Client Experience Survey 2016
Report

Listening, Learning, and Making a Difference Together

September 2016

Access Alliance Multicultural Health and Community Services

Toronto

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> *"With me I am very much love Access Alliance God bless Acces [sic] Alliance for helping me when I was not landed in the country to look after me with coustry [sic] and love"- Access Alliance Client*

1.0 Executive Summary

The Client Experience Survey (CES) of Access Alliance Multicultural Health and Community Services (Access Alliance) is conducted every year. The goal is to "listen" to our clients in order to ensure accountability and to improve the quality of the agency's programs and services according to real client needs and expectations. Client experiences describing their journey through Access Alliance are captured in their rating of programs and services in terms of a number of indicators: *Satisfaction*, *Equity*, *Accessibility*, *Effectiveness*, *Efficiency*, *Population Health*, *Client Centeredness*, *Anti-Oppression, Privacy and Confidentiality*, as well as Language Services.

1.1 Methodology

This cross-sectional survey was conducted among clients who have accessed the programs and/or services of Access Alliance at least once up until April 30, 2016. A mixed-method approach was used to collect quantitative data from 564 clients by means of a questionnaire, and qualitative data through Focus Groups (FG). A stratified convenience sampling technique was used to ensure that samples were representative of current client demographics. The survey was conducted from May 16 to June 30 of 2016. Strengths of the survey were its rigorous methodology and in-depth analysis; for example:

- The survey was conducted by a third party independent research team comprised of trained students and volunteers, thus reducing any 'Social Desirability Bias'.
- Most of the questions used for this survey were recommended by the Toronto Central Local Health Integration Network (TC LHIN) and Health Quality Ontario (HQO).
- A field test was conducted one week prior to data collection at the College location to provide hands-on real-time training for the team.
- Composite Indicators, statistically weighted averages of multiple survey items, were created for *Satisfaction*, *Equity*, *Accessibility*, *Effectiveness*, *Population Health*, *Client Centeredness*, and *Anti-Oppression* to ensure meaningful comparison of data among years as well as with other agencies.
- The English survey was translated into the five top languages spoken by clients (based on data pulled from the agency database), and interpreters were provided for clients with language barriers.
- Diligent data cleaning ensured mutually exclusive categories and reduced influence by confounding indicators and outliers.

1.2 Key Survey Findings

Surveys revealed client experience ratings on:

- Mandatory indicators of TC LHIN;
- Health Quality Ontario (HQO) prescribed quality indicators;
- Accreditation indicators for best practices;
- Client socio-demographic attributes as background indicators, and
- Agency performance indicators to analyze trends over time, and to compare with data from agencies providing similar services.

1.2.1 Explanatory Indicators

Overall, 96% of respondents were satisfied with the programs and services of Access Alliance, and 94.4% would refer their family and/or friends to these programs and services. Overall satisfaction (a composite of the two previous factors) among respondents was 98%. Satisfaction was found to be

positively related to: (1) the accessibility of services and programs (i.e. location and hours of operation as well as from a functional perspective), (2) patient-centred care (specifically, providers spending enough time with patients and involving them in decision-making), (3) clients' level of feeling comfortable and welcome at Access Alliance (i.e. equity), (4) clients' sense of belonging to the area, neighbourhood or local community, and (5) the degree to which programs and services respect the clients' culture (i.e. anti-oppression).

Among clinical clients, negative drivers of satisfaction included (1) getting an appointment on the date they wanted, and (2) the number of waiting days between when they first tried to see their doctor or nurse practitioner and when they actually saw them.

- Client ratings of functional accessibility rose to 91.8% (from 88.5%); ratings of physical accessibility of the location(s) rose to 95.4% (from 94.6%) and accessibility of hours rose to 97.6% (from 92.2%).
- The client rating of their comfort level at Access Alliance (*Equity*) increased to 98.6% from 95% in 2015.
- The client rating of the *Effectiveness* of programs and services (in improving overall client health and well-being) was 87.9%.
- In total, 90.6% of respondents agreed that Access Alliance has a positive impact on their community (*Population Health*).
- Among primary care respondents, 94.4% agreed that programs and services at Access Alliance are always or often *Client-centered*. This represents a positive trend over the past two years, increasing from 79% in 2015 and 69.5% in 2014.
- The rate of satisfaction with the *Anti-Oppression* policy and practices at Access Alliance was 92.4%.
- The rate of satisfaction with the *Privacy and Confidentiality* policy and practices of Access Alliance was 93%.
- Finally, 84.1% of respondents were satisfied with the services and supports provided by Language Services.
- Self-rated health was rated high among respondents (82.4%), results that have improved over the past two years.

1.2.2 Socio-demographic Highlights of Clients Participating in the Survey

- The average age of respondents was 38.9 years, with 49.2% of them within the age group of 25-44 years.
- Over 63% of the respondents identified themselves as female, and approximately 35% as male.
- In total, 71% of clients identified themselves as heterosexual, and 15% as LGBTQ+.
- Over 67% of the respondents were Canadian citizens or permanent residents, while over 20% were refugee claimants or clients without any status.
- Over 90% of respondents had an income (accounting for number of dependants) below the Low-Income Cut-Off (LICO) set by Statistics Canada.

1.2.3. Qualitative Findings

Clients expressed a high level of satisfaction with programs and services at Access Alliance. Identified strengths included the consistency of cultural appropriateness and safety, the strong sense of responsiveness to community needs by the agency, and a commitment to anti-oppressive practice. The accessibility and variety of programs and services were also identified as key factors for maintaining client satisfaction. Enhanced program promotion through effective outreach and communication, and increased

> Identified strengths included the consistency of cultural appropriateness and safety, the strong sense of responsiveness to community needs by the agency, and a commitment to anti-oppressive practice.

support for existing programs through flexible scheduling and travel expenses were identified as potential areas of improvement in the focus groups. More new programs for children/youth, legal aid support, and direct support for housing were also identified as possible opportunities for future programming.

1.3 Conclusion and Recommendations

As clear from the results of the 2016 survey, clients of Access Alliance are highly satisfied with the programs and services they receive, as well as with the agency as a whole. Clients feel that Access Alliance is serving the needs of the community, and is culturally competent as a service organization. In particular, ranking of the *accessibility*, *equity*, and *client-centeredness* of its programs and services is representative of a positive trend over the past few years.

However, there are some areas Access Alliance that may represent opportunities for improvement. These areas include:

- Leveraging resources to reduce waiting days to see the clinical service providers;
- Strengthening program and service promotion, communication (i.e. advertisements) and targeted outreach.
- Better support for clients attending programs through the provision of travel reimbursement;
- More flexibility in current program/service scheduling, and more new program options for children and youth, physical activities, etc.

Key words: Client survey, access, equity, Access Alliance, satisfaction, client experience

2.0 Introduction

Client Experience Survey of Access Alliance Multicultural Health and Community Services (Access Alliance) is conducted every year "*to ensure accountability and learning, with regard to improving the quality of our programs and services, through listening to our clients*". Clients are asked questions about the programs and services they have used, which helps the organization to identify its strengths, weaknesses and opportunities to improve. Access Alliance listens to the clients' feedback to learn and plan programs and services more accessible, client-centred, equitable, effective, safe, appropriately resourced, integrated, and focused on population health. Such evidence-based planning supports the ongoing quality improvement efforts of the agency.

This Client Experience Survey includes questions that focus on clients' objective experiences throughout their interaction with Access Alliance, representing a quality improvement intervention that caters to the client's *experience map* over the lifecycle of their journey with the agency. Such an approach has the power to compare clients' expectations to their perceived experiences (Smith, S., 2012), and is more reflective than conventional client satisfaction surveys that focus on episodic subjective responses regarding their satisfaction with the care they received. We have created the foundation of our client service model (Theory of Change) in consideration of the following three *consistency-constructs* (Beard, R, 2014; and Pulido, A, et al, 2014):

- *Client-journey consistency*: Measuring satisfaction of a client-journey, as a composite indicator, is more predictive of overall satisfaction than measuring happiness for each individual interaction.
- *Emotional consistency*: We contemplated capturing clients' feelings of *trust* and *safety* regarding the sharing of information and ideas as a quality approach for measuring satisfaction.
- *Communication consistency*: We maintained consistency of our communication with the clients regarding the purpose of the survey, privacy of their information, their role, the process, and outcome of the survey. We communicated our strategy and process to the TC LHIN and to quality experts across the sector. We received strong support and positive appreciation from participants for the rigour of our survey. We will publicize the total process and outcome as a report on our website in a format that is accessible to all.

> *Client-Journey Consistency*
>
> *Emotional Consistency*
>
> *Communication Consistency*

3.0 Methodology

Access Alliance conducted this cross-sectional survey using a mixed-method data collection framework among clients who have accessed its programs and services at least once before April 30, 2016. The framework comprised of-
  i)   A self-administered paper-based quantitative survey, and
  ii)   Three focus groups (FGs) for qualitative information

A stratified convenience technique was used to collect representative samples for data between May 16 and June 30, 2016 from all three Access Alliance locations. Clients were stratified

according to the location of service, gender, and age-group, with targets for each set by the on-boarding dataset, which captures client demographic data.

3.1 Quantitative Survey Tool (Survey/Questionnaire)

The survey tool (Appendix I) contained 32 questions, including four qualitative questions (# 12gi, #17, #18, and #32). Five of the 32 questions (#8, #9, #10, #11 and #12) had multiple items, making the total number of questions 47. The survey included 17 questions recommended by Toronto Central LHIN (TC LHIN), and five questions recommended by Health Quality Ontario (HQO). Content and criterion validity of the questions were matched with the survey objectives. Survey included questions to reveal clients' information and rating on:

- Mandatory indicators of TC LHIN
- Health Quality Ontario (HQO) prescribed quality indicators
- Accreditation indicators for best practices
- Client socio-demographic attributes as background indicators, and
- Agency performance indicators to analyze trends over times

The English survey was translated into the top five languages (identified from clients' on-boarding information dataset up to 90th percentile as the cut off value). These included Portuguese, Spanish, Farsi, Arabic and Karen/Sgaw. Interpreters were arranged for clients speaking other languages; and it was anticipated that Remote Interpretation Ontario (RIO) services and sight interpretation would be utilized for clients speaking any other languages.

3.2 Sample Selection

Clients from across the three sites were surveyed following a stratified convenience sampling[1] technique. Clients who walked into Access Alliance facilities were invited to complete the survey based on the pre-fixed inclusion and exclusion criteria.

Inclusion Criteria:
- Clients must have accessed any of the Access Alliance programs or services at least once before May 2016

Exclusion Criteria:
- Clients who are visiting Access Alliance for the first time
- Clients who use the computer resource centre (e.g., internet, printing, faxing), but have never used any other Access Alliance programs or services
- Clients of APOD partner agencies who have not used Access Alliance programs or services
- Clients who decline/are unable to give consent to participate

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[1] A statistical method of drawing representative data by selecting people because of the ease of their volunteering or selecting units according to their availability or easy access

3.3 Data Collection

3.3.1 Survey Team and Training

The survey was conducted by a third party independent team consisting of a three placement students and eight volunteers. The team was built with multilingual members possessing academic training and skills on field data collection from clients of diverse background. The team received training on data collection, research methodology and cultural competency. The training curriculum (toolkit included) focused on the following:

- Agency overview (i.e. Vision, Mission, Anti-Oppression Policy of Access Alliance)
- Clients' socio-demographic characteristics
- Volunteer roles and responsibilities, both during and after the survey
- Research ethics
- Role play and practice surveying

3.3.2. Field Testing

The survey was field tested at one of the Access Alliance's locations (AccessPoint on College) one week before begging the formal data collection. During the day-long field test, the placement students assisted each volunteer to conduct a minimum of two surveys. After field-testing, volunteers provided their feedback at debriefing sessions. The CES team lead (placement student) adjusted the data collection procedure accordingly.

3.3.3 Survey Scheduling

Data collection took place at all of the three Access Alliance locations, over six weeks, from mid-May 2016 to the end of June 2016. The CES team dedicated approximately 250 hours to collect survey data, which varied across locations based on the volunteers' availability, site preference, staff meeting schedule, and survey target fulfillment. Three FG discussions were conducted at the East and West end locations.

