

2016 DPNCHC Program Evaluation Report

Report Prepared by: Ramona Kyabaggu, Manager Health Promotion, Planning and Quality Improvement
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Life happens here.



Contents

Executive Summary	4
Evaluation Period: January - October 2016	4
Programs Evaluated	4
Types of Evaluation Used by Programs	5
Evaluation Findings	6
Health	6
Harm Reduction and Peer Support	6
Surfing Tsunamis DBT (Transitional Aged) Group	7
Living Better with Pain	8
Trans Youth Healthcare	9
Community Development & Health Promotion	10
Community Ramp Project	10
Family Connections	11
Portuguese Mother’s Group	12
Early Years	14
Infant Massage	14
Parent Child Mother Goose American Sign Language (ASL) Program	15
Ages and Stages Questionnaire	17
Ready for School Connects (RfSC)	18
Children and Youth	21
Youth Outreach Strategy	21
Counselling Programs	22

Ten x 10	22
Adult	23
Volunteer Services	23
Settlement.....	24
Seniors	26
Pelham Seniors	26
Enhance Support and Services for Seniors (Brain Fit55+, Newcomer Blues, Grandparenting Program)	27
Upcoming Program Changes Resulting from Evaluation Findings	29
Trends Across Programs and Services	32
Recommendations for 2016	33

Executive Summary

In 2016, DPNCHC continued to focus on both agency programs and services. Each department worked hard to provide more equitable, comprehensive and increasingly integrated programming and services. As a result, we reached wider groups within and beyond the Davenport-Perth catchment, including commonly underserved populations with special needs such as trans youth, transitional aged youth with mental health needs, and families with children who are deaf.

Moreover, this year the Centre was successful in providing opportunities for community members to participate in program development and delivery. Members of the community became change agents through the Ramp civic action initiative and peer-led programming increased the capacity of individuals to provide support, lead and become resources within our community. Participation was also facilitated by DPNCHC through efforts to create safe and open spaces for dialogue, consultation and community planning via initiatives such as the Portuguese Mother's Group and the Brain Fit55+ Planning Committee.

Consistent with our commitment to excellence, we adapted several proven program models from partners and researchers, for example Working Women's Community Centre's On Your Mark model for the Ten x 10 program. We also implemented a number of pilot projects including two promising pilots delivered under the health portfolio - the Harm Reduction and Peer Support program and Living Better with Pain. Results from pilot testing will inform scale out of these initiatives to allow more clients to benefit from them in future.

Additionally, momentum in regards to our presence and recognition following our 30th anniversary was sustained with DPNCHC taking advantage of an opportunity to share our knowledge and experience in the area of immigration in person with Members of Parliament.

Evaluation Period: January - October 2016

Programs Evaluated

As a continuance of the Centre's plan to monitor program activities and outcomes as part of an iterative process of planning, this year's evaluation focuses on activities that met the evaluability criteria set out in DPNCHC's evaluation policy; accordingly, activities evaluated include all program related activities in the 2016 Operational Plan (Strategic Objectives 1 - 6), all new programs/initiatives including time limited pilot projects, funder-driven evaluation requirements and a selection of department programs.

Specifically, programs evaluated include:

- Health (4.2 Surfing Tsunamis Transitional Aged Youth Group (DBT Group), Living Better with Pain)
- Community Development & Health Promotion (1.1 Davenport Community Ramp Project, 1.3 Family Connections, 1.4 Adult Drop in (harm reduction and peer support, Portuguese Mother's Group (Active Citizenship and Community Engagement Pilot))
- Early Years (Infant Massage Program, Parent Child Mother Goose (ASL), Ages and Stages)
- Ready for School Connects
- Children and Youth (2.1 Youth Outreach Strategy, 2.3 Counseling Programs, 5.3 Ten x 10)
- Adult: Volunteer Program
- Settlement
- Seniors (3.3 Fitness Program for Older Adults at Pelham, 3.4a (2016) Brain Fit55+ for Seniors Experiencing Depression or Cognitive Impairment, 3.4b (2015) Newcomer Blues, 3.4b (2016) Grandparenting Program)

Types of Evaluation Used by Programs

Programs continue to use an outcome evaluation methodology (logic model, evaluation matrix and planning tools) to collect information. Outcomes were measured using client outcomes as well as the process evaluation tool that was piloted in 2014. Programs used a variety of evaluation tools such as; client surveys, focus groups, individual interviews, pre and post surveys, staff surveys and focus groups, chart audits, standardized tests, funder mandated surveys, literature review, observation, registration data and partner surveys.

Feedback from Community Partners

Some departments provided feedback from community partners:

Brain Fit55+:

- *"Amazing instructors!" - Sandra Cardillo – LAC for AL at 55 Rankin*
- *"Your fitness classes are making a difference in the seniors lives." - Eddy at Tamil Co-op*
- *"The seniors love the classes and are getting lots of benefits from it." - Cassie from New Horizons Tower*
- *"The seniors enjoy the exercises and the social interaction as well." - Celina at Bill McMurray*
- *"We want another class!" - The Vietnamese Women's Association of Toronto*

"How it stands now, the program and partnership is a tremendous support to our families" - Partner, RfSC, 2016

Evaluation Findings

Health

Throughout the year DPNCHC developed and delivered health programs that were responsive to community needs. The department addressed important needs for relevant and timely information and support through the peer support drop-in programs on harm reduction and took steps to provide comprehensive trans care to ensure all clients receive appropriate primary health care. Health services also effectively implemented two promising pilot projects that demonstrated positive impacts for individuals suffering from chronic pain and those who are coping with emotional deregulation.

Harm Reduction and Peer Support

Efforts to strengthen peer support and harm reduction services through an expanded drop-in program far exceed expectations. In only 6 months, program staff delivered nearly 6 times more workshops and reached nearly 8 eight times more participants than expected. Workshop topics included Hep C, STIs, AA, oral hygiene, harm reduction, heat alert, smoking cessation, hoarding, legal aid and food access. These workshops were held at three community drop-in locations and were developed and delivered by three staff with the support of partner agencies. Clients also engaged in identifying further topics and specific areas of interest. Evaluation results from 81 participants across six sessions indicated that close to 80% of participants increased their knowledge after participating in the program. These results demonstrate the ability of DPNCHC to be responsive to community needs for relevant and timely health content.

