities in their program plans, and create pre-emptive alternatives in case planned partnerships and collaborations turn out to be unfeasible;
2. Program leads should prioritize staffing levels in program planning, and consider reducing program capacity or program duration if staff levels cannot be increased to the level required for adequate program delivery. In many cases, staffing issues arose as a by-product of scheduling conflicts (program space available at non-optimal times, project delivery delays impacting hiring or partnering opportunities).

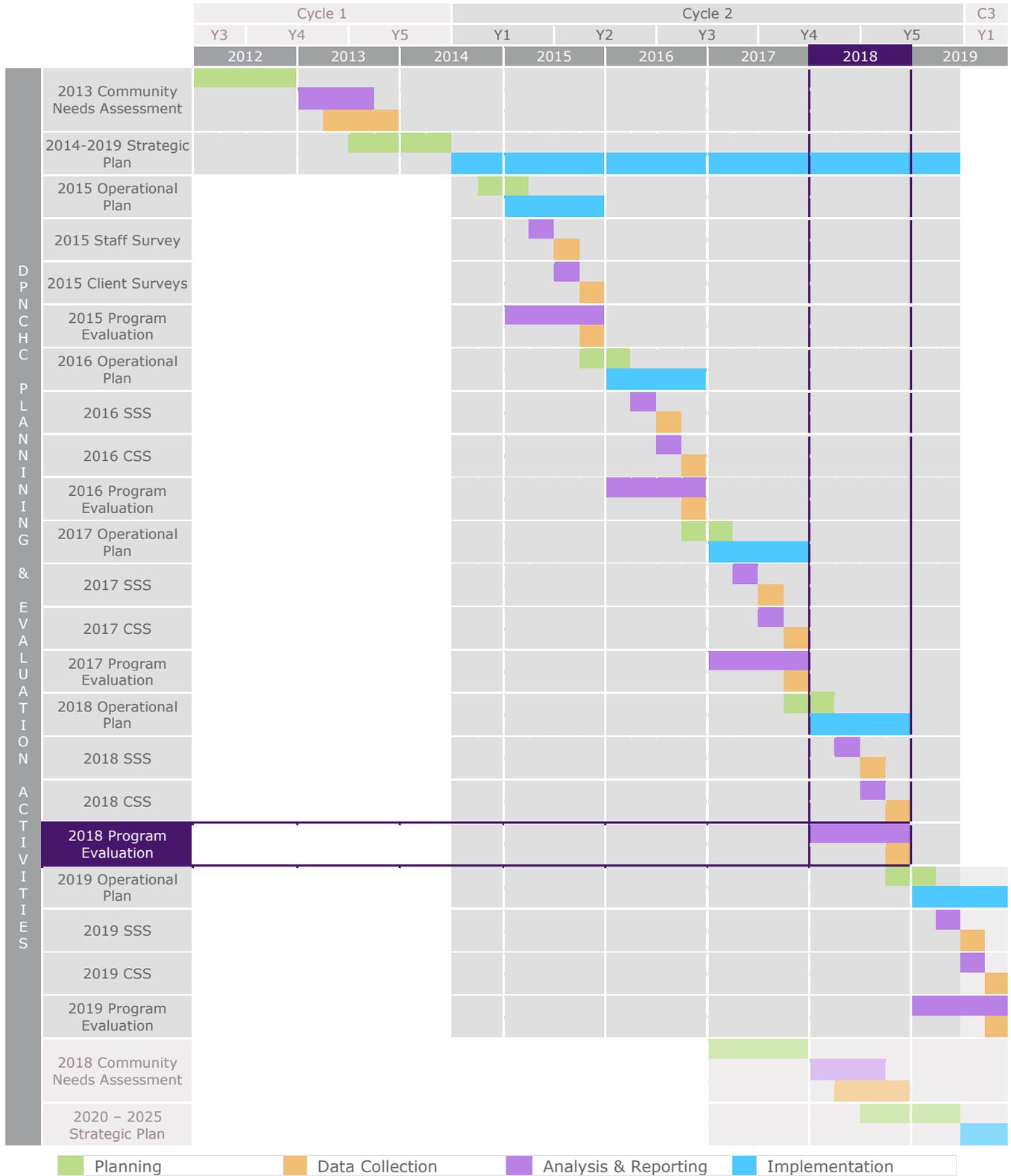
Evaluation

The majority of recommendations made in the 2018 Program Evaluation addressed evaluation methodology itself. Throughout 2018, this framework was revised and workshopped with middle and senior management. The revised framework was mapped over a tentative 3-year roll out, with the first steps beginning in 2019. These include:

1. Deploying DPNCHC's standard Client Satisfaction Survey throughout the year during programs identified for evaluation, which must include harmonizing the CSS with program specific or funder required client evaluations;
2. The current framework primarily focuses on program alignment with Strategic Objectives. The framework will be updated in 2019 to create a metric for level of fit with the organizations mission, visions and values after they have been updated in during the ongoing Strategic Planning process (scheduled to be completed mid-year). This metric will likely include an exercise involving the review of Program Area logic models and purpose statements for programs.