3.3.4 Survey Procedure

Volunteers and students collected data from clients at each Access Alliance location after explaining the purpose of the survey, importance of the results, as well as privacy and confidentiality in understandable languages. Once clients agreed to participate, the team member would provide them with a questionnaire, attached to a clipboard and writing instrument, so that clients could complete the survey at their own pace. The submitted questionnaires were then checked for completion and stored in the survey drop box. Some clients asked for assistance in completing the survey, mainly clarification of questions. CES team members attempted to adopt an anti-oppressive and non-judgemental code of conduct when supporting clients.

3.3.5 Remote Interpretation Ontario (RIO)

Although it was anticipated that over-the-phone (OPI) Remote Interpretation Ontario (RIO) services would be used throughout the CES, clients did not feel comfortable with RIO services. At the mid-project debriefing the data collection team identified the following possible reasons for refusal of OPI:

- OPI added a procedure which clients did not have time to utilize

- Telephone interpretation was not an appropriate accommodation for clients with hearing impairments
- Clients preferred not to complete a survey over phone

3.3.6 Focus Groups (FG)

Throughout the survey period, clients were recruited for three FG discussions (Table 1). Peer Outreach Workers (POW) and other Access Alliance staff supported the CES team during the recruitment process. FG participants were recruited from those who have responded to this year's paper-based survey in order to maintain the consistency and comparability of the findings between the quantitative and qualitative components of the survey. Each of the three FG sessions lasted approximately 2-hours, and were conducted in English by the CES Team Lead. On-site interpreters were made available for clients with language barriers. The first FG was conducted at AccessPoint on Danforth (APOD), exclusively with clients from the LGBTQ+ community. The second FG was also conducted at APOD, this time with a random selection of clients from that location. The third and final FG was conducted at AccessPoint on Jane (APOJ), also with a random selection of clients from that location.

Table 1. Focus Group Summary

Date	Location	No. of Participants
Thursday May 26, 2016	Access Point on Danforth (LGBTQ+ clients)	10
Thursday June 23, 2016	Access Point on Jane	9
Wednesday June 29, 2016	Access Point on Danforth	12

Those participating in the FGs were offered TTC tokens, a healthy snack, and on-site childcare. All clients provided informed consent with the understanding that their participation was completely voluntary and anonymous. All participants completed a demographics questionnaire. With consent, FG sessions were audio-recorded for transcription. Sensitive information was omitted so as to ensure confidentiality and anonymity.

3.4 Data Entry

The research team created a database on SPSS, statistical analysis software, to record survey responses. The CES Team Lead completed survey data entry. Throughout the survey period a total of 564 surveys were obtained, however only 503 completed surveys were entered into the database for analysis. Comments written in languages other than English were translated by Access Alliance staff (Spanish, Portuguese, Farsi, and Karen/Sgaw) and a summer student (Arabic).

After data entry was completed on SPSS, the research team performed a data quality audit by reviewing the accuracy of surveys using simple random sampling technique. Furthermore, to ensure data integrity, the Team Lead also engaged in the following "data cleaning" activities:

- *Ensured that all categories were mutually exclusive*. For example, on Q#2, if clients mentioned they use `other services' but included health services listed as options on the questionnaire, 'other services' was recoded into the correct list option.

- *Exclusion of outside services.* If the client indicated services that were not provided by Access Alliance, evaluations of those services were not included.

- *Checking that services were client appropriate.* For example, if clients indicated that they have used youth programs, but were over the age of 24 years during data collection period. If they were older than 24 years and still checked youth programs as a service they used, then youth programs was excluded from their responses.

3.5 Data Analysis and Reporting

CES data was analyzed using descriptive statistics (frequencies, percentages and cross-tabs) and advanced statistical techniques (Chi-square test and Regression analysis). Advanced techniques include:

- *Ordinal Logistic Regression.* This method of statistical analysis was used to measure correlations between programs and client experience outcomes. In this regression analysis, the outcome is an ordered response. For example, level of satisfaction was ranked in terms of level of agreement ("Strongly Agree"; "Agree"; "Neither Agree Nor Disagree"; "Disagree" and "Strongly Agree"). The model coefficients represent the association between an explanatory indicator and the likelihood of demonstrating a higher order of response.

- *Composite indicators.* Composite indicators are used as a tool for interpreting analytical models of complex care organizations; as these indicators are more instrumental as a decision-support tool to measure multidimensional indicators. We have created composite indicators by compiling individual questions into a single index on the basis of an underlying model. Only the questions that had the same scales of measure were included into one composite indicator as weighted averages (JRC European Commission, 2008). This is an operational framework for presenting data in a way that is understandable, sizeable, and accurate. Indicators are set to collect data for comparison and trends analysis on particular issues or areas. We selected multiple individual items, recommended by TC LHIN, to get information on one indicator (i.e. satisfaction, client-centered care, etc.).

4.0 Quantitative Findings

In total, 503 complete surveys (out of 564 responses) were analyzed, of which 252 (50.1%) were collected from APOD, 130 (25.8%) from APOJ, and 121 (24.1%) from the College location. This ratio of responses across locations is consistent with the distribution of our clients; this was taken as one of the determinants for representativeness of the samples.

4.1 Satisfaction

In the CES 2016, clients were asked to rate the care and services they received at Access Alliance. Chart 1 shows that 96% of respondents were satisfied with the care and services provided to them (45.7% Excellent, 36.8% Very Good, and 13.5% Good).

Chart 1. Level of Satisfaction as Rated by the Clients (n=503)
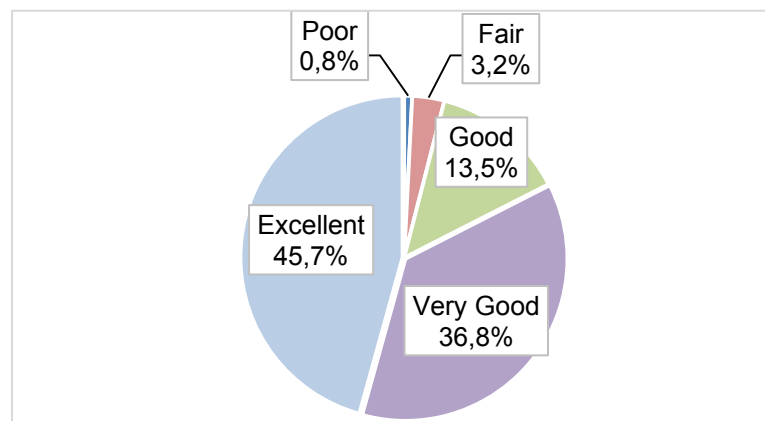
When reviewed more closely, reported levels of satisfaction varied across locations (Table 2). Degree of satisfaction was found to be higher for College location and the lowest for APOD; however, this difference was not statistically significant (Pearson Chi-square= 19.84; *df* = 16; p > 0.05).

Table 2. Clients' Level of Satisfaction across Access Alliance Locations (n=503)

		Location Most Visited			
		APOD **(n = 255)**	**APOJ** **(n = 124)**	**College** **(n = 124)**	**Agency Total** **(n = 503)**
		%	**%**	**%**	**%**
Overall Rating of Satisfaction	**Excellent**	40.4	49.2	53.2	45.7
	Very Good	40.8	36.3	29.0	36.8
	Good	14.1	12.9	12.9	13.5
	Fair	4.3	0.8	3.2	3.2
	Poor	0.4	0.8	1.6	0.8
	Overall satisfied	**95.3**	**98.4**	**95.1**	**96.0**

A proxy indicator for clients' satisfaction is their willingness to refer a family member or friend to Access Alliance (Smith, S., 2012). When asked, 94.4% of clients said they would do so. Furthermore, satisfied clients were found to be six times more likely to refer a family member or friend than non-satisfied clients (Odds Ratio 6.7 with 95% CI 2.2-19.9, F= 15.0, *df* = 1, p < 001).

Among clinical clients exclusively, 96.2% were satisfied with the care and services they received (p < 0.01). Ordinal regression analysis revealed that spending enough time by the primary care

(PC) service providers with clients (Wald value = 7.4, *df* =1, p< 0.01) and involving them in making decisions about their care and treatment (Wald value = 5.2, *df* =1, p< 0.05) influenced client satisfaction as positive drivers. There is opportunity to improve satisfaction by providing more opportunities to ask questions about recommended treatment by the respective service providers (p>0.05). Negative drivers of satisfaction among clinical clients were getting an appointment on the date they wanted and the number of waiting days between when they first tried to see their doctor or nurse practitioner and when they actually saw them.

When analyzed, cultural competency of the programs and services was found to be a driver to influence satisfaction among all clients (Wald value = 7.55, *df* = 1, p <0.01). Furthermore, clients' sense of belonging (to the area, neighbourhood or local community) was also found to positively influence satisfaction among all clients (F = 5.31, p < 0.05), as was their sense of feeling comfortable and welcome at Access Alliance (a measure of equity) (F = 58.4, p < 0.01).

4.2 Accessibility Indicator

Accessibility has two dimensions, (1) *physical*: measured through location (q5) and hours of service (q6), and (2) *functional*: measured through the following questions (TC LHIN structure):

- q8b: How many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in the office?
- q10a: How often can you get an appointment when you need one?
- q10c: How often do the staff members explain things in a way that is easy to understand?
- q10e: The staff members are easy to talk to and encourage me to ask questions.
- q11a: How often are you able to get services in a language of your choice?
- q12e: I know how to make a suggestion or complaint.

The questions 10a, 10c, 10e, 11a, and 12e were asked to all clients, and shared the same measurement scale. However, question 8b, which was measured on a different scale, was asked only to clients accessing Primary Care services. Therefore, 8b was analyzed separately.

4.2.1 Accessibility: Physical

Clients were asked whether the location they use most often is easy to get to, and whether current hours of operation are meeting their needs. In total, 95.4% of the respondents were satisfied with the location, and 97.6% with the hours of service (Chart 2). In terms of improvements, clients suggested extended evening and weekend hours of operation, and properly functioning elevators (mostly at APOJ). The chart also suggests that clients' satisfaction regarding Access Alliance's locations and *hours of service* has increased over the past two years.

Chart 2. Client Satisfaction with Access Alliance's Locations and Hours of Service over Time
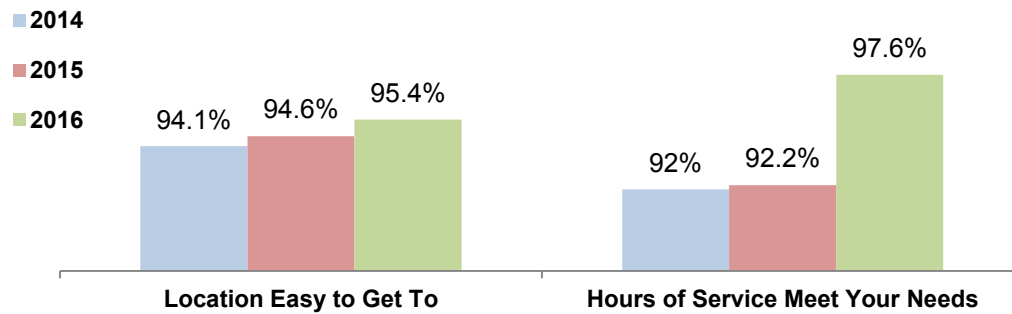
4.2.2 Accessibility (Functional): Composite Indicator

The composite indicator for accessibility was created by combining five accessibility-related questions (q10a, q10c, q10e, q11a, q12e). It was found that 91.8% clients reported that the programs and services were accessible, while 8.2% of clients differed in their opinion. This rate of satisfaction has seen an increase over the past few years (Chart 3).