Health Promotion (Operational Plan Item 1.4)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>1.4 Strengthen peer support services and explore the expansion of harm reduction using peer support models</p> <p>Activity - Create a pilot for an expanded drop-in program with a focus on harm reduction and peer support</p>	<p>60% increase knowledge of harm reduction HIV/STIs, self-care and nutrition</p> <p>60% increased knowledge of resources and referrals</p>	<p>78% of workshop participants reported increasing knowledge of topics presented</p> <p>79% of workshops participants reported increased knowledge of resources and referral sources</p>	<p>Six workshops to be held with 12 participants per workshop for a total of 72 people</p>	<p>35 workshops were held from March – September 2016 which engaged 549 people, with an average of 15 people per session</p>

Surfing Tsunamis DBT (Transitional Aged) Group

As youth transition to adulthood they may experience barriers to accessing mental health services, including difficulties navigating care between disparate child and adult care systems that lack continuity. To fill gaps in service provision and appropriately address the complexity of mental health challenges of this cohort, DPNCHC designed and delivered a comprehensive Surfing Tsunamis Dialectical Behaviour Therapy (DBT) skills group tailored for youth aged 16 and 25.

The DBT program delivered at Four Villages CHC (Bloor site) received 13 registrants from a DPNCHC waitlist. The program sustained 54% retention (those who completed 90% of the program or more), with 4 participants completing all 21 weeks of the intensive program.

An evaluation was administered at the end of the program. All participants who completed the sessions reported a positive change in skills, knowledge and behaviour across the DBT module areas of Distress Tolerance, Emotional Regulation, Mindfulness, Interpersonal Effectiveness and Dialectics.

"I am more assertive and confident, less shy, better able to manage my reactions/thoughts [and] emotions when triggered and more effective at soothing myself and reducing the intensity and duration of intense emotions. Being dialectical in how I think, act and speak has permeated every aspect of my daily life." - DBT Skills Transitional Aged Youth Group Participant, 2016

Additionally, all program participants would recommend the program to a friend or relative:

"I think this group would help anyone going through emotional dysregulation. It doesn't only teach skills, it ultimately gives people hope. I have already recommended it to someone." – DBT Skills Transitional Aged Youth Group Participant, 2016

"I have benefited so much from my new perspective and what I have learned, and I often find myself introducing concepts I have learned here to my friends and relatives because they often seem like they would be relevant and helpful to what my friends are going through." - DBT Skills Transitional Aged Youth Group Participant, 2016

When asked about improvements that they would make to the program, the youth preferred small group sizes (n=2).

"Eventually the group dwindled down to a manageable size but at first it felt too big and the amount of people was overwhelming." - DBT Skills Transitional Aged Youth Group Participant, 2016

Mental Health (Operational Plan Item 4.2)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>4.2 Increase care coordination capacity for youth with mental health issues by creating partnerships with mental health case management organizations</p> <p>Activity – Offer a youth specific DBT program to expand DBT in the west end of Toronto for transitional aged youth.</p>	<p>80% of youth attending the program will report a better ability to manage difficult emotions.</p>	<p>100% of participants who completed the program indicated a change in DBT skills, knowledge or behaviour.</p>	<p>Expand DBT program to offer a group for transitional aged youth (16-25) provided over 20 sessions.</p>	<p>20 weekly sessions and one week of orientation.</p>

Living Better with Pain

“Living Better with Pain”, a pain education and self-management program for people with persistent and chronic pain, was delivered by the Physiotherapist this year. The group targeted clients living with chronic pain and followed best practice guidelines from a model developed at McMaster University. CHC physiotherapists were trained in the model in the winter of 2016 and agreed to pilot the model for our clients. Assessments were made at the beginning, the end and 3 months post group to assess patient outcomes in pain and functional activities and their overall satisfaction with the program with our results shared with McMaster University.

There was moderately positive feedback from patients at the end of program with an average satisfaction rating of 2.83 out of 5 (scale from 1= very dissatisfied to 5= very satisfied). Two psychometrically validated pre/post tests were administered to measure changes in pain and functionality. Using the Numeric Pain Rating Scale a decrease in perceived pain by 28% was found at the individual level. There was also an improvement in clients’ ability to carry out functional activities by 56% at the end of the program as per the Patient Specific Functional Scale.

Organizational Capacity (Operational Plan Item 6.1)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>6.1 Increase access to healthcare services for clients</p> <p>Activity – Physiotherapist to pilot one evidence-based chronic pain group.</p>	80% of participants report reduction in chronic pain and have better self management.	<p>At 3 month follow-up, 100% of clients who completed the first cohort of the program report a reduction in pain and better self management.</p> <p>3 month follow up results for the second cohort will be assessed in Nov.</p>	6-8 people to attend the group with 6 sessions of 1.5 hours each.	<p>9 clients enrolled. 7 clients completed the program across 2 cohorts of 6-week sessions with 1:1 individual weekly session simultaneously.</p>

Trans Youth Healthcare

Rainbow Health is a leader in training primary care providers in trans care. To strengthen the capacity of the CHC to provide equitable and comprehensive care to trans and gender-diverse youth in the Davenport-Perth community the centre pursued its plan to train essential clinical staff at EdgeWest through Rainbow Health. Unfortunately no training sessions were available in Toronto for most of this year but the Centre has been able to schedule the Nurse Practitioner into training in late November 2016. Additionally, to increase the availability to trans youth care across clinical services at DPNCHC, one medical doctor and one counsellor/therapist have been scheduled to attend training in January and October of 2017.

Youth (Operational Plan Item 2.2)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>2.2 Create a youth focus sexual health program that provides health care and health promotion.</p> <p>Activity – NP assigned to EdgeWest to be trained to work with trans youth healthcare/</p>	No Client Outcomes	N/A	Nurse practitioner to take all 5 courses offered by Rainbow Health.	<p>1 nurse practitioner scheduled to commence training in November 2016.</p> <p>Two additional clinical staff (MD, counsellor/therapist) scheduled to complete training in 2017</p>

Community Development & Health Promotion

In 2016, the Community Development and Health Promotion (CDHP) division focused on advancing initiatives at the individual, familial and community levels. All of the initiatives evaluated used partnership and collaboration to prevent duplication of efforts, reach wider audiences and more effectively deliver programs. Those who participated in programming were encouraged to reflect and act on the issues and influences that commonly affect them. This level of engagement in participatory processes strengthened our response and built capacity among DPNCHC clients to create positive change within their lives and communities.