3. The 2019 Evaluation should include review of at least one program or service from both the Neighbourhood Centre and the Health Centre that is not a part of the Operational Plan. The revised Evaluation Framework has tentatively set a standard of reviewing core programs and services once every 3 years. A review schedule following this time frame will be set in 2019.
4. One of the programs evaluated this year (Healthy Cooking Workshops & Food Demonstrations) worked on an improvement project in 2018 with the Manager of HPPQI to improve the client post-participation surveys for the workshops delivered. These surveys differ from Client Satisfaction Surveys and focus on impact and program improvement. The Program Lead found the revised surveys to be highly effective in collecting client feedback that could be used for program planning purposes. Given this success, it is recommended that the Centre Directors work with the Manager of HPPQI to identify two new programs to review and improve their client impact surveys.

Appendix A: DPNCHC 5-Year Planning Model



Appendix B: DPNCHC 2014-2019 Strategic Objectives

TABLE 1: DPNCHC 2014-2018 STRATEGIC OBJECTIVES

Primary Strategic Objective	Supporting Objectives	Year Completed				
		'14	'15	'16	'17	'18
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
	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
	1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models	X			X	X
2.0 Youth: We will improve the health and well-being of youth in our community, especially those who experience barriers	2.1 Develop an outreach strategy to connect with high needs youth (aged 18-24) to determine their needs.		X	X		
	2.2 Create a youth focused sexual health program that provides health care and health promotion.		X		X	X
	2.3 Create youth focused counseling programs.		X		X	X
3.0 Seniors: We will improve the health and well-being of seniors in our community, especially those who experience barriers	3.1 Enhance seniors' fitness to include new activities and greater assistance to the frail elderly.	X				
	3.2 Develop and improve services to support seniors with chronic health issues in accessing a broader range of support services and programs.	X				
	3.3 Develop new partnerships to enhance seniors' advocacy endeavors, for new programs, and better access.		X			
	3.4 Enhance support and services for seniors experiencing depression or cognitive impairment.		X		X	X
4.0 Mental Health: We will focus on early intervention and support for people	4.1 Identify mental health issues early to reduce long term impacts in young children.	X				X
	4.2 Partner with organizations that help improve mental health conditions.		X	X		
	4.3 Create a mental health framework.	-	-	-	-	-

experiencing mental health challenges						
5.0 Health & Academic Outcomes: We will improve the health and academic outcomes for children, youth and families	5.1	Improve capacity to serve children with special needs.	X		X	X
	5.2	Increase academic outcomes.		X	X	X
6.0 Organizational Capacity: We will build organizational capacity to respond to changing stakeholder priorities	6.1	Increase access to healthcare services for clients.		X	X	X
	6.2	Develop a quality improvement plan that focuses on improved service navigation and access for high needs clients.		X	X	
	6.3	Develop a new model of collaborative and individualized care for clients and families focused on their personal goals, values and choices; this care is organized around the individual/family's best interests by a cross section of agency staff.		X	X	
	6.4	Develop a plan to move the organization towards cultural competency.		X	X	X
	6.5	Improve data collection, analysis and use to support evidence based practice and responsive programming.		X	X	X
	6.6	Enhance profile, visibility and presence in the catchment area.		X	X	X
	6.7	Develop a plan to move the organization to increased funding stability.		X	X	

Appendix C: DPNCHC Program Evaluation History

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

Program Area	Year Completed									
Health	'10	'11	'12	'13	'14	'15	'16	'17	'18	
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 (Transitional Aged) Group		X		X			X			
Living Better with Pain							X			
Trans Youth Health Care							X			
Portuguese/Spanish Caregiver Workshops								X		
Trans Youth Sexual Health Programming								X		
Community Kitchen Workshops & Healthy Cooking Demonstrations									X	
Youth	'10	'11	'12	'13	'14	'15	'16	'17	'18	
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 Programs							X	X	X	
Wize-Up Wednesdays								X	X	
Adults	'10	'11	'12	'13	'14	'15	'16	'17	'18	
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
Early Years & Children	'10	'11	'12	'13	'14	'15	'16	'17	'18
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
Early Milestones Project									X
Seniors	'10	'11	'12	'13	'14	'15	'16	'17	'18
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