Chart 3. Client Satisfaction with Functional Accessibility (Composite Indicator) over Time
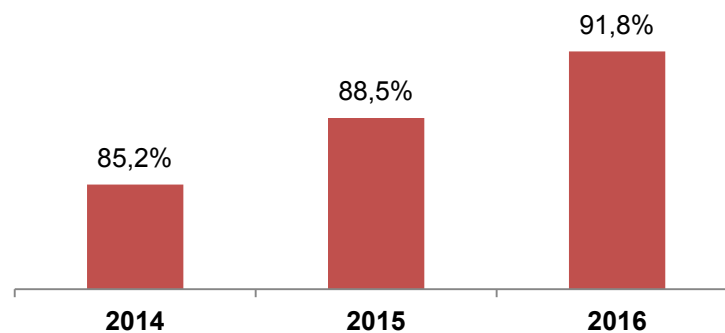
4.2.3 Waiting Days to See a Doctor or Nurse Practitioner

When asked how many days did it take from when they first tried to see their doctor or nurse practitioner to when they actually saw him/her or someone else in the office, 44.2% of primary care clients responded 'same day or next day', falling from 61.4% in 2015.

Data collectors reported that the clients did not find responses for this important explanatory indicator mutually exclusive and culturally competent. The response scale contains '*Next day*' as one category while '*2-19 days*' is another. It was observed that patients who had received an appointment on the 2nd day became confused as to which category was the most appropriate. Furthermore, the wording of q8 ('*The last time you were sick or were concerned you had a health problem*…') conflicts with the timeframe referred to in the precursory statement for that question, which asks the respondent to consider their experiences with Access Alliance '*over the last year or so*'. This inconsistency caused confusion among respondents, thus lowering its sensitivity by limiting a section of clients from responding appropriately.

4.3 Equity Indicator

4.3.1 Level of Comfort

When asked if they feel comfortable and welcome at Access Alliance, 98.6% of the respondents (n=503) answered 'yes'. Examining the results for individual locations of Access Alliance, this agreement was 98.4% at APOD, 100% at APOJ, and 97.6% at College. The level of comfort did not vary significantly across the three locations (Pearson Chi-Square = 2.8, *df* = 2, p> 0.05). However, when compared to the two previous years, clients' level of comfort has increased across the agency (94% in 2014 and 95% in 2015) (Table 3).

**Table 3. Clients' Level of Comfort at Access Alliance over Time**

	2014	**2015**	**2016**
I always feel comfortable & welcome at Access Alliance	94%	95%	98.6%

4.4 Effectiveness Indicator

4.4.1 Effectiveness of Services

Results from the survey found that 87.9% (n= 503) of clients either strongly agreed (51.5%) or agreed (36.4%) when they were asked if Access Alliance's programs or services had helped improve their overall health or well-being (i.e. effectiveness of services). The rate of client agreement was 91% in 2015, and 83% in 2014 (Chart 4).

Chart 4. Client Satisfaction with Effectiveness of Programs and Services over Time
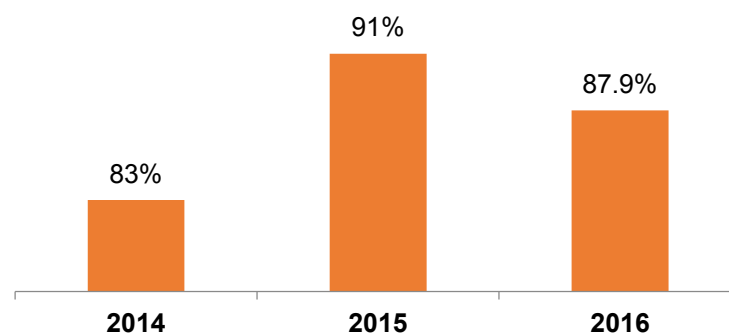
4.5 Population Health Indicator

4.5.1 Access Alliance Having a Positive Impact on the Community

In total, 90.6% (n=502) of clients indicated that they either strongly agreed (57.4%) or agreed (33.3%) that Access Alliance has had a positive impact on their community (an indicator of population health). This value fell from 92% in 2015 and from 93% in 2014 (Chart 5).

Chart 5. Positive Impact of Access Alliance on the Community over Time
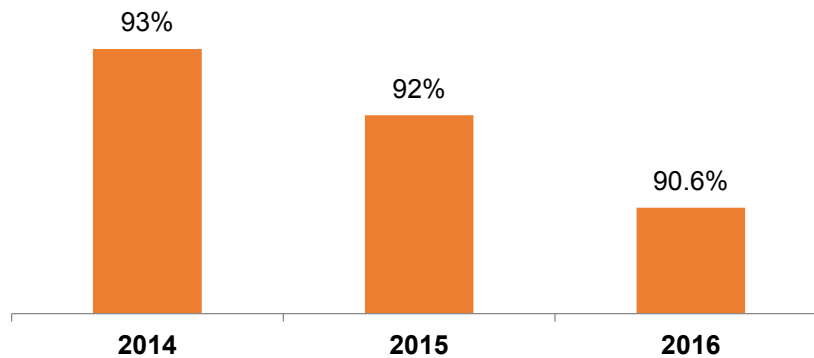
4.6 Client-Centeredness

4.6.1 TC-LHIN Recommended Indicators

To measure client centeredness, TC-LHIN recommended the following four indicators:

  q9b: How often do PC staff involve you as much as you want to be in decisions about care and treatment?

  q9c: How often do PC staff spend enough time with you?

  q10b: How often do the programs and services offered by Access Alliance meet your needs?

  q10d: How often do the staff help you connect to services and programs you need at Access Alliance or in your community?

When asked the questions 9b and 9c, 87.2%, 89.5%, of clients who used PC services agreed, respectively (Chart 6). When all clients were asked questions 10b and 10d, 81.9%, and 83.7% of them agreed, respectively. Chart 6 also shows the trend over recent years for these indicators. Involvement of the clients seen by the PC staff in making decisions about their care and treatment and the amount of time spent with clients have both showed a marked improvement over the past three years.

Chart 6. Client Agreement with Individual Indicators for Client-Centeredness over Time
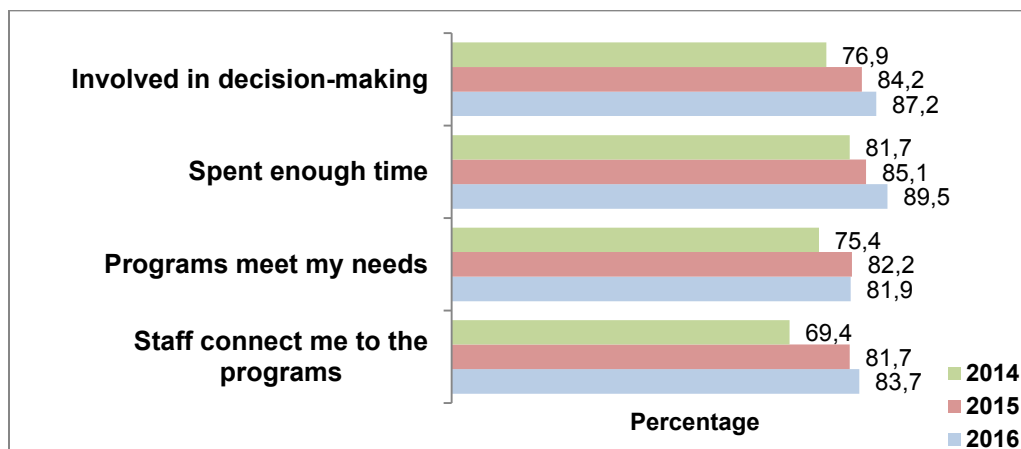
4.6.2 Client-Centeredness as a Composite Indicator

A composite indicator was created by combining the four TC-LHIN recommended individual indicators (mentioned in 4.6.1). When measured among PC clients, 82.7% agreed ('Always' and 'Often') that the services they received at Access Alliance are client-centred (Chart 7) (n=266). The number of clients who responded 'Never' or 'Rarely' reduced over the past two years, while the number of clients who responded 'Always' increased from 2015. This trend demonstrates a positive internal shift in the opinion poll.

Chart 7. Trend of Client-Centeredness among Primary Care Clients (Composite Indicator)
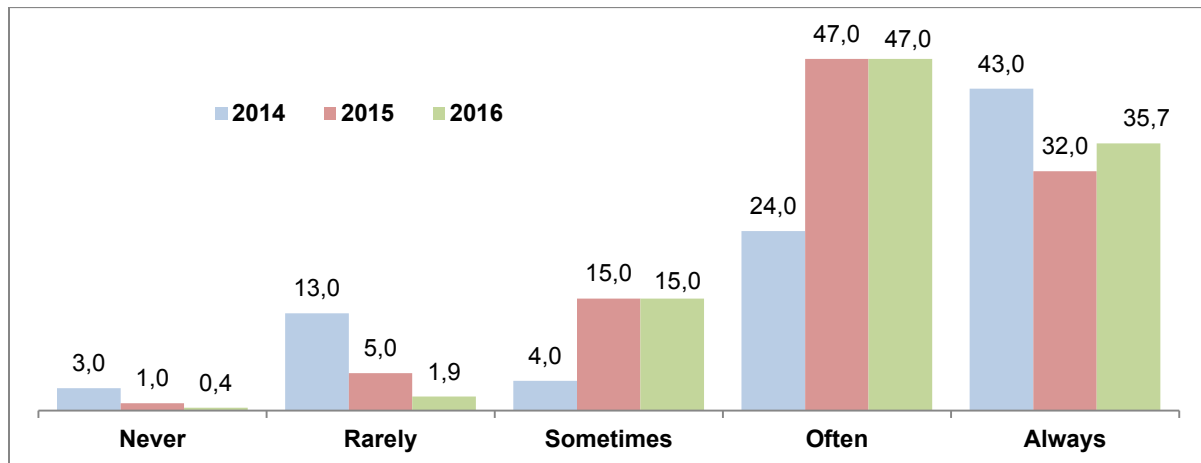
4.6.3 Opportunity for Primary Care Clients to Ask Questions

Another measure of client-centeredness is the clients' opportunity to ask questions about their recommended treatment. When asked, 86.1% of PC clients responded positively. This value increased from 85.4% in 2015, and from 83.7% in 2014. However, it was not found to significantly contribute to satisfaction, therefore representing a potential area of improvement.

4.7 Anti-Oppression

4.7.1 Anti-Oppression Indicators

Anti-oppression, as experienced by clients, was measured by the level of agreement with the following three statements:

> q12a: Staff members treat me with dignity and respect.
> q12b: The programs and services respect my culture.
> q12c: The programs and services respect my spiritual or religious beliefs.

Individual analysis of the response for each indicator demonstrated that 95.2% of clients felt that staff treated them with dignity and respect (n=502), 95.1% felt that their (clients') culture was respected (n=503), and 92.7% felt that their religious and spiritual beliefs were respected (n=503).

4.7.2 Anti-Oppression Composite Indicator

A composite indicator was created by combining the three indicators (mentioned in 4.7.1). In total, 92.4% of clients either "Strongly agreed" (47.4%) or "Agreed" (45.0%) with these statements. Chart 8

Chart 8. Anti-Oppression as Experienced by Clients (Composite Indicator)

(n= 502)
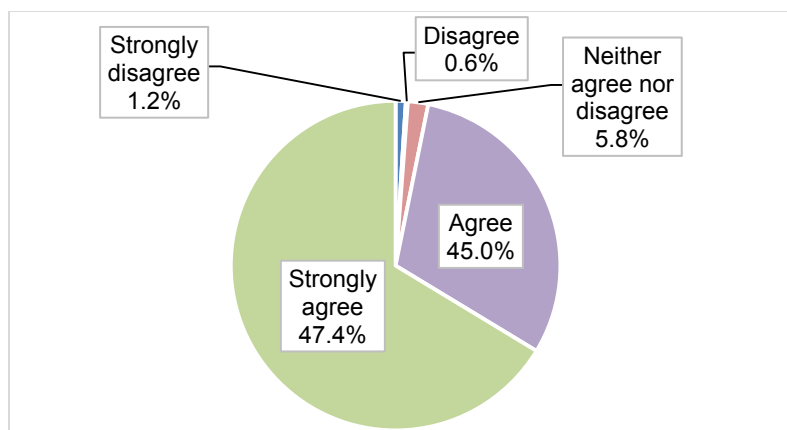
4.8 Privacy and Confidentiality

Privacy and confidentiality around the sharing of personal information or health information are two pertinent issues for the client-service provider relationship. More than 93.0% (n=503) of clients agreed that they trust staff to keep their personal health and other information confidential. These values are consistent with the previous year's findings (Table 4).