Empowering Agents of Change

“The increased accessibility to our space was immediately noticed in The Stop Drop-in...One of our participants who makes use of a scooter to assist with her mobility needs, was the first to use the ramp... Many thanks for your hard work and support in helping to create a barrier-free community!” Sharon Francis, Drop-In Coordinator, The Stop Community Food Centre

Community Ramp Project

DPNCHC helped community members to implement the Davenport Community Ramp Project, an initiative that promoted community caring and positive messaging and mobilized local action on a priority issues identified by the community. Community members took action following a participatory consultation process that lead to the identification of single-step storefronts as barriers preventing many people from accessing businesses and a community survey that identified where in Davenport single-step storefronts were located.

Working with youth from the Davenport Perth Community Ministry, community members went door-to-door to over 50 local businesses eliciting participation in the ramp project and talking about improving accessibility in Davenport. Supported by funding from the Vital Innovation Award and a newly formed partnership with CanadaNosUne and StopGap Foundation, a total of 18 participating businesses received free ramps built and installed by over 40 volunteers, including local artists with a range of skills who came together to design and paint the ramps.

A celebratory event was held for the community marking the coming together and contributions of the community and local businesses to impact change in Davenport. In an effort to preserve the project as an example of community-led development and intersecortal action, DPNCHC documented the views and perceived outcomes of the initiative from multiple stakeholders in a video story.

Davenport Community Ramp Project				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
N/A	75% of participants report an increased sense of belonging to the community as a result of being part of the project.	95% of volunteer participants reported an increase sense of belonging to the community as a result of being part of the project.	5-8 businesses participate in the project. 15 Volunteers participate in the project.	18 businesses receive ramps for their storefronts. 40 volunteers participate in the project.

Family Connections

Family Connections™ is a free group program that focuses on the needs of family members and friends of those struggling with the mental health issue of emotional dysregulation. 68 family members and friends successfully completed the 12-week program led by trained peer facilitators in two spring and summer cohorts. All participants reporting increased skills to better manage family relationships and cope. Given the success of this DPNCHC program offered with Sashbear Foundation, 16 new family connections peer facilitators have been placed and a volunteer management system has been developed to aid with successful expansion of the family connections program.

Family Connections (Operational Plan Items 1.3)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
1.3 Develop a strong health promotion focus in work on chronic disease, mental health, additions and other conditions.	80% report increased skills to better manage family relationships.	100% report increased skills to better management family relationships (21% increase in perceived ability to cope after participants completed program).	20 family member participate in 1, 12-week session.	68 family members participate in 2, 12-week sessions.

Activity – Support the on-going development of the Family Connection Program (mental health supports for families).				
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An Open and Safe Space for Community Dialogue

“Having a politician come in to share her story made us feel like we matter and our voice is heard.”, Participant, Portuguese Mother’s Group, 2016

“Our discussion enabled us to analyze Canadian society vs. Brazilian/Portuguese view of the world, helps us better understand how Canada works so helps us better deal with life and stress.” Participant, Portuguese Mother’s Group, 2016

Portuguese Mother’s Group

To advance active citizenship and community engagement, the DPNCHC’s Community Development and Health Promotion team worked with the Portuguese Mother’s Group to pilot seven Active Citizen’ workshop sessions. The drop-in sessions, each facilitated by an English Speaking and Portuguese speaking staff support, engaged 20 Portuguese mothers on topics that allowed participants to promote and understand self-reflection, wellbeing and engagement through activity-based conversations in small group format.

On average each of the seven sessions reached 8-12 Portuguese-speaking mothers, the majority of which had permanent resident status but had not integrated fully into Canadian culture. The first three ‘Active Citizen’ workshop activities focused on exploring self-identity and increasing confidence and self-awareness:

Activity	Summary of Group Feedback
<p>‘Me and My Identity’, an activity where Portuguese Mother’s explored representations of their identify</p>	<p>An unfamiliar topic of discussion among Portuguese women, ‘Me and my Identity’ increased self-esteem and aided in the identification of positive individual qualities and shared values among participants. While most Portuguese mothers reported that they felt separate from Canadians, some felt the Portuguese community actively discourages integration into Canadian society. Overall, integrating and connecting to community was perceived to improve health and well-being.</p>
<p>‘Who me?’, Portuguese Mother’s identify how they see themselves and how they think others perceive them.</p>	<p>Most Portuguese women experienced traditional gender roles, which may have influenced low perceptions of the importance of ‘self’ and prioritizing the importance of men who worked outside of the household or dependents who required care. Both single mothers and married woman identified issues related to personal health, fatigue and balancing household and parenting responsibilities. Social isolation was identified within the family unit as well as in the wider Canadian context with lack of self-esteem and positive exposure to Canadian society identified as a factor for remaining solely within the Portuguese community. While participants may have identified challenges juggling responsibilities within the household, family remained an important part of their identity and emergent themes of self-care and self-improvement were viewed as complementary (not at the expense of) strengthening family.</p>
<p>‘Portuguese City Councillor Shares her Story’</p>	<p>Hearing about the Councillor’s own struggles from cleaner to councillor helped participants see the importance of seeking opportunities to participate in the community (e.g., decrease isolation and depression), giving and receiving positive support, and understanding the journey to integrating into a new country.</p>

The process and format was well received by participants who reported that they liked:

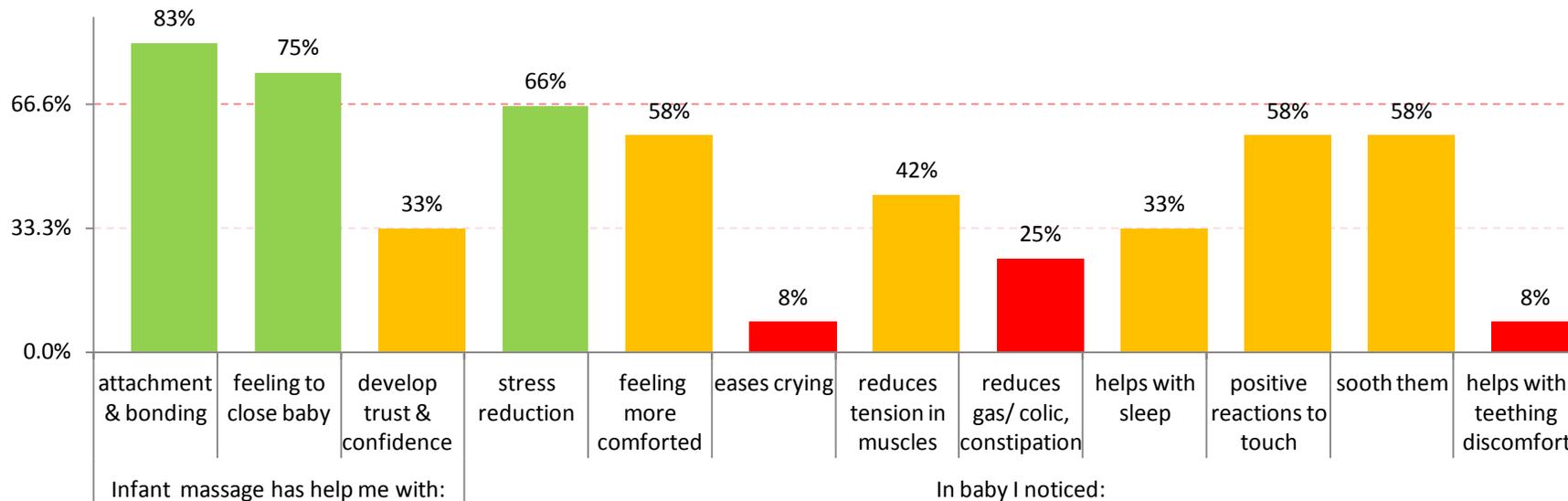
- the activity-based format to stimulate thinking and introduce topics
- the group conversational format
- having both Portuguese-language and CDHP program supports facilitating discussions
- integrated programming with the existing Portuguese Mother’s program
- availability of child minders to support their full engagement