Community Development	'10	'11	'12	'13	'14	'15	'16	'17	'18
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
Volunteer	'10	'11	'12	'13	'14	'15	'16	'17	'18
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 HPPQI (project lead) undertook a week-long course on Evaluation Fundamentals provided by the Canadian Evaluation Society to workshop and reframe DPNCHC's new Evaluation Schedule (Table 1) and Framework (Table 2) based on this feedback. This Framework will continue to be revised through 2019 as DPNCHC completes its new Theory of Change Framework (estimated for March 2019) and next Strategic Plan (to begin implementation in 2020). The 2018 Program Evaluation represents an initial step towards implementing the revised framework, with the introduction of standardized report forms.

Table 1: Annual DPNCHC Program Evaluation Work Schedule (16 months)

	Activity	Program Managers	Evaluation Leads	Directors	Manager of HPPQI
S E P T	Review / Revise Program Area / Department Logic Models	X		X	
	Update program listings for each Program Area / Department	X		X	
N O V - D E C	Designate programs to be evaluated and identify evaluation lead for each program, submit list to Manager of HPPQI	X		X	
	Establish timeline / tools for each evaluation		X		X
	Complete Evaluation Matrix		X		
J A N - D E C	Initiate and carry out evaluation activities		X		
	Monitor evaluation progress during monthly Micro Meeting and Program Managers Meeting	X		X	X
	Submit / collect Evaluation Report Forms as completed		X		X
J A N	Complete all remaining evaluation activities		X		
	Submit all remaining Evaluation Report Forms to Manager of HPPQI		X		
	Draft report				X
	Review draft report	X		X	X
F E B	Finalize report and submit to Board				X

Table 2: DPNCHC Evaluation Framework

	EVALUATION QUESTION	INDICATORS	DATA SOURCE	IMPLEMENTATION TIMELINE		
				'19	'20	'21
CLIENT OUTCOMES	Has client access to services improved?	# of new unique clients accessing services	EMR / Client Charts Program Records		x	
		# of all unique clients accessing services				
	Have clients received the program/service in a respectful and equitable manner?	Rate of positive approval of communication, experience, and organizational practices	Client Satisfaction Survey	x		
	Has client knowledge of services / resources improved?	# of client referrals given to additional resources / services	EMR / Client Charts Program Records		x	
		# of client referrals which resulted in uptake of additional services / resources	EMR / Client Charts Program Records		x	
		# of clients self-reporting improved knowledge of services / resources	Client Satisfaction Survey	x		
	Have clients achieved one of the five key outcomes: <ul style="list-style-type: none"> Increased capacity Increased sense of belonging Increased wellbeing Better health outcomes Increased resiliency 	# of unique clients with intended improved health or social outcomes as reported by program worker	Staff Program Reflection		x	
		# of unique clients with unintended improved health or social outcomes as reported by program worker	Staff Program Reflection		x	
		# of unique clients who self-report improved health or social outcomes	Client Satisfaction Survey	x		
	PROCESS / DELIVERY	Did the program/service meet service targets and/or client demand?	# of spots available in program	EMR, Client Lists, Attendance Lists		x
# of spots filled in program						
# of clients turned away / placed on wait-list for program			Program Records			x
Did the program/service meet its planned objectives?		# of outcomes/objectives achieved from program logic model	Program Logic Models		x	
		Level of staff satisfaction with program/service	Staff Program Reflection		x	
		Level of client satisfaction with program/service	Client Satisfaction Survey	x		
Was the program/service adequately resourced to support its objectives?		Level of satisfaction with program resources as reported by program staff/workers	Staff Program Reflection		x	

		Level of satisfaction with program resources as reported by clients	Client Satisfaction Survey	x		
What level of fit does the program/service have with our organization's mission?	# of strategic objectives or mission objectives addressed in the purpose of the program/service	Program Listings	Program Logic Models	x		
		Level of agreement as reported by program staff/workers	Staff Program Reflection		x	
	Level of agreement as reported by clients	Client Satisfaction Survey	x			