Table 4. Level of Trust among Staff Regarding Privacy and Confidentiality over Time

Level of Agreement/Disagreement	2014	2015	2016
Strongly agree	53.5%	65.6%	61.4%
Agree	34.2%	30.1%	31.6%
Neither agree nor disagree	9.1%	3.1%	5.4%
Disagree	1.1%	0.6%	0.8%
Strongly disagree	2.1%	0.6%	0.8%

4.9 Language Services

In order to assess clients' experiences with Language Services, the following two questions were asked in the survey:

q11a: How often were you able to get services in a language of your choice?
q11b: How often were you satisfied with the interpretation services provided?

A total of 188 clients responded to both questions; among them 77.7% agreed ('Always' or 'Often') that they received services in a language of their choice (Table 5). In response to q11b, 84.1% were satisfied with the interpretation services provided.

Table 5. Frequency of Clients Receiving Services in their Language of Choice (n=188)

	Always (%)	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Able to get services in a language of my choice	61.2	16.5	17.6	2.7	2.1

Table 6. Distribution of Clients' Level of Satisfaction with Interpretation Services (n=188)

	Strongly Agree (%)	Agree (%)	Neither Agree nor Disagree (%)	Disagree (%)	Strongly Disagree (%)
Satisfied with the interpretation services provided	64.4	19.7	12.2	1.1	2.7

4.10 Client Use of Programs and Services of Access Alliance

4.10.1 Client Use of Programs and Services

Clients were asked which programs and services they used up to and including April 2016. This was a multiple response question. Medical services represent the key commitment of Access Alliance; results revealed that 58.3% (n=293) clients used these services. In addition, 30.4% of clients used settlement services, 7.6% had visits with Peer Outreach Workers, 9.7% attended the Green Access/Enviro-Leaders programs, 14.1% attended Youth programs, 10.1% attended LGBTQ+ programs, and 16.5% attended Child and Family Health programs (Chart 9).

Chart 9. Programs and Services Used by Clients (n=503)
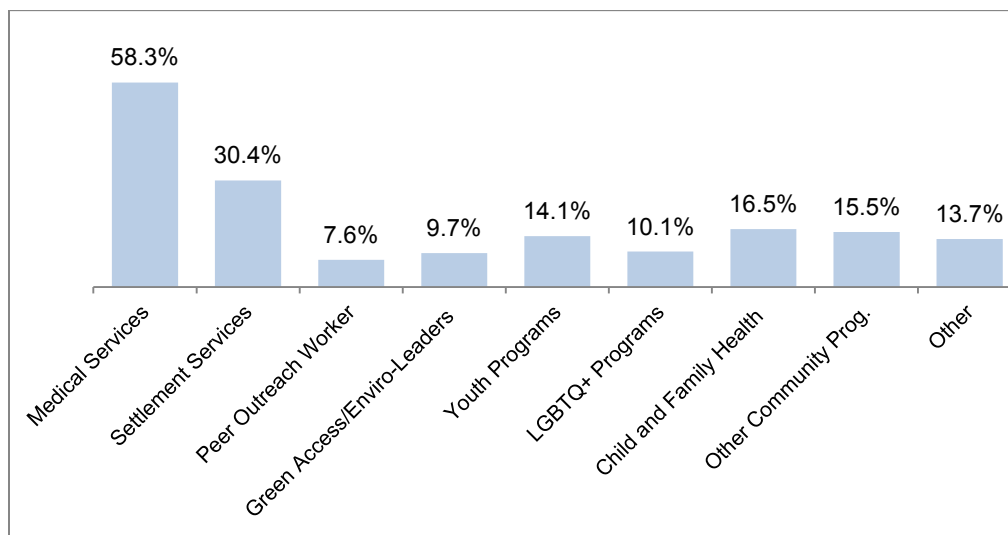
4.10.2 Communication to Clients on Programs and Services

Most clients (64.2%) heard about Access Alliance programs and services through family or friends, 9.1% heard of them from peer outreach workers, and 16.5% from 'other' sources (Table 7). 'Other' sources include COSTI immigrant services, health care providers, social workers and other agencies. Collectively, social media, monthly calendars, the Access Alliance website, schools, email alerts, flyers and the Community Dining Program comprised only 10.1% of recognized sources.

Table 7. How Did You Learn about Our Programs and Services? (n=503)

Source of Communication	Number	Percentage
Family/friend	323	64.2
Peer Outreach Worker	46	9.1
School Health Clinic	9	1.8
Community Dinning Program	12	2.4
Social Media	5	1.0
Website	16	3.2
E-mail alerts	1	.2
Flyers	7	1.4
Monthly Calendar	1	.2
Other	83	16.5
Total	503	100

4.10.3 Self-Rated Health

Perceived health for the individual was measured in terms of self-rated health status. In total, 82.4% of clients who responded to the survey considered their health to be either "Excellent" (18.5%), "Very good" (29.0%), or "Good" (34.8%) (Chart 10).

Chart 10. Clients' Self-rated Health Status (n=503)
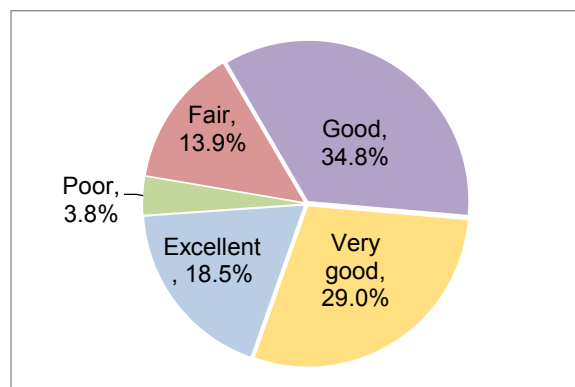
4.11 Socio-demographic Attributes of Responding Clients

4.11.1 Gender

Among the clients who responded to this question (n=498; 99%), 63.2% identified themselves as female, 35.2% as male, 0.4% as trans-gendered, 0.2% as intersex and 1% as 'other' or 'prefer not to answer' (Chart 11).

Chart 11. Percentage of Clients by Gender (n=498)
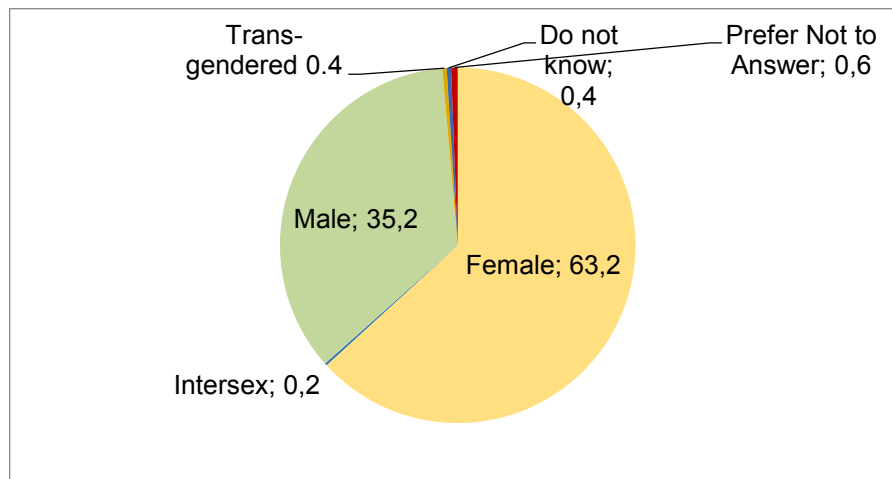
4.11.2 Sexual Orientation

Overall, 71% of respondents identified themselves as heterosexual, 7.4% as bisexual, 4.4% as lesbian, and 3.2% as gay. Nearly 10% of clients preferred not to answer this question, 3.0% did not know their sexual orientation and 1.2% had 'other' sexual orientations (Chart 12).

Chart 12. Percentage of Clients by Sexual Orientation (n=503)

4.11.3 Immigration Status

Chart 13 depicts the distribution of clients based on their immigration status. Overall, 37% of clients are Canadian citizens and 30.2% are permanent residents. Another 14.1% stated that they were refugee claimants, 6.4% identified as non-status, 0.2% were temporary foreign workers, 3.4% were applying for the humanitarian and compassionate process, and 3.8% were live-in caregivers. Out of the 503 respondents, 5% preferred not to answer or did not know.
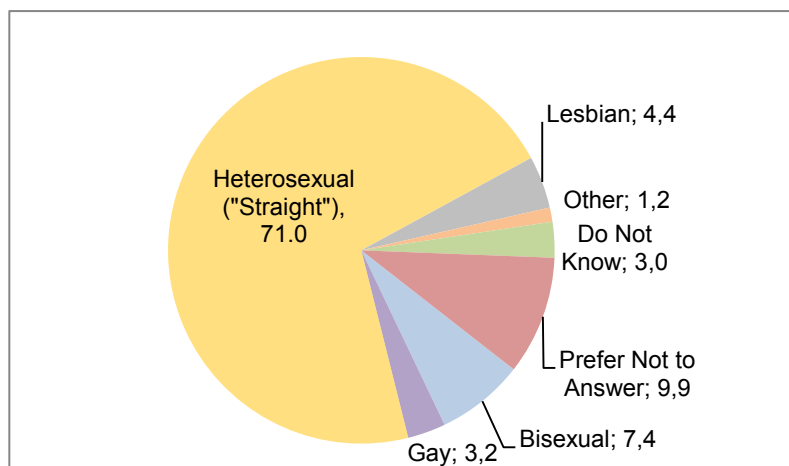
Chart 13. Percentage of Clients by Immigration Status (n=503)
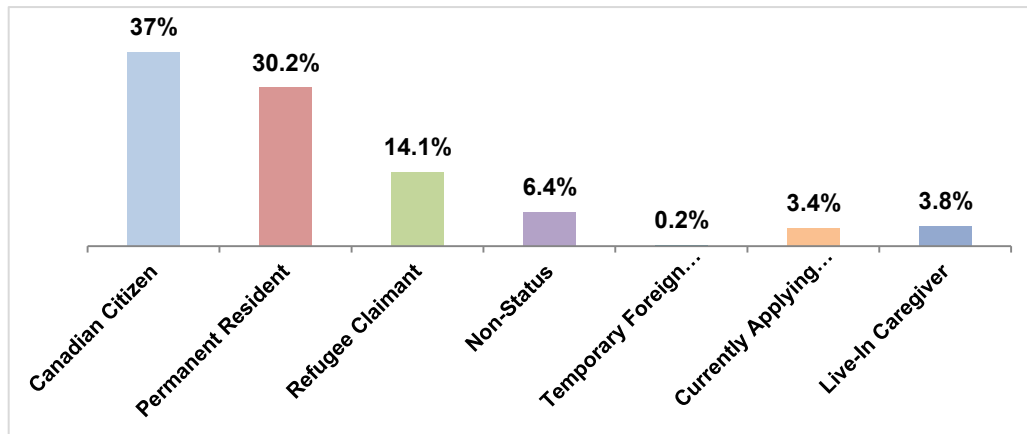
4.11.4 Preferred Languages

Table 8 displays the top languages preferred by clients for receiving services at Access Alliance. Among them, English (71.3%), Portuguese (4.7%), Spanish (4.5%) represent the top three preferred languages.