Early Years

This year Early Years program advanced their role in identifying challenges to growth and development, intervened early when needed and built capacity for skills that support positive outcomes for children and members of their families. Through screening as well as evaluation of educational sessions a range of indicators related to child development, parental knowledge and self-efficacy, and the child-parent relationship were measured and found to exceed performance targets.

Infant Massage

One of the strengths of the Infant Massage program has been the range of benefits to both parent and child. We evaluated as many as 12 outcomes to parent and child and found that most parents experienced improvements in attachment, bonding and feeling close to their baby. The majority of parents also reported benefits to their baby, which included stress reduction and reduction in tension in muscles, feelings of being comforted and positive reaction to touch that included soothing to infants.



Infant Massage Program (Operational Plan Items 4.1)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>4.1 Identify mental health issues early to reduce long term impacts in young children</p> <p>Activity -Increase in infant attachment, relationship building/ skill development</p>	<p>80% of parents will report that the group improved bonding and attachment with their infants</p> <p>80% will report an increase in infant relaxation and or stress reduction (linked to health outcomes such as comfort, crying, circulation, motor awareness, digestion, growth, teething)</p>	<p>100% reported at least one benefit related to bonding and attachment for their parenting.</p> <p>100% reported at least one benefit related to increased relaxation or stress reduction for infants.</p>	<p>20 Adults</p> <p>20 Infants</p>	<p>17 parents 17 infants</p>

Parent Child Mother Goose American Sign Language (ASL) Program

Through planning and resource support from Silent Voice, the Parent Child Mother Goose Program ® and the Deaf Parenting Classes Committee for Toronto Region, DPNCHC’s own Parent Child Mother Goose program in the American Sign Language program was made available to Deaf Parents and parents with Deaf Children. The program was designed to strengthen language skills and increase knowledge and awareness of the culture, practices and abilities of Deaf persons among family members who can hear. DPNCHC provided families with transport tokens and staff made efforts to escort families from the subway to the Centre to enable participation among Deaf families that reached beyond the Davenport-Perth Catchment area, primarily in affordable housing jurisdictions in East Toronto. This not only mitigated transportation, distance and financial barriers commonly experienced by these families but served as an opportunity for the facilitator to create a sense of comfort and improve independence and navigation skills.

Positive outcomes were reported among parents who supplied feedback on the ways in which the program affected them:

- 100% learned rhymes they can use (“*I get to practice new ASL stories and interact with Deaf families.*” – Parent Child Mother Goose Program Participant)
- 66% supported bonding with child
- 66% got out of the house
- 66% made new friends (“*Found new people, my child enjoyed*” - Parent Child Mother Goose Program Participant)
- 16% learned new parenting tools

American Sign Language – Parent Child Mother Goose Program (Operational Plan Items 5.1)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>5.1 Improve capacity to service children with special needs.</p> <p>Activity - Strengthen parent/caregiver understanding of child development.</p>	<p>80% of parents will report that the group has helped to support their relationship with their child.</p> <p>80% will report that the group helped to improve communication with their child.</p> <p>80% of parents will report that the program helped connect them to other community resources and improved access to other supports.</p>	<p>100% of parents feel that the rhymes and songs supported the relationship with their child.</p> <p>100% reported that the group helped to improve communication with their child.</p> <p>83% of parents found new programs to attend or new information that they are using with their child.</p>	<p>8 Adults</p> <p>8 Children</p>	<p>6 Adults</p> <p>9 Children</p>

Ages and Stages Questionnaire

The Early Years department completed its first year using the Ages and Stages Questionnaire (ASQ) model of screening in March 2016. A total of 43 children participated in screening offered through school readiness programs and monthly ASQ clinics offered through DPNCHC’s Health Centre. Of the 43 children who were screened, 8 (19%) were below the cut-off score on some developmental domain(s) and needed immediate follow-up with a clinician and 9 (21%) were close to the cut off score on some developmental domain(s) and received continued support and additional screening to monitor outcomes.

The most common ASQ domains identified were self-help skills and interactions with others (i.e., Personal/Social) and language skills (i.e., ‘Communication’) for children who were ‘close to the cut off’ and ‘below the cut off’, respectively. The Health Centre identified more children that required immediate follow-up however screening results from the Ready to Learn and Let’s Learn programs each showed a wider range of areas requiring follow-up or monitoring. Parents of children who needed immediate follow up were referred to the appropriate early intervention services outside the organization, as well, these families continued to be monitored by both the early years and clinical teams.

In general, the ASQ screening offered through the early years department provides an opportunity to further reach children at risk for a range of developmental and socio-emotional delays.