Table 8. Percentage of Clients by Top Preferred Languages (n=470)

Language	%
English	71.3
Portuguese	4.7
Spanish	4.5
Farsi	4.0
Bengali	2.3
Arabic	2.1
Dari	2.1

4.11.5 Age

The average age of clients was 38.9 years. Over 49% of clients were in the age group of 25-44 years, while 23.5% were in the age group of 45-64 years (Chart 14). Youth (13-24 years) comprised 19.1% of respondents, while 7.6% were 65 years or older. TC-LHIN recommended criteria were used when collecting information from youth clients.
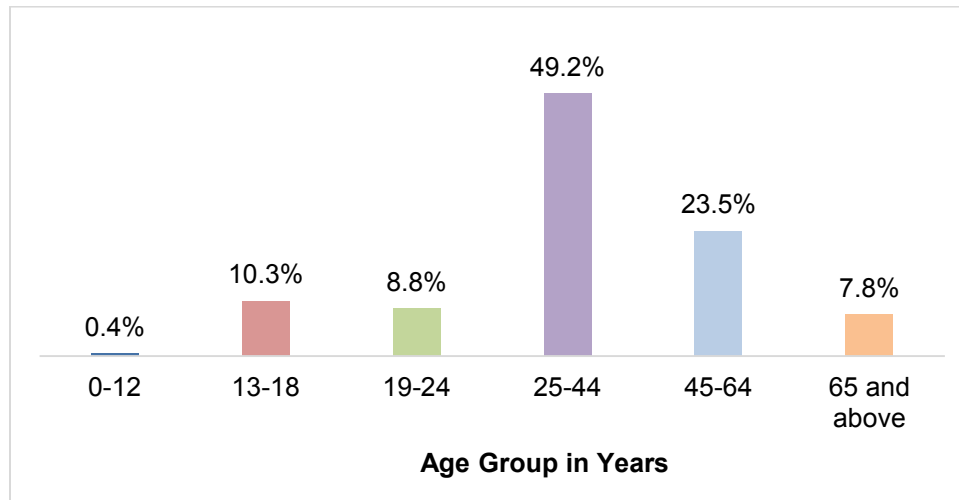
Chart 14. Percentage of Clients by Age in Years (n=486)

4.11.6 Annual Family Income and Family Size

In total, 60% of clients disclosed their annual family income (n=302). Among them, 40.1% indicated that their annual household income was less than $20,000 (Chart 15). When asked about the number of people supported by their income, the response rate was 70% (n=355). The average number of dependents was 2.99. Using the low-income cut-off (LICO) for Toronto, more than 90% of clients fell under this level. LICO is an income threshold set by Statistics Canada below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family. For example, the LICO for a family of three living in a large urban centre (population greater than 500,000) is $37,234 per year (CIC, 2016).

Chart 15. Percentage of Clients by Selected Annual Family Income Groups (n=302)
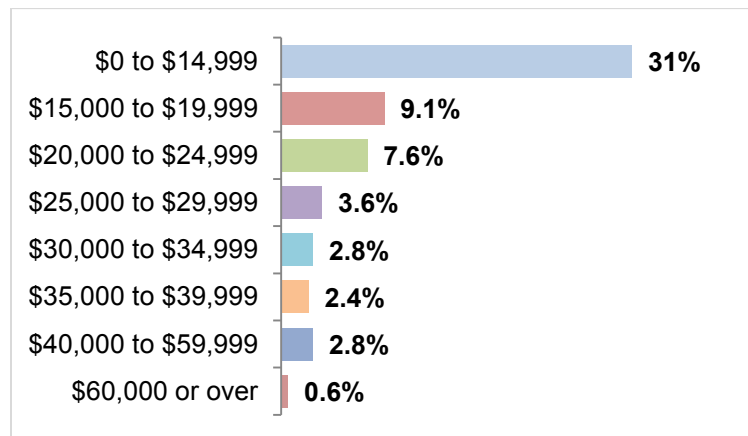
4.11.7 Education

Approximately 53% of clients reported having an education level equivalent to a high school diploma or less, while 42.3% reported having a post-secondary level of education (Chart 16).

Chart 16. Percentage of Clients by their Level of Education (n=503)

5.0 Qualitative Findings

In an effort to better understand and explain the context of clients' opinions within the quantitative annual Client Experience Survey (CES) as well as to provide clients an opportunity to voice their experiences and opinions freely, three Focus Groups (FG) were 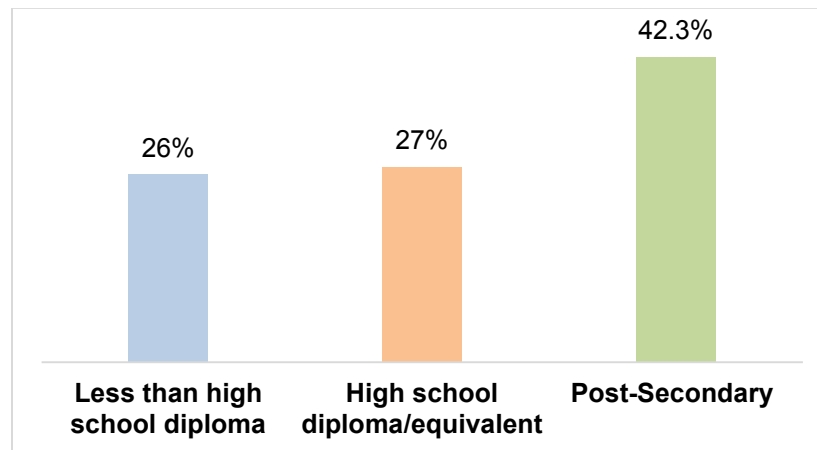conducted with the clients of Access Alliance. The 'LGBTQ+ only' FG was intended to provide a safe space for clients to express their unique perspectives and comment explicitly on their experiences with LGBTQ+ programs. Culturally and linguistically diverse groups of clients participated in all focus groups.

Each participant completed a demographic questionnaire, after which pre-selected questions led the interactive in-depth discussions. This provided each participant with an opportunity to share their insight on five attributes of the programs/services of Access Alliance: *accessibility, efficiency, equity, client-centeredness, and client satisfaction*. In this section, the quantitative demographic data of participants are presented, and the qualitative themes that arose within focus group discussions are summarized and analyzed.

5.1 Focus Group Participant Demographics

5.1.1 LGBTQ+ Focus Group

The average age of LGBTQ+ FG participants was 28 years (ranging from 19 to 36 year). The majority (80%) were between the ages of 25-45. All participants were born outside of Canada, with the majority (80%) having lived in Canada between one year and less than one year. Nine out of ten participants were refugee claimants. Seventy percent of participants identified as female. Sixty percent of participants identified as lesbian, 20% as gay and 20% as bisexual. The

majority (80%) selected English as their preferred language, while the remaining participants did not answer this question. The educational background of participants varied considerably, ranging from a high school diploma or equivalent to a university (including a professional or graduate) degree; the majority of participants had the latter (40%). Four of the ten participants reported an average income within the lowest income bracket ($0-$14,999), while the remaining six did not know their income. The number of dependents, among those who answered this question, varied from zero to four.

> "*Not having a health card means a lot of doors are closed…Access Alliance really eliminates the barrier to health care.*"

5.1.2 APOD and APOJ Focus Groups

The average age of the APOD and APOJ FG participants was 46 years, with ages ranging from 15-76. The majority (81%) of the participants were born outside of Canada, though most of them are now Canadian citizens (76%). The other 24% was comprised of three permanent residents and one refugee claimant. Two-thirds (67%) of participants identified themselves as female. Ninety-five percent identified as heterosexual. The majority (67%) selected English as their preferred language, with the other language preferences being Spanish (2), Dari (3) and Farsi (1). As with LGBTQ+ FG participants, the educational background of participants varied considerably; however, the majority (43%) of participants had less than a high school diploma. The most reported income was the lowest bracket, whereby 24% of participants reported an average income between $0 and $14,999. No participants reported an average annual income higher than $34,000, and nearly one fifth (19%) did not know their income. The number of dependents among participants varied considerably, ranging from one to seven.

5.2 Thematic Findings

5.2.1. Client Satisfaction

Largely speaking, all participants indicated that they were satisfied with the programs and services at Access Alliance, and that they would refer a family member or friend to the organization. Participants credited Access Alliance in its ability to promote community engagement and social connectedness, ultimately leading to the development of friendships. While positive references to Access Alliance's inclusive and welcoming environment were frequently made by all three FGs, participants took this opportunity to strongly communicate the lack of certain initiatives. With the LGBTQ+ group, this was legal counsel/advice for navigating the refugee claimant process; with the APOD/APOJ group, this was more opportunities to participate in current programs and services (e.g. cooking, diabetes clinic), and that greater efforts should be made to promote public awareness of such services through various communication initiatives (i.e. peer outreach, advertisements).

Table 9. Focus Group Themes on Client Satisfaction

Themes	Exemplary Quotes
1. Social Connectedness 2. Inclusion	1. *"I am very happy. As much we enjoy here, we want them (friends) to be here and join in the different programs. We are very happy here"*. 2. "*I would refer friend/family member to Access Alliance because it's perfect for newcomers*".

5.2.2. Accessibility

When clients were asked about the accessibility of programs and services they discussed a variety of strengths and barriers. Reflections from participants provided evidence of an inclusive, culturally safe, and anti-oppressive environment fostered by the agency. Several APOD/APOJ FG participants commended Access Alliance's "open door" policy for providing them with access to needed services when no one else would. Language did not appear to be a barrier for participants, as everyone agreed that when English was not an effective and culturally-appropriate form of communication, interpreter services were always made available.

Travel expenses and affordability were raised by all FGs as barriers for attending the programs and services, whereby participants stated that they do not usually receive the two TTC tokens they are promised and that the system of qualification for reimbursement is inconsistent and unfair. Also, the *program/service schedule* was another commonly identified barrier among all FGs, primarily due to the demands of their work and school schedules. Participants suggested that additional program opportunities, a more flexible schedule, and increased hours of operation would help them manage other priorities. Clients also identified limited knowledge and awareness of Access Alliance programs and services as notable access challenge, and several participants mentioned that even when they do see advertisements or flyers, they are often out-dated and no longer apply. Participants advocated for more effective promotion initiatives across the city (i.e. through churches, legal aid offices, other community health centres, public transportation), especially in marginalized communities and regardless of the proximity to AccessPoint locations.

Table 10. Focus Group Themes on Accessibility of Programs and Services

	Themes	**Exemplary Quotes**
Strengths	• Cost of Services • Language Services • Supportive Staff • Safety	• *"Not having a health card means a lot of doors are closed…Access Alliance really eliminates the barrier to health care."* • *"Completely a welcoming environment… (the program coordinator) was personal and clear. (The program coordinator) was a door-opener for us."*
Challenges	• Program/Service Communication • Program/Service Schedule • Travel Cost • Travel Distance	• *"Eventually I got referred to Access Alliance and received the services I needed, but very few people in my circle new about Access Alliance so my access was limited."* • *"The schedule is limited and the clinic (diabetes) is only available one day a week. That's not enough. I would prefer two days a week. I have to pick between two times and nothing in-between."* • *"And the fact that you're a newcomer...you try, because sometimes you might not make it—not because you don't want, but because you don't have the second token."* • *" Movies at Jane is very far for most of us. It would be nice to have movie sessions at Danforth."*

5.2.3. Equity

Overall, clients reported feelings of safety and comfort during their experiences at Access Alliance, and described a variety of ways the agency has created a sense of equity. Participants repeatedly noted that what made *Access Alliance unique was* its *sense of inclusion*, whether it be through interactions with staff, volunteers, or students. In particular, the LGBTQ+ program coordinator was praised for the personal attention they provide to clients, responding to

> *"… it says that you're free to invite anyone, everybody to these places. That puts me at ease. It puts the community at ease."*

them in a timely manner, meeting with them one-on-one, and contacting them about relevant non-Access Alliance programs. The agency also compared favourably to other organizations that offer similar services and programs. Participants expressed feeling a sense of ownership over the programs/services, where they are encouraged to help build such initiatives. Furthermore, confidentiality/privacy and the offer of free amenities (including food) were identified as reasons for client comfort and inclusion.

Table 11. Focus Group Themes on Comfort and Safety

Themes	Exemplary Quotes
1. Supportive Staff	1. *"The staff is so kind, so lovely. When we came here they always appreciate me. They are all very nice-very nice…like our own family."*
2. Collaboration	2. *"Access Alliance lets clients be more involved in choosing and facilitating topics and programs of interest to them, so they feel like it's their program"*.
3. Inclusion	3. *"The executive director, reading this booklet (2016/2017 Community Programs and Services Booklet), it says that you're free to invite anyone, everybody to these places. That puts me at ease. It puts the community at ease."*
4. Confidentiality and Privacy	
5. Stress Relief	4. *"I really love the programs because they help you to feel confident and to raise your self-esteem, because they give you an opportunity to participate."*
6. Cost of Services	5. *"Staff and Access Alliance keeps confidentiality. In some places where you do one-on-one, others can hear your conversation. I feel safe here."*
	6. *"Well, I came here because of the food at first. But then I got really comfortable, so that's why I came."*

5.2.4. Efficiency

When asked how programs and services may have helped them to improve their health and wellbeing, the majority of participants stated that the programs and services offer opportunities to develop friendships, build stronger communities and learn how to live healthier lives. APOD/APOJ participants also credited Access Alliance's programs/ services for reducing stress and for providing development opportunities amongst the community members. LGBTQ+ participants revealed that they felt the programs and services respected and reflected their needs, particularly as newcomers seeking settlement assistance and support services. From volunteers to students to full-time staff, they also agreed that the consistent commitment and contributions from the entire Access Alliance team (noting certain staff and students in particular) promoted a feeling of safety.

Table 12. Focus Group Themes for Improving Clients' Health and Well-Being

Themes	Exemplary Quotes
1. Social Connectedness 2. Community-Wide Benefit 3. Stress Relief 4. Assisting with Settlement	1. *"…Access Alliance is a place where you make friends and come together."* 2. *"…And now I'm very healthy, and I have friends, and staffs are good."* 3. *"There's a benefit from the child's standpoint and from the parents, everybody."* 4. *"For me personally, as I said, not having a health card means a lot of doors are closed. Knowing that this door is open to me, mentally I feel at ease."*

5.2.5. Client-Centeredness

Participants commended Access Alliance on its promotion of a client-centered approach, expressing an appreciation for the widespread promotion and adoption of Access Alliance values with respect to inclusivity and accessibility, among other things. Evidence of this, participants observed, comes in the form of the trickle-down effect of certain staff management styles to the other staff members, students and volunteers, whereby many agreed that such values and themes of inclusion impact everyone. On the whole, these values extend through to organizations that collaborate with Access Alliance, when clients are connected to external programs and services in the community. Furthermore, organization partnerships, such as the one with the Neighbourhood Centre, were mentioned as effective initiatives that participants would like to see continue. However, one participant mentioned the need for improved communication between Access Alliance and its collaborating organizations on the needs of participating clients in order to ensure relevance. The example provided here was where an external resident-based program discussed content that did not pertain to them, as refugee claimants.

Participants credited the agency for its highly accessible services and variety of programs. However, they also identified a few specific areas where there are opportunities for improvement. Participants advocated for more physical activity and sports programs that are available to all clients. For example, one individual from the LGBTQ+ FG brought up the example of the Scarborough Cycles bike rental program only being offered to permanent residents and refugees and not to the refugee claimants. However, it should be noted that since the release of this feedback, the Scarborough Cycles program has adjusted their inclusion policy, whereby now everyone can borrow bicycles from the APOD Hub.

Finally, within the LGBTQ+ group identified a need for more direct assistance in finding housing for newcomers who may not have any experience or references. The provision of website/ newspaper resources or connecting with a shelter was deemed insufficient; rather, being connected directly to flexible renting options was said to be more valuable, i.e. individuals who will let you rent "until you get on your feet". Other initiatives suggested by focus group participants include legal aid services, more after-school programs for children and youth, and language (i.e. English) classes.

Table 13. Focus Group Themes on Meeting Client Needs

Themes	Exemplary Quotes
1. Immediate Access	1. "*In other communities, you have to wait for orientation, which can take a month. When you come to Access Alliance, you start right away*".
2. Providing Health Services	2. "*I attended the diabetes clinic because one of my sons was diagnosed with diabetes and I was really in shock, I didn't know how to help him. So the program helped me a lot with very practical issues about the diet and how to control*".
3. Additional Programs	3. "*Satisfied with the current programs but Access Alliance doesn't have a program that they need to have...From what I hear second-hand, other organizations don't just abandon you if you fail in your refugee claim, they have lawyers that can help you in your appeal or help you get status on humanitarian grounds, or sometimes they extend your visa—they help you with that. AA doesn't offer this.*"
4. Service Improvements	4. "*Maybe with more advertising there could be a more diverse group of youth, not just from Runnymede or one school. Advertising in other communities, not just for adults, but also for youth.*"

5.3 Suggestions for Improvements

The following suggestions for program and service improvements were derived from the focus group findings:

1. Improve communication initiatives related to the promotion of programs and services by expanding community outreach and developing innovative ways of creating awareness among diverse populations.
2. Consider new ways of designing and implementing programs and services so clients have more personalized and tailored services that fit individual schedules and needs. Program and service specific evaluations may help to identify further barriers.
3. Consider partnerships with community agencies to address clients' needs in terms of legal aid/counselling, employment, housing, and professional development.
4. Develop a comprehensive travel expense reimbursement plan (TTC token eligibility) and offer better support with the provision of travel reimbursement for clients attending programs.
5. Improve program planning between Access Alliance and partnering agencies to ensure that clients receive programs/services that are useful and relevant.

6.0 Conclusion

The Client Experience Survey provides clients with the opportunity to evaluate Access Alliance's programs and services from their perspective, while simultaneously enabling the agency to learn about its strengths and opportunities for appropriate improvement. A high number of samples along with conduction of the focus groups in this 2016 survey provide reasonable reliability of the information collected from the clients.

Overall, participants reported a high level of satisfaction with the welcoming, inclusive, and accessible programs and services at Access Alliance; this satisfaction rating has been consistently high over the past several years. Positive drivers of satisfaction were found to include:

- Service providers spending enough time with patients and involving them in decision-making about their treatment (i.e. patient-centered care);
- Clients' level of feeling comfortable and welcome at Access Alliance (i.e. equity);
- Clients' sense of belonging to the area, neighbourhood or local community;
- The degree to which programs and services respect the clients' culture (i.e. anti-oppression)

Among clinical clients, level of satisfaction was negatively influenced by the following factors-
- getting an appointment on the date they wanted, and
- the number of waiting days between when they first tried to see their doctor or nurse practitioner and when they actually saw them.

This survey identified an overall *positive shift* in the opinion poll over the past two years, trends which reflect the impact of the agency's ongoing quality improvement initiatives for its programs and services. This trend was identified among the following indicators:
- Accessibility of programs and services (both physical and functional)
- Equity (feeling comfortable and welcome)
- Client-centeredness (meeting clients' needs)
- Self-rated health

The greatest strengths included-
- the consistency of cultural appropriateness and safety,
- the strong sense of responsiveness to the community needs by the agency, as well as
- a commitment to anti-oppressive practices.

Particular mention was given to the organizational culture that ensures privacy and confidentiality, and encourages the practice of a uniform approach offered by Access Alliance staff, students and volunteers in the form of a noticeable commitment to promoting a friendly and inclusive environment. While Access Alliance's mission, vision, and values appear to transcend organizational structure, improved communication with external organizations and agencies on such ideals and mandates may prevent feelings of exclusion and ensure relevance for those clients participating in collaborative programs or services.

Participants requested-
- more flexible program/service scheduling
- more physical activity/sport and children and youth programs
- improved targeted promotion and outreach for existing programs and services, particularly within marginalized communities,
- a travel expense reimbursement plan,
- legal counsel for immigrants and refugee claimants, and
- housing support for newcomers.

Overall, the Client Experience Survey 2016 was successful; because it was based on methodological rigour, conducted within the planned timeframe and resources, and could capture a statistically valid number of samples.

7.0 Recommendations

Through analysis of the Client Experience Survey (including paper-based questionnaires and focus groups), the following action items were suggested to improve the quality of the programs and services at Access Alliance as felt and rated by the clients through the surveys and focus groups:

For future surveys:
- A. Conduct the real-time survey throughout the year (i.e. 45 samples every month).
- B. Shorten and simplify the questionnaire.

For programs and services:
- a. Revisit the interventions made for reducing the wait time to see a MD/NP
- b. Enhance promotion of the programs and services by using effective communication/ outreach tools/ strategies
- c. Plan program with more flexible hours keeping clients on board during planning
- d. Consider extending hours, e.g., evening/weekend hours of operation.
- e. Consider to add legal services or find partners for such services
- f. Develop a comprehensive travel expense reimbursement plan (TTC token eligibility).

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9.0 Appendix I

Client Experience Survey 2015

We want to know what you think about our programs and services and how we can make them better. Please complete this survey if you have used our programs and services at least one time before today.

Please read the following before you begin:

- The survey will take **15-20 minutes** to complete.
- The information provided will be anonymous and kept confidential.
- We will gather the data for quality improvement initiatives on programs and services.
- The survey is completely voluntary. If you do not want to participate, it will **NOT** affect your ability to access our programs and services.
- Ask a volunteer if you need help with the survey.
- Answer the questions based upon your participation in the past three years.

Thank you for your participation!

Questions about Access Alliance Programs and Services ☒

1. How long have you been using Access Alliance programs and services?

____Years____ Months

2. Have you accessed any of our primary care services (e.g. Doctors, Nurse Practitioners, or Nurses)?

¹☐Yes   ²☐ No

1. Which services or programs offered by Access Alliance have you accessed?

☐ Health services (e.g., seeing a doctor, nurse, dietician or social worker/ therapist) ☐ Settlement services ☐ Peer Outreach Worker ☐ Green Access/ Enviro-Leaders Academy	☐ Group programs for adults (e.g., Seniors / Newcomers program, Cooking Together, Community Dining) ☐ Youth programs ☐ Community events e.g., Holiday Dinner ☐ Other (please specify): _____

3b. How did you hear about programs and services of Access Alliance?

¹☐ Family/ friend ²☐ Peer Outreach Worker ³☐ School Health Clinic ⁴☐ Community Dinning Program ⁵☐ Social media (e.g., Facebook, twitter) ⁶☐ Website ⁷☐ E-mail alerts ⁸☐ Flyers ⁹☐ Monthly Calendar ¹⁰☐ Others (Specify)………..

4. Which of our locations do you visit most often?

¹☐ AccessPoint on Danforth   ²☐ AccessPoint on Jane   ³☐ 340 College St

5. Is this location easy for you to get to?   ¹☐ Yes²☐ No

6. Do the hours of service at this location meet your needs?   ¹☐ Yes²☐ No

6b. If **NO,** what is the best time for you to come for programs/services or appointments?