Program	# Above Cut Off	# Close to Cut Off	# Below Cut off	Areas (close to cut-off) requiring Monitoring (Count)	Areas Below Cut off (Count)	External Referrals
Ready for School Connects	7	3	0	Personal/Social (2) Communication (1) Gross Motor (1)		
Health Centre	2	1	5	Personal-Social (1) Problem Solving (1)	Communication (5)	Toronto Preschool Speech and Language Services (5) Developmental Paediatrician (1)

Ready to Learn	10	3	1	Behaviour Concerns – shy, social, aggressive (3) Communication (1) Fine Motor (2) Gross Motor (1)	Fine Motor (1)	
Let's Learn	6	4	2	Fine Motor (3) Problem Solving (1) Personal/Social (5) Behaviour Concern – toilet training, separation, scared of noises (3)	Communication (1) Gross Motor (1) Fine Motor (1) Problem Solving (1)	Toronto Preschool Speech and Language Services (1) Family Doctor (1) Physiotherapy (1)

Ready for School Connects (RfSC)

RfSC is a two-week school readiness model for newcomer children and their parents that aims to improve the life chances of newcomer children in the GTA through a school readiness program, healthy child screening, comprehensive parent education and follow-up activities after the start of school.

This year, RfSC worked with 12 community partners across the city to plan, implement and evaluate the program in 8 Toronto schools, including five local community centres and six TDSB schools and locations. Agency partners played an important role promoting and recruiting for RfSC to parents at kindergarten registration, kindergarten meetings and program orientation sessions. Eight partners (66%) completed a questionnaire, each reporting that they had positive, consistent and ongoing communication with RfSC staff, school personnel and workshop facilitators. Partners also acknowledged process improvements related to the sharing of information on participants and advance coordination and communication between site supervisors and partners.

As many as 30 RfSC program workers, site supervisors, child minders and volunteers delivered the program of which 18 (60%) provided feedback through a focus group. Overall, RfSC staff members felt the training preparation was adequate in time and content offering only a few suggested improvements to curriculum and training, including:

- increasing opportunities for program workers to interact more with parents, particularly to provide progress updates;
- including speech and language workshops and financial literacy content for parents/caregivers,
- resources for training and supporting RfSC staff such as tips for providing positive feedback to parents, information about sex health education, and cultural competence training on cultural differences regarding kindergarten readiness expectations

A STEP TOWARD INDEPENDENCE

“The program helped my child to separate from me. She also learned routines like to hang her bag on the hook, and feed by herself. At the end of the program she was no longer shy. She started to talk with others, and she loves all the teachers in the session.” Parent, Rose Avenue Public School, 2016

The program met or exceeded all of its output targets reaching 189 parents/caregivers and 256 children and siblings across 8 schools. While the program met or exceeded only two of its six performance targets, pre/post increases in perceived knowledge and ability across all performance targets ranged from +15% to +32%.

Ready for School Connects				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
Outcomes for newcomer parents/caregivers:				
Increased parental knowledge of key predictors to academic success for their children	70% of parents report increased understanding of the importance of parental involvement/ways to get involved in children school. 70% of parents report increased knowledge of the kindergarten curriculum.	68% of parents report increased understanding of the importance of parental involvement/ways to get involved in children’s school (24% increase in perceived importance when compared to pre-survey) 72% of parents report increased	160 parents and caregivers 6 Schools	189 parents and caregivers 8 Schools 138 Workshops

		knowledge of the kindergarten curriculum (32% increase in perceived knowledge)		7 Language interpretations provided (Bengali, Arabic, Tamil, Urdu, Romanian, Korean, Mandarin)
Enhance parental awareness of available supports and resources related to the care and education of young children	70% of parents report enhanced knowledge of supports and available resources related to the care and education of young children.	70% of parents reported enhanced knowledge of support and available resources related to the care and education of young children (27% increased in perceived knowledge compared to pre-survey)		12, 2-week sessions
Outcomes for newcomer children:				
Enhanced key skills and competencies linked to positive school readiness behaviour	80% of parents report increased children's current ability to complete the task of following simple rules and directions. 70% of parents report increased children's current ability to complete task of seeking out and maintaining ongoing social interaction with at least one other child.	76% of parents reported that participation in RfSC increased their child's ability to follow simple rules and directions (15% increase in perceived ability compared to pre-survey) 60% of parents reported increased child's ability to seek out and maintain on-going social interaction with at least one other child (15% increase in perceived ability in pre-survey)	160 children 60 siblings	172 Children 84 Siblings
Increased comfort in new environments	70% of parents report increased children's current ability to complete task of separating from the parent without upset.	60% of parents reported increased child's current ability to separate from parent without getting upset (22% increase in perceived ability compared to pre-survey)		

Children and Youth

In 2016, programming that aimed to help children and youth succeed in educational and work settings was implemented. Additionally, a counselling program provided knowledge and skills to help children and youth develop inclusive perspectives and safe/positive practices to support their development as healthy, well-adjusted individuals and youth communities. Markedly, all programs were strengthened by community partnership and volunteers.

Youth Outreach Strategy

In 2016, a total of two outreach sessions were held providing 126 hours of Pre-Employment Training Workshops to 26 youth. Client outcomes were not fully achieved as the youth participants often face challenges in their personal lives that make it difficult for them to fully commit to the program and its requirement. Some participants quit and others stopped needing to re-start at another time once their lives are more settled.

Children and Youth (Operational Plan Item 2.1)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>2.1 Develop an outreach strategy to connect with high needs youth (aged 18 – 24) to determine their needs</p> <p>Offer an on-site employment training program for at-risk youth in partnership with St. Stephens ETC</p>	<p>No outcomes for DPNCHC for 3 month project by St. Stephen’s ETC</p> <p>75% of youth still working or in school</p>	<p>50% of youth are working or are in employment placements</p>	<p>10 – 12 youth participants in a 3 week, on-site program</p> <p>3 times per year: February, June and September</p>	<p>2 Sessions were held:</p> <p>February 16 – March 4, 2016 (13 youth participants)</p> <p>September 26 – October 7, 2016 – (13 youth participants)</p>

Counselling Programs

Following DPNCHC’s evidence-informed recommendations for Counseling Programs, youth workshops were implemented across program periods in 2016. Planning and delivery of the counselling program was very collaborative in nature. Outreach and needs assessment related to the topics were conducted by five program staff with the support of post-secondary student and peer leaders. A total of 54 individual youth were engaged in workshops facilitated by staff from partner agencies (Planned Parenthood of Toronto, Black Coalition for AIDS Prevention, YMCA Youth Substance Abuse Program, and St. Stephen’s Community House’s Sons and Daughters project) with topics including Mental Health and Substance Use, Healthy Sexuality, Homophobia, Substance Use 101, Masculinity, AIDs and stigma.

Counselling Programs (Operational Plan Item 2.3)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>2.3 Create youth focussed counselling programs</p> <p>Pilot psycho-educational workshops for youth 13 – 18 years of age</p>	<p>75% will identify skills developed or enhanced by project activities</p> <p>80% will report increased knowledge of resources and supports</p>	<p>84% of participant indicated that they developed or enhanced skills as a result of project activities</p> <p>83% of participants reported that they increased their knowledge of youth resources and supports</p>	<p>Implement workshops on substance abuse and sexual health for 2 groups of youth (12 – 16 youth participants) in 12 week sessions</p>	<p>Workshops on substance use and sexual health were delivered to 3 groups of youth over 15 weeks of sessions with approximately 13 youth per session</p>

Ten x 10

Program Workers and Program Assistants developed and implemented the TEN x 10 tutoring program, which was delivered by 5 post-secondary students and 1 secondary student tutors over 2, 10 week sessions to children in grades 1 – 3 identified by our community partner school. Some tutor training and resources were provided by Jump Math and Working Women’s Community Centre’s On Your Mark program, which served as the model for the initiative. Though the initiative did not reach all of its targets, this initiative was positively received by most participants who reported increased knowledge and self-efficacy with more than one third of parents reporting actual increases in grades. Some consideration may be given to the necessary length and intensity of the program required to achieve the relatively high targets.

Counselling Programs (Operational Plan Item 2.3)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>5.3 Increased academic outcomes</p> <p>Activity - Pilot new homework and tutoring program TEN x 10 utilizing volunteer tutors from high school, college and university</p>	<p>75% of participants will increase grades in the subject area of focus</p> <p>65% of participants will report increased academic confidence</p> <p>60% of parents will report more positive attitude towards academics and school</p>	<p>40% of parents reported increased grades in the subject area of focus</p> <p>90% of participants reported increased knowledge of subject area</p> <p>100% of participants described feeling more confident in academic area of focus</p> <p>40% said yes, child's attitude was more positive; 40% described the attitudinal change as somewhat more positive</p>	<p>Pilot with 20 children ages 6 – 12. Two sessions of 10 weeks each</p>	<p>18 children were registered over the two 10-week session periods.</p> <p>16 children attended consistently and completed the project (10 in session 1 and 6 in session two).</p>

Adult

Volunteer Services

In 2016, a total of 42 volunteers contributed 2615 hours of service. Volunteer hours remained consistent throughout the year:

- November 2015 – December 2015: 29 volunteers/476 volunteer hours (average 248 hours/month)
- January 2016 – March 2016: 25 volunteers/639 volunteer hours (average 213 hours /month)
- April 2016 – June 2016: 25 volunteers/662 volunteer hours (average 221 hours/month)
- July 2016 – October 2016: 42 volunteer/838 hours (average 209 hours/month)

Settlement

FACILITATING FAMILY REUNIFICATION

In 2015 DPNCHC reported on the case of a gentleman who came to the settlement program for assistance to have his family join him in Canada from Afghanistan. Through the support of the Legal Aid Ontario office at DPNCHC the settlement program successfully petitioned CIC to change the status of his case to high processing priority due to the severity of the threat to his family from the Taliban.

In 2016, our settlement counsellor continued to work extensively with this client and we are happy to report that his family arrived here in Canada in June 2016. While the family is back together again, the length of time that it took and what his family members faced getting to Canada means that the Settlement Workers will continue to provide on-going support and referrals to other services such as mental health support programs.

During 2016, Erika Garcia, our full-time settlement worker, was asked to present to the House of Commons Committee on Family Reunification. Erika was recommended as a speaker by the Davenport M.P. Julie Dzerowtiz. Her speech, which addressed what's working, challenges and recommendations for advancing the government's family reunification objective was well-received.

Through regular programming, members of the Settlement Team reported client successes with sponsorship applications. These successes, while not numerous due to a complicated application process and long processing time, produced high satisfaction for the staff as they witnessed the results of the work that is done with settlement clients.

Settlement staff were sad to lose the integrated services from the Legal Aid Ontario (LAO) staff at DPNCHC when the office closed. The quick access to immigration lawyers was invaluable to both the staff and the clients. While staff can still access legal information and make referrals to LAO, the loss of the on-site service, means that settlement clients had to wait longer to access an immigration lawyer, and some will not even follow through with the appointment.

Despite the impact of the loss of LOA, in this program cycle the Settlement Program exceeded performance targets and still reached its workshop/group participation target despite having fewer session offerings than originally projected. Likewise, the number of individual clients served was only marginally lower than projected despite less client visits overall.

Furthermore, a client survey that collected responses from 35 clients indicated high levels of satisfaction and perceived benefits of accessing Settlement services. On a 5-point Likert scale from ‘strongly disagree’ (1) to ‘strongly agree’ (5), and including N/A, the majority of participants ‘strongly agreed’ or ‘agreed’ to the following statements :

- 100% are satisfied with the overall quality of service delivery.
- 100% can make informed decisions about their life in Canada
- 100% would recommend DPNCHC’s Settlement Services to friends or family
- 93.5% are better able to deal with the emotional effects of migrating to Canada
- 87.1% are satisfied with the amount of time it took to receive service
- 86.7% received clear and accurate information
- 83.9% have more social and community connections
- 80.6% have more confidence in their ability to settle in Canada
- 67.7% know more about the resources available to newcomers
- 67.7% reported that the reason they came to Settlement Services was resolved

Settlement Program				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
Clients have increased knowledge of resources and supports available to them.	75% of clients report increased knowledge of resources and supports	84% report increased knowledge of resources and supports	431 Individuals	411
Clients experience increased social and community connections.	75% of clients report having more social and community connections	83% report having more social and community connections	900 units of service (client visits)	787
Clients feel better able to handle the emotional effects of migrating to Canada.	50% of clients report feeling better able to deal with the emotional effects of migration	93% report feeling better able to deal with the emotional effects of migration	20 workshops/group sessions delivered to clients	18
			280 workshop /group session participants	311

Seniors

All seniors programs effectively worked in collaboration with internal DPNCHC departments or community partners. Programming related to enhancing support and services for seniors experiencing depression or cognitive impairment were largely successful however new strategies will be needed to better reach Pelham seniors.

Pelham Seniors

Through this initiative to provide onsite fitness classes to Pelham Park Gardens residents, LOFT increased their fitness advocacy to Pelham clients. However with classes once weekly due to poor attendance and class times being changed three times to accommodate more participants, multiple strategies are likely necessary to try and get older Pelham residents to participate chair fitness classes.