_____

7. If you have accessed the Primary Health Care services, please read each statement below and select one box that shows your opinion:

	Always	Often	Sometimes	Rarely	Never	N/A
i. How often can you get an appointment when you need one?	☐	☐	☐	☐	☐	☐
ii. When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?	☐	☐	☐	☐	☐	☐

iii. When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatments?	☐	☐	☐	☐	☐	☐
iv. When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?	☐	☐	☐	☐	☐	☐

8. The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in the office?

[1]☐ Same Day   [2]☐ Next Day
[3]☐ 2-19 Days   [3b]☐ If 2-19 Days, total number of days waited:

_____
[4]☐ 20 Days or More   [88]☐ Prefer not to Answer   [99]☐ Do not know
5☐ I was offered on the same day/ next day, but it did not suit my needs

9. Please read each statement below and select the one response that best shows your opinion:

	Always	**Often**	**Sometimes**	**Rarely**	**Never**
i. How often do the programs and services offered by Access Alliance meet your needs?	☐	☐	☐	☐	☐
ii. How often do the health centre staff members explain things in a way that is easy to understand?	☐	☐	☐	☐	☐
iii. How often do the staff help you connect to the services and programs you need at Access Alliance or in your community?	☐	☐	☐	☐	☐
iv. How often are you able to get services in a language of your choice?	☐	☐	☐	☐	☐
v. The staff members are easy to talk to and encourage me to ask questions.	☐	☐	☐	☐	☐

10. Please read each statement below and select one answer that tells us how you feel:

	Strongly Agree	**Agree**	**Neither Agree Nor Disagree**	**Disagree**	**Strongly Disagree**
i. Staff members treat me with courtesy and respect.	☐	☐	☐	☐	☐

ii. The programs and services respect my culture.	☐	☐	☐	☐	☐
iii. The programs and services respect my spiritual or religious beliefs.	☐	☐	☐	☐	☐
iv. I am satisfied with the interpretation services provided.	☐	☐	☐	☐	☐
v. I trust staff to keep my personal information confidential.	☐	☐	☐	☐	☐
vi. I know how to make a suggestion or complaint.	☐	☐	☐	☐	☐
vii. The programs and services have helped me improve my health and well-being.	☐	☐	☐	☐	☐
viii. Access Alliance has a positive impact on my community.	☐	☐	☐	☐	☐
Viii a) Please explain:					
ix. After accessing the programs and services at Access Alliance, I feel more connected to the community.	☐	☐	☐	☐	☐

10a. **How would you describe your sense of belonging to this area, neighbourhood or local community?**

(Sense of belonging is feeling like you are part of something, connected and accepted) Would you say it is:

Very strong	Somewhat Strong	Somewhat Weak	Very Weak	No Opinion
☐	☐	☐	☐	☐

11. **I always feel comfortable and welcome at Access Alliance?   Yes ☐   No☐**

      11a. If **No**, Please tell us the reason(s) that you do not always feel comfortable or welcome at our centre:

12. **Overall, how would you rate the care and services you received at Access Alliance?**

[1]☐ Excellent   [2]☐ Very Good   [3]☐ Good   [4]☐Fair
    [5]☐Poor

13. **I would refer a family or friend to Access Alliance:**

[1]☐ Strongly Agree   [2]☐ Agree   [3]☐ Neither Agree nor Disagree   [4]☐ Disagree   [5]☐ Strongly Disagree

14. What can we do to make our programs and services better for you?

-
-
-
-

15. What new or additional programs and services would you like Access Alliance to offer?

-
-
-

Questions about You ☒

16. In general, how would you describe your own health?

[1]☐ Excellent   [2]☐ Very Good   [3]☐ Good   [4]☐Fair

        [5]☐Poor

17. What was your year of birth? _____

18. What is your gender? Check ONE only

[1]☐Female	[2]☐Intersex	[3]☐Male
[4]☐Trans-Female to Male	[5]☐Trans-Male to Female	[6]☐ Two-Spirit
[7]☐ Other, Please Specify: _____	[98]☐Prefer Not to Answer	[99]☐ Do not know

19. What is your sexual orientation?

[1]☐ Bisexual	[2]☐ Gay	[3]☐ Heterosexual ("Straight")
[4]☐ Lesbian	[5]☐ Queer	[6]☐ Two-Spirit
[7]☐Other, please specify: _____	[98]☐ Prefer Not to Answer	[99]☐ Do not know

20. Were you born in Canada?

[1]☐ Yes [2]☐ No   [98]☐ Prefer not to answer   [99]☐ Do not know

21. What YEAR did you arrive in Canada? _____

22. In what language would you prefer to receive services at Access Alliance? _____

23. What was your total annual family income before taxes last year? Check ONE only.

$0 to $14,999	[1] ☐
$15,000 to $19,999	[2] ☐
$20,000 to $24,999	[3] ☐
$25,000 to $29,999	[4] ☐
$30,000 to $34,999	[5] ☐
$35,000 to $39,999	[6] ☐
$40,000 to $59,999	[7] ☐
$60,000 or over	[8] ☐
Prefer not to answer	[88] ☐
Do not know	[99] ☐

23a. How many people does this income support? _____ persons

[88] ☐ prefer not to answer   [99] ☐ Do not know

24. What is your current immigration status? Check ONE only.

[1] ☐ Canadian Citizen   [2] ☐ Permanent Resident   [3] ☐ Refugee Claimant

[4] ☐ Currently Applying for Humanitarian and Compassionate process   [5] ☐ Live-In Caregiver

[6] ☐ Temporary Foreign Worker Program or Seasonal Agricultural Worker Program.

[7] ☐ Non-Status   [8] ☐ Other (please specify): _____

[88] ☐ Prefer Not to Answer   [99] ☐ Do not know

25. What is your highest level of education? Check ONE only.

[1] ☐ Less than a high school diploma

[2] ☐ High school diploma/equivalent

[3] ☐ College certificate or diploma, trade, vocational or technical school, CEGEP

[4] ☐ University (including a professional or graduate) degree

[5] ☐ PhD or equivalent

[6] ☐ Other (please specify): _____   [88] ☐ Prefer not to answer   [99] ☐ Do not know

Thank you for your participation!

Client Experience Survey 2016
Report on Focus Groups with the Clients

1.1 Introduction

In order to understand and explain the context of clients' opinions within the quantitative annual Client Experience Survey (CES), three Focus Groups (FGs) were conducted with the clients of Access Alliance Multicultural Health and Community Services (Access Alliance). The first was conducted on May 26, 2016 at AccessPoint on Danforth (APOD) with clients who currently participate in the LGBTQ+ program delivered

> *Rigorous evaluation practice reflects Access Alliance's intentional efforts to be compliant with the sector's accountability framework, to ensure high quality of programs and services delivered, and to learn about opportunities for growth through improved services by listening to clients' voices.*

by Access Alliance. The second was conducted on June 15, 2016 at APOD with an overall selection of clients from that location. The third and final FG was conducted on June 29, 2016 at AccessPoint on Jane (APOJ) with an overall selection of clients from that location.

Such rigorous evaluation practice reflects Access Alliance's intentional efforts to be compliant with the sector's accountability framework, to ensure high quality of programs and services delivered, and to learn about opportunities for growth through improved services by listening to clients' voices. Ultimately, Access Alliance envisions its programs and services to be more accessible, safe, client-centered, equitable, efficient, anti-oppressive, and appropriately resourced. This report is a summary of the outcomes and findings from the second FG at APOD and the third FG at APOJ.

1.2 Methodology

Twenty-one clients participated in the two FGs (9 for APOD and 12 for APOJ) who accessed any of the Access Alliance programs or services before April 2016 and also responded to the paper-based survey. This was done in order to maintain the consistency and comparability of the findings between the quantitative and qualitative components of the survey. Participants for the FGs were recruited by placement students as a part of their academic learning contract with the agency.

Participants provided informed consent with the understanding that their participation was completely voluntary. Each participant also completed a demographic questionnaire. Research students facilitated the FG with pre-selected open-ended questions that led the interactive in-depth discussion and provided each participant an opportunity to share their

insight on five specific attributes: *client satisfaction, accessibility, equity*, *efficiency*, and *client-centeredness*.

The FG sessions were audio-recorded with consent from the participants. On-site childcare and language interpreters were made available to FG participants, in addition to TTC tokens and a healthy snack. Both sessions lasted approximately two hours (1:00 p.m. to 3:00 p.m.). Afterwards, the recordings were transcribed thematically. Sensitive information was treated diligently to ensure confidentiality and anonymity. No harm to any participating individual or to the organization was expected to result from this process.

1.3 Findings

1.3.1 Participant Demographics

The average age of the participants was 46 years, with ages ranging from 15-76. The majority (81%) of the participants were born outside of Canada, though most of them are now Canadian citizens (76%). The other 24% was comprised of three permanent residents and one refugee claimant. Two-thirds (67%) of participants identified themselves as female. Ninety-five percent identified as heterosexual. The majority (67%) selected English as their preferred language, with the other language preferences being Spanish (2), Dari (3) and Farsi (1).

The educational background of participants varied considerably. The majority (43%) of participants had less than a high school diploma, approximately one-quarter (24%) had a high-school diploma or equivalent, and the remaining one-third (33%) had a post-secondary education (i.e. college diploma, university degree, PhD). Twenty-four percent of participants reported an average income within the lowest income bracket ($0-$14,999), 14% reported an average income of between $15,000 and $19,000, 19% between $20,000 and $24,999, 5% between $25,000 and $29,999, 14% between $30,000 and $34,000, and the remaining 19% of participants did not know their average income. The number of dependents among participants varied considerably, ranging from one to seven.

1.3.2 Client Satisfaction

Overall, the participants were satisfied with the programs and services at Access Alliance, and they would readily refer a family member or friend to the organization. One individual stated, *"I am very happy. As much we enjoy here, we want them (friends) to be here and join in the different programs. We are very happy here".*

Clients often credited Access Alliance in its ability to promote community engagement and social connectedness, ultimately leading to the development of friendships. While positive references to the organization's inclusive and welcoming environment were frequently made, participants took this opportunity to strongly communicate their desire for more opportunities to participate in current programs and services (e.g. cooking, diabetes clinic), and that *greater efforts should be made to promote public awareness of such services* through various communication initiatives (i.e. peer outreach, advertisements).

1.3.3 Accessibility

Reflections from clients provided evidence of an inclusive, culturally safe, and anti-oppressive environment fostered by the agency. Several participants commended Access Alliance's "open door" policy for providing them with access to needed services when no one else would. As one client stated, "*As I said, not having a health card means a lot of doors are closed…Access Alliance really eliminates the barrier to health care*".

Language did not appear to be a barrier for these clients, as everyone agreed that when English was not an effective and culturally-appropriate form of communication, interpreter services were always made available. Several clients appreciated the opportunity to learn the English language while participating in programs and services at Access Alliance, but advocated for more formal language development services for both English and French.

Travel expenses and affordability have been raised as barriers for attending the programs and services. The majority of participants mentioned that they do not usually receive the two TTC tokens they are promised and that the system of qualification for reimbursement is inconsistent and unfair. One participant stated, "*Sometimes they give you the tokens, for like three weeks. Then other times they didn't, even the agreement was to be reimbursed with two tokens every day. It's not being fairly assessed who should receive tokens and when*". Several clients stated that injuries and disabilities require them to rely on public transportation services, and yet they do not qualify for reimbursement because of their close proximity to an AccessPoint location.

The *program/service schedule* was also identified as a barrier for some, primarily due to the demands of their work and school schedules. Participants suggested that a more flexible schedule would help them manage other priorities. For example, one client recommended expanding the diabetes clinic from one day to two days a week. Several clients also claimed that they were unable to register for various programs (i.e. cooking) because they had attended

the same program one year prior. They requested clarification of the policy and any other organizational mandates related to program registration.

As previously mentioned, limited knowledge and awareness of Access Alliance programs and services was identified as the most notable accessibility challenge by the participants of both groups. One client stated, *"Eventually I got referred to Access Alliance (AA) and received the services I needed, but very few people in my circle knew about AA so my access was limited"*. The majority of participants advocated for more effective promotion initiatives across the city (i.e. through churches, legal aid offices, other community health centres, public transportation), especially in marginalized communities and regardless of the proximity to AccessPoint locations. Several participants mentioned that even when they do see advertisements or flyers, they are often outdated and no longer apply.

Finally, one client mentioned that the *elevator at APOJ* is often out of service, causing a physical barrier for clients with disabilities, injuries or young children (strollers).

> *"…Reading this booklet, it says that you're free to invite anyone, everybody to these places. That puts me at ease. It puts the community at ease."*

1.3.4 Equity

Overall, clients experience a feeling of equity or comfort at Access Alliance. They credited Access Alliance workers for their consistent commitment to inclusion and their ability to create a welcoming environment, regardless of their position (staff, volunteer, or student). One client stated, *"The staff is so kind, so lovely. When we came here they always appreciate me. They are all very nice – very nice…like our own family"*. Another participant went on to reference the 2016/2017 Community Programs and Services Booklet, stating, *"…Reading this booklet, it says that you're free to invite anyone, everybody to these places. That puts me at ease. It puts the community at ease."* However, most of the FG participants were unaware of Access Alliance's Community Programs and Services Booklet and would like to have been notified about it sooner.

> **At Access Alliance, programs and services offer opportunities to develop friendships, build stronger communities and learn how to live healthier lives.**

Furthermore, *confidentiality/privacy* and *the offer of free amenities (including food)* were identified as reasons for client comfort and inclusion. However, they once again advocated for stronger program and service promotion efforts, in particular, within marginalized communities among various populations (i.e. adults and youth).