Seniors (Operational Plan Item 3.3)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>3.3 Develop new partnerships to enhance seniors' advocacy endeavours for new programs and better access.</p> <p>Activity - Partner with LOFT Community Services and Toronto Community Housing to increase access and fitness programs for older adults, 50+ years at Pelham Park Gardens</p>	<p>75% of participants will report increased health and well-being because of the fitness program.</p>		<p>Offer fitness classes 1 – 2x weekly for 1 hour, approx..48 weeks yearly, to 10 high risk/needs, 50+ yrs adults and seniors, (with or without mental health issues), at 61 Pelham Park Gardens</p> <p>Fitness Instructor and Fitness Supervisor meet to develop outreach strategy and plan a Registration Day.</p>	<p>10 participants registered.</p> <p>LOFT staff met with Fitness staff in late January to strategize and plan Registration Day in February 2016.</p> <p>Physical fitness assessments: Two were found to be at the “Dependent” Level meaning they have a low level of function and their mobility</p>

			<p>Fitness Instructor to deliver approx. 48 – 96 classes in the apartment building.</p> <p>Fitness Instructor and Fitness Supervisor conducted initial physical fitness assessments of the group members.</p>	<p>is compromised. 8 remaining scored at a “Semi-Dependent Level” where one may use an aid, but is still able to enjoy a moderate level of function.</p>
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Enhance Support and Services for Seniors (Brain Fit55+, Newcomer Blues, Grandparenting Program)

Given some of the challenges experienced with the fitness classes, efforts were concentrated on services for seniors experiencing depression or cognitive impairment. Notably, participants on the Brain Fit55+ Planning Committee reported that they appreciated their role and felt proud to be invited to sit on the Committee. Both the Brain Fit55+ and Newcomer Blues in collaboration with Settlement staff received positive performance outcomes and met or exceeded programming and participation outputs while the “Grandparenting” program in partnership with Early Years (EY) is on its way to completion.

Brain Fit55+, which involved six partners delivered by nine staff, 15 volunteers and two students across two sites (Royal Conservatory of Music, local library), exceeded targets accepted by funders as well as the following outcomes:

- 98% learned new ways to enhance their memory and brain function;
- 97% of seniors expressed having learned new things about memory and the brain;
- 97% said they have learned things they will pass on to others

Seniors (Operational Plan Item 3.3)				
Outcomes	Performance Indicators (Target)	Performance Indicators (Actual)	Outputs (Targets)	Outputs (Actual)
<p>3.4 Enhance support & services for seniors experiencing depression or cognitive impairment.</p> <p>3.4 a. (2016) Enhance memory and brain function for older adults by offering the Brain Fit55+ program</p>	85% of seniors will express that they will make behaviour changes to support their memory and brain health	100% of surveyed participants said they would make behaviour changes to improve their memory and brain health	<p>Reach 175 seniors in 4 language groups</p> <p>Provide 27 Brain Fit55+ workshops beginning in Oct. 2015 & continuing through to the end of March 2016</p> <p>Facilitate 4 at the Dufferin/St.Clair Library, & 23 at 1900 Davenport</p>	<p>Reached 240 people in English, Italian, Portuguese and Spanish workshops</p> <p>50 workshops were provided between Oct. 2015 and March 2016</p> <p>6 workshops were facilitated at the Duffer-in/St.Clair Library, and</p> <p>-44 at 1900 Davenport</p>
<p>3.4 b (2015). Pilot a “Newcomer Blues” workshop for 25 older adults and seniors with the Settlement staff.</p>	<p>85% to report understanding or alleviating their stresses of the process of settlement in Canada</p> <p>75% will report increased knowledge of coping skills</p>	<p>95% of participants felt the seminar helped them to understand or alleviate their stresses around the process of settlement in Canada</p> <p>95% felt that they now have more coping skills because of the seminar</p>	<p>Seniors and Settlement staff create 1, three hour workshop for 25 Spanish-speaking, older adults and seniors during the last week of November 2015.</p>	<p>23 Spanish-speaking newcomers out of a target of 25, registered:</p> <p>20 participated: 15 were women; 5 men; 8 were 65 yrs or older; 12 were under 65.</p>
<p>3.4 b. (2016) Develop a “Grandparenting” program in partnership with Early Years</p>	60% of seniors will express increased confidence when	No data to report as only 1 out of 3 EY workshops has been presented and it has only been seen by 3 out of	EY staff to present 3 workshops; Youth staff to	EY presented “Child Safety & childproofing 101

<p>(EY) and Children and Youth staff</p>	<p>babysitting or child-minding.</p> <p>60% of seniors will express greater understanding of better ways to communicate with children and youth</p>	<p>4 seniors' groups.</p>	<p>present 3 in English on topics such as safety and child-proofing; behavioural & psychological development; importance of the grandparent bond & more.</p> <p>Seniors' staff will then present them in Portuguese, Italian and Spanish.</p> <p>Reach 100 seniors.</p>	<p>for Grands". Next 2 workshops are booked for Oct. 26 and Nov.30.</p> <p>Children & Youth workshops are being planned & will take place Jan.18, 25 & Feb.1, 2017</p> <p>As of Oct. 24, 2016, 81 people have seen one workshop.</p>
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Upcoming Program Changes Resulting from Evaluation Findings

All departments identified upcoming program changes based on the findings of their 2016 evaluation processes. While some adjustments were made during program delivery such as changing the times of classes for Pelham seniors' fitness classes, themes for improvements into 2017 fell into the following broader categories:

- Program improvements e.g. identification of session topics based on consultation, changes to outreach strategies
- Administrative changes e.g. improved evaluation processes
- Volunteer/staff resourcing and support e.g. enhanced staff training, additional volunteer recruitment

Health

Trans Youth Healthcare

- Trans care training through Rainbow Health will be extended to two additional clinical staff to ensure availability and consistency in quality of trans youth health care.

Surfing Tsunamis Transitional Aged Youth Group (DBT Skills Group)

- The DBT skill group will see modifications to the assessment process and criteria to better determine commitment and suitability.
- The complexity of mental health challenges of this cohort was significant and required advanced constant program modifications – these same modifications will be put in place in 2017 when the program will be delivered with a partner agency and a different DPNCHC Counsellor/Therapist.

Community Development and Health Promotion

Community Ramp Project

- The ramps are now delivered and the impact of ramps will be felt by those who use them. The project will continue to make people's lives easier and make more community businesses and services accessible to more people.
- A committed and expanding group of people have been brought together who will continue to expand community participation, community defined needs and continue to act on creating and translating 'Positive Messaging' in Toronto for overall well-being.

Portuguese Mother's Group

- Information collected during group sessions will be used to plan future workshops with the Portuguese Mothers Group and CDHP.

Early Years

Infant Massage

- We will continue with our work in strengthening Infant/Child Mental health. The group will be offered 4 to 6 times annually as part of our service plan. Infant massage is in high demand and has a constant wait list.

ASL

- We will continue to offer ASL Mother goose (based on demand), as well as participate in the City wide Deaf parenting classes committee to support Deaf/ Deaf Blind parenting services.

Ages and Stages Screening

- EY struck a partnership with the health clinic to offer families screening one day per month based on any of the providers' concerns and referral.

Ready for School Connects (RfSC)

- All partners are planning to continue into 2017.

- Secured temperate space was a major challenge for program partners this year. As such, we will work with the schools to secure the workshop space as soon as possible.
- We will continue our support to partner agencies and staff supporting resource pooling for program development, including facilitating 'think-tanks' to help address issues of securing spaces and health and environmental well-being conditions of children.
- We will work together with partners to ensure delivery of relevant program material and information to meet the multiple cultural needs of staff and parents.

Children and Youth

Youth Outreach Strategy

- Program staff of the on-site employment training program for at-risk youth will follow-up with youth who dropped out of the program and provide them with supports necessary to complete the program in 2017, if they so desire.

Counselling Programs

- Given programming with shared objectives across children and youth projects, staff collected evaluation questions for the overall program, which spanned three projects, and not necessarily the youth counselling initiative. Ensuring the standardization of evaluation questions and implementation processes across youth projects will be a priority in 2017.

Ten x 10 pilot

- In addition to recruiting more volunteer tutors, several changes are planned to scale the Ten x 10 pilot as preparation for its inclusion in core programming:
 - Ensure one-to-one student to tutors ratio
 - Increased tutor training
 - Double the length of the session to be more effective in achieving outcomes
 - Change name of program to address stigma of tutoring among parents and students
 - Increase variety in activities with an added focus on social skills to address in part managing behavioural challenges

Adult Services

- The DPNCHC will look to support department needs for more volunteers and enhanced volunteer training.

Settlement

- We will continue to focus workshop time on the most prominent issues that clients are requesting assistance.
- We will continue to look at wider advocacy campaigns for staff and/or clients to be involved.

Seniors

Fitness Program for Older Adults at Pelham

- The main barrier faced was the overwhelming needs and complex care problems of the older residents at Pelham (i.e., abject isolation, fear, depression and apathy) Moving forward program staff and partners will explore ways to break down barriers to participation and will continue the program in 2017 with enhanced recruitment strategies and new fitness instructor.

Trends Across Programs and Services

2016 trends demonstrated an embrace of the ‘the whole is greater than the sum of its parts’ notion. Both Neighbourhood-led and Health Centre-led initiatives involved colleagues and partners in program planning and delivery resulting in comprehensive programming that reached wider audiences.

Through leading from behind on some initiatives DPNCHC did its part to facilitate civic engagement and mobilize resources that already exist within the community. As such, community members and volunteers were empowered to become community change agents and use their lived experience to support fellow community members in their time of need.

An on-going commitment to quality improvement lead us to evaluate processes and outcomes of several pilot projects to better inform future program planning and scaling of initiatives.

Overall, the Centre continued to demonstrate our leadership, influence and excellence and honoured our responsibility to represent the priorities and needs our clients and the wider community.

Community mobilization and participatory programming was evidenced by:

- Community and peer programs i.e. Family Connections, Youth Focused Counselling Programs, Community Ramp Project
- Client and partner contributions to program planning i.e., Brain Fit55+ Planning Committee, Harm Reduction and Peer Support, Mother Goose ASL Program
- DPNCHC departments working collaboratively i.e., Grandparenting Program, ASQ Screening
- Working on shared objectives with community partners i.e., RfSC, Ten x 10
- A strong volunteer program and the volunteers' sense of belonging
- Many of our programs have exceeded their target outputs in terms of participation

Pursuit of excellence as evidenced by:

- Reliance on best practices and adapting proven models i.e., Living Better with Pain, ASQ, Mother Goose ASL Program
- Piloting projects and identifying adjustments before implementing them into routine programming i.e., Portuguese Mother's Group
- Most performance outcomes met or exceeding performance targets (20 performance outcomes exceeded performance target, 3 outcomes met within 2 units of target, 6 outcomes below target and 3 outcomes not reported)

Leadership and Influence was demonstrated through:

- The Toronto Foundation granted Vital Ideas and Innovation Awards
- An invitation from House of Commons to present in person on the issue of family reunification

Recommendations for 2016

Five ways to improve programs and services based on information in this report:

1. Although many DPNCHC programs and services employed strategies such as delivering programs and services at multiple sites to reach more participants, additional approaches should be considered to recruit and sustain high levels of participation.
 - a. Participants who self-select by signing up for upcoming sessions through waitlists may differ from participants who are referred for inclusion. As demonstrated by some programs, work with community partners to promote programs and services to those who may be hard to reach in the wider community.

- b. Where appropriate, explore modes for delivering sessions to more participants at once while maintaining levels of effectiveness and fidelity.
2. Continue to increase the rigour and consistency of evaluation.
 - a. As recommended in 2015, add question(s) related to partner feedback to the Process Evaluation Tool and/or use validated partnership evaluation tools.
 - b. Evaluate outcomes at baseline and follow-up with an outcome measurements after completion of the program or service, preferably immediately at the end and/or several weeks or months after completion of the program or service.
 - c. Increase participation in and representativeness of evaluations. Where representative samples are expected to be low use qualitative evaluation methods.
 - d. Avoid overreliance on self-reported subjective measures - use validated measurement instruments and evaluate objective outcomes where possible.
 - e. Explore ways to roll-up program outcomes (outputs) across DPNCHC programs and services. In particular, maximize the use of paper, and preferably electronic, participant registries to evaluate client and service use trends overtime.
3. As recommended in 2015, all departments outlined clear areas for upcoming changes in 2017. It is important ensure they are part of next year's work plan. Additionally, teams should report on whether the previous years' recommendations were met and that information should be made available.
4. While piloting can be used to generate evidence on whether a program or service is effective, a gap remains in regards to how interventions /programs/strategies are selected for operational plans. Consider requiring business plans and/or implementing an evidence-informed prioritization process, particularly for starting or stopping a program or service, as part of the operational planning process.
5. Continue to influence system-level coordination and change through partnership and collaboration, networks, civic engagement and engagement with senior decision makers.