1.3.5 Efficiency

When asked how programs and services may have helped them to improve their health and wellbeing, the majority of participants stated that the programs and

services offer opportunities to develop friendships, build stronger communities and learn how to live healthier lives. "…*And now I'm very healthy, and I have friends, and staffs are good",* said one participant. Participants also credited Access Alliance's programs/ services for reducing stress and for providing development opportunities amongst the community members. As one client stated, *"There's a benefit from the child's standpoint and from the parents, everybody".*

More opportunities to participate in programs, particularly those related to children and youth (i.e. after-school and summer initiatives), were desired.

1.3.6 Client-Centeredness

Clients commended Access Alliance on its promotion of a client-centered approach, revealing that they felt the programs and services respected and reflected their needs, particularly as newcomers seeking health-related services (i.e. primary care, fitness, and nutrition programs). Participants also credited the organization for its highly accessible services and variety of programs. Furthermore, organization partnerships, such as the one with the Neighbourhood Centre, were mentioned as effective initiatives that they would like to see continue.

> *"I attended the diabetes clinic because one of my sons was diagnosed with diabetes and I was really in shock, I didn't know how to help him. So the program helped me a lot with very practical issues about the diet and how to control."*

1.4 Conclusion and Recommendations

Overall, participants reported a high level of satisfaction with the welcoming and the accessible programs and services at Access Alliance. The agency's greatest strengths included the *consistency of cultural appropriateness* and safety, the strong *sense of responsiveness* to the community needs, as well as a commitment to *anti-oppressive practices* in the form of community collaboration. Particular mention was given to the *organizational culture* that ensures privacy and confidentiality, and encourages the practice of a uniform approach offered by Access Alliance staff, students and volunteers in the form of a noticeable commitment to promoting a friendly and inclusive environment.

With regards to barriers to accessibility, clients clearly advocated for stronger *program promotion efforts* through more effective communication about current initiatives and more targeted outreach within marginalized communities. Such improvements in the communication of programs and services would promote inclusion and ensure relevance. While travel distance does not seem to represent a barrier for clients, *travel expenses* (i.e. TTC fare) do. Participants strongly communicated a need for a travel expense reimbursement program. In addition, clients requested a more *flexible schedule* for certain programs (e.g. cooking, yoga) and services (e.g.

diabetes clinic) in order to ensure they are available to all clients, including those with competing priorities such as school or work. *Non-functioning elevators* represented the only physical barrier limiting patient access reported. Finally, as expressed by the majority of participants, opportunities for new initiatives include more programs related to physical activity, language development (i.e. English), and child- and youth-related programs.

Client Experience Survey 2016

Report on Focus Group with Members of the LGBTQ+ Community

1.1 Introduction

In order to understand and explain the context of clients' opinions within the quantitative annual Client Experience Survey (CES), a Focus Group (FG) was conducted with the clients of Access Alliance Multicultural Health and Community Services (Access Alliance). This FG was conducted on May 26, 2016 at AccessPoint on Danforth (APOD) with clients who currently participate in the LGBTQ+ program delivered by Access Alliance. This rigorous evaluation practice reflects Access Alliance's intentional effort to be compliant with the sector accountability framework, to ensure quality of the programs and services, and also to learn about opportunities for growth through improved services by listening to the clients' voices. Ultimately, Access Alliance envisions its programs and services to be more accessible, safe, client-centered, equitable, efficient, and appropriately resourced.

1.2 Methodology

Ten participants for the FG were recruited from clients who accessed any of the Access Alliance programs or services before April 2016 and responded to the paper-based survey. This was done in order to maintain the consistency and comparability of the findings between the quantitative and qualitative components of the survey. The recruitment itself was performed by placement students as a part of their academic learning contract with the agency. The LGBTQ+ program facilitator non-judgementally encouraged clients of the program to participate in the FG, but was not involved in any component of the FG process.

All participants provided informed consent with the understanding that their participation was completely voluntary. Each participant also completed a demographic questionnaire. Pre-selected questions led the interactive in-depth discussion which provided each participant an opportunity to share their insight on five attributes of the programs/ services of Access Alliance: *accessibility, efficiency, equity, client-centeredness, and client satisfaction.*

The FG session was audio-recorded with consent from the participants. FG participants received TTC tokens and a healthy snack. On-site childcare and language interpreters were also made available. The entire session lasted approximately two hours (5:30 p.m. to 7:30 p.m.) in a place different from their program area. Afterwards, the recordings were transcribed thematically.

Sensitive information was treated diligently to ensure confidentiality and anonymity. No harm to any participating individual or to the organization was expected to result from this process.

1.3 Findings

1.3.1 Participant Demographics

The average age of participants was 28 years, with ages ranging from 19-36 years. The majority (80%) were between the ages of 25-45. All participants were born outside of Canada, with the majority (80%) having lived in Canada between one year and less than one year. Nine out of ten participants were refugee claimants. Seventy percent of participants identified as female. Sixty percent of participants identified as lesbians. The majority (80%) selected English as their preferred language.

The educational background of participants varied considerably. Approximately one third (30%) of participants had a high school diploma or equivalent; one fifth (20%) had a college certificate or diploma, or attended a trade/vocational /technical/ CEGEP school; two fifths (40%) had a university (including a professional or graduate) degree. Four of the ten participants reported an average income of the lowest income bracket ($0-$14,999), while the remaining six did not know their income. Three participants had one dependent, one had four dependents, one had no dependents, four did not know how many dependents they had, and one did not answer.

1.3.2 Client Satisfaction

Largely speaking, all participants indicated that they were satisfied with the programs and services at Access Alliance, and that they would refer a family member or friend to the organization. One individual stated, "*I would refer friend/family member to Access Alliance because it's perfect for newcomers*". Another participant mentioned that although they would happily recommend Access Alliance to friends or family, they would limit this recommendation to newcomers, stating, "*Would refer any newcomer to Access Alliance. It's better if Access Alliance focuses more on newcomers, because it'll be too much if others are around*".

While positive references to Access Alliance's inclusive and welcoming environment were frequently made, participants took this opportunity to strongly communicate the lack of initiatives with regard to legal counsel/advice for navigating the refugee claimant

process.

1.3.3 Accessibility

Reflections from clients are evidence of an inclusive, culturally safe, anti-oppressive environment fostered by the agency. One client stated, "*Completely a welcoming environment… (The program coordinator) was personal and clear. (The program coordinator) was a door-opener for us.*" All ten clients agreed.

Language did not appear to be a barrier for these clients, as everyone agreed that English is an effective and culturally-appropriate form of communication. The majority of participants normally receive two TTC tokens; however, some of them mentioned that they are often only compensated with one. The *affordability of transportation costs* was identified as the most notable access challenge by the participants of this group. One participant stated, "*I'm coming from a long way and it's only fair that I get compensated*".

The *program schedule* for LGBTQ+ was identified as a barrier for some, in part, due to distance and travel time required to participate the program on time after school. Participants suggested that additional program opportunities and a more flexible schedule would help them manage other priorities.

1.3.4 Equity

Overall, clients experience a feeling of equity or comfort. Participants repeatedly noted that what made *Access Alliance unique was* its *sense of inclusion*. As previously mentioned, all staff at Access Alliance are welcoming, with several participants noting that they could not distinguish between paid staff and volunteers because the latter were so invested in the (LGBTQ+) program. In particular, the program coordinator was praised for the personal attention they provide to clients, responding to them in a timely manner, meeting with them one-on-one, and contacting them about relevant non-Access Alliance programs. Furthermore, *the offer of free amenities (including food) was identified as a helpful way to draw first-time clients to programs*.

Several participants mentioned that other agencies with similar services offer programs that are less personalized, i.e. "*Access Alliance lets clients be more involved in choosing and facilitating topics and programs of interest to them, so they feel like it's their*

program". Participants recalled that at other agencies they felt "talked at", as though they were in a classroom. Access Alliance compared favourably, where clients have experienced a sense of ownership over programs/services, where they are encouraged to help build such initiatives. Moreover, the prioritization of client confidentiality also contributed to feelings of safety, as compared with other organizations where they occasionally experienced a lack of privacy when receiving services.

Some participants took this opportunity to again mention that *legal assistance with the immigration process* is a service missing at Access Alliance. This would be particularly valuable in the consideration of cases where applicants are rejected and face deportation to their native country with tragic consequences. One participant noted that some agencies do offer access to a lawyer in order to appeal, extend a visa, or acquire status on humanitarian grounds.

1.3.5 Efficiency

The majority of participants stated that the programs and services offer opportunities to meet people from similar backgrounds and develop friendships, when they were asked how programs and services may have helped them to improve their health and wellbeing. "…*Access Alliance is a place where you make friends and come together*"- said one participant.

Participants revealed that they felt the programs and services respected and reflected their needs, particularly as newcomers seeking settlement assistance and support services. From volunteers to students to full-time staff, participants agreed that the consistent commitment and contributions from the entire Access Alliance team (noting certain staff and students in particular) promoted a feeling of safety.

During a discussion on the use of primary care services, one participant, a refugee, described an unsatisfactory first experience with Access Alliance. *In this case, she was told she did not qualify for health services due to a lack of the necessary refugee documentation*, and *had to seek medical care elsewhere*. This is an unexpected occurrence, as Access Alliance serves the non-insured as well. This discussion also falls under the category of *accessibility*.

1.3.6 Client-Centeredness

Participants commended Access Alliance on its promotion of a client-centered approach, referring to the immediate accessibility of services as well as the variety of programs. One participant stated, "*In other communities, you have to wait for*

orientation, which can take a month. When you come Access Alliance, you start right away". However, there were a few specific areas where participants identified opportunities for improvement. One individual brought up their experience with settlement services: they felt that *more direct assistance in finding housing was needed for newcomers who may not have any experience or references*, and that providing website/ newspaper resources or connecting with a shelter was insufficient. Rather, being connected directly to flexible renting options is more valuable, i.e. individuals who will let you rent "*until you get on your feet*".

Participants also declared a need for *more physical activity and sports programs* that are available to everyone. For example, one individual brought up the example of the Scarborough Cycles bike rental program only being offered to permanent residents and refugees and not to the refugee claimants. However, it should be noted that since the release of this feedback, the Scarborough Cycles program has adjusted their inclusion policy, whereby now *everyone can borrow bicycles from the APOD Hub*.

Several clients expressed an appreciation for the widespread promotion and adoption of Access Alliance values with respect to inclusivity and accessibility, among other things. Evidence of this, participants observed, comes in the form of the trickle-down effect of certain staff management styles to the other staff members, students and volunteers, whereby many agreed that such values and themes of inclusion impact everyone. On the whole, these values extend through to organizations that collaborate with Access Alliance, when clients are connected to external programs and services in the community.

However, one participant mentioned the need for improved communication between Access Alliance and its collaborating organizations on the needs of participating clients in order to ensure relevance. The example provided here was where an external resident-based program discussed content that did not pertain to them, as refugee claimants.

1.4 Conclusion and Recommendations

Overall, participants reported a high level of satisfaction with the welcoming and accessible programs and services at Access Alliance. The greatest strengths included the consistency of cultural appropriateness and safety, as well as the strong sense of responsiveness to the community needs by the agency. Particular mention was given to the leadership role and organization culture that encourage to practice a uniform approach offered by Access Alliance staff, students and volunteers whereby participants clearly described a noticeable commitment to promoting a friendly and inclusive environment. While Access Alliance's mission, vision, and

values appear to transcend organizational structure, improved communication with external organizations and agencies on such ideals and mandates may prevent feelings of exclusion and ensure relevance.

With regards to barriers to accessibility, clients clearly advocated on behalf of a travel expense reimbursement program and a more flexible schedule in the form of additional program opportunities available to all clients. In addition, improvement in the communication for better access to primary care services is another area that merits examination. Finally, as expressed by the majority of participants, opportunities for services include more sports/physical activity programs, a more comprehensive housing program as offered through settlement services, and legal support services.