1. MOTION TO RECONVENE INTO OPEN SESSION

2. DECLARATIONS OF PECUNIARY INTEREST UNDER THE MUNICIPAL CONFLICT OF INTEREST ACT

3. PRESENTATIONS
   a) Greg deGroot-Maggetti, Mennonite Central Committee, Re: Circle of Friends Program: Social Return on Investment

4. REPORTS – Public Health
   a) PH-12-022, Ontario Injury Data Report
   b) PH-12-023, Re-Engineering of Region of Waterloo Public Health’s Vaccine Preventable Diseases Program: Travel Clinic

REPORTS – Planning, Housing & Community Services
   c) P-12-072, Operating Management Plan for Hilborn Knoll Regional Forest

REPORTS – Social Services
   d) SS-12-020, Sunnyside Home Medical Director Annual Report 2011 (Staff Presentation)
   e) SS-12-021, Sunnyside Community Alzheimer Programs Update
   f) SS-12-022/F-12-039, Children’s Services Revenue Collection Extended Day
   g) SS-12-023, Increase in 2012 Provincial Rent Bank Funding

5. INFORMATION/CORRESPONDENCE
   a) Memo: A New Manual for Developing Advisory Groups of People with Lived Experience of Homelessness and/or Poverty
   b) Ontario 211 Services Corporation Re: Data Management Update, dated May 10, 2012

6. OTHER BUSINESS
   a) Council Enquiries and Requests for Information Tracking List
7.  NEXT MEETING – June 19, 2012
8.  ADJOURN
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 29, 2012

FILE CODE: P16-20

SUBJECT: ONTARIO INJURY DATA REPORT

RECOMMENDATION:

For information

SUMMARY:

This report summarizes the major findings from the Ontario Injury Data Report released March 22, 2012 by the Ontario Injury Prevention Resource Centre. The Ontario Injury Data report is available at:


BACKGROUND:

Injury is the leading cause of death for Canadians 1 to 44 years of age.¹ In addition to the significant personal impact on those affected by injuries, there are also great financial costs to our society. For example, in 2004, injuries cost the Ontario economy $6.8 billion and resulted in 4,643 lives lost across the province.²

According to the Ontario Injury Data Report, “Injuries have been described as the “invisible epidemic” or as the “neglected disease”, as they occur in great numbers and there is a widespread misconception that they are accidents which are a part of everyday life.³ However, injuries, even unintentional injuries, are not accidents. Accidents have been defined as unavoidable acts of fate. Most injuries, however, are causally related to specific events and multiple factors such as age, gender, risk perception, socio-economic status, risk-taking tendencies, injury mechanism and culture. As such, injuries are both predictable and preventable.”⁴

PURPOSE OF THE ONTARIO INJURY DATA REPORT:

The Ontario Injury Data Report was released March 22, 2012 by the Ontario Injury Prevention Resource Centre. This report includes counts and rates for emergency room visits,

¹ Statistic Canada (1998).
² SMARTRISK. (2009). The Economic Burden of Injury in Canada. SMARTRISK: Toronto, ON
hospitalizations and deaths from injury between 2007 and 2009 - broken down by cause and age group for each Ontario Health Unit. The data provides information to communities throughout the province so they can better understand the most common injuries and the age groups at higher risk. This information supports the development of tailored strategies for prevention to reduce the occurrence of injury and injury related deaths in our province.

KEY FINDINGS:

It is important to note that emergency room (ER) visit and hospitalization data refer to annual counts/rates from fiscal year 2007-2009 (April 1, 2007 to March 31, 2010) while death data refer to annual counts/rates from calendar year 2001-2005 (Jan 1, 2001 to Dec 31, 2005).

Overall Injury Rates

- In Waterloo Region, injuries caused 73,747 ER visits, and 4,384 hospitalizations, annually between fiscal years 2007 to 2009 and 584 deaths annually from calendar years 2001 to 2005.

- Waterloo Region had a lower injury and death rate than the province overall.
  - The rate of injury-related ER visits in Waterloo Region was 7,256 per 100,000 residents annually, compared to a rate of 8,964 per 100,000 in the province as a whole.
  - The death rate due to injuries in Waterloo Region was 25 per 100,000 residents annually, compared to a rate of 30 deaths per 100,000 residents in the province as a whole.

Intentional Self Harm

- Intentional self harm was the leading cause of injury-related death in Waterloo Region (177 deaths annually) – higher than falls, motor vehicle, or other causes of injury-related death.

- Self-harm rates leading to ER visits and hospitalizations in Waterloo Region were higher than the provincial average. In Waterloo Region, there were 145 self-harm-related ER visits for every 100,000 residents, compared to the provincial rate of 110 visits per 100,000 residents. The rate of hospitalizations in Waterloo Region for self harm was 44 hospitalizations per 100,000 residents, compared to the provincial rate of 35 per 100,000 residents.

- Teens 15 to 19 years of age were most likely to be hospitalized because of self harm in Waterloo Region (144 hospitalizations per 100,000 residents) compared to all other age groups.

Falls

- Falls were the leading cause of injury-related ER visits and hospitalizations in Waterloo Region – resulting in 23,463 ER visits and 2,500 hospitalizations annually.

- The incidence of falls-related ER visits was lower in Waterloo Region (2,308 visits per 100,000 residents) than across the province (2,936 visits per 100,000 residents), even among the elderly who most commonly experience falls (seniors 80 years and older had 8,784 falls-related ER visits per 100,000 residents in Waterloo Region, compared to
10,030 visits per 100,000 residents in the province as a whole.)

- Fall-related hospitalization rates were higher among infants 0 to 4 years of age (125 hospitalizations per 100,000 residents in Waterloo Region) and children 5 to 9 years of age (140 hospitalizations per 100,000 residents). The rate was lower among those 15 to 44 years of age. In those aged 45 years and older, the rate of fall-related hospitalizations rose with advancing age, with the highest rate among seniors 80 years and older (2,898 hospitalizations per 100,000 residents).

- The leading cause of both fall-related ER visits and hospitalizations in Waterloo Region was slipping or tripping on the same level (7,831 ER visits and 897 hospitalizations). Stairs and steps were the second most common cause (3,031 ER visits and 237 hospitalizations).

**LOCAL PREVENTION PROGRAMMING**

The Waterloo Region Suicide Prevention Council, which is supported by Public Health and other community organizations, aims to reduce self harm through initiatives that include suicide alertness workshops, a program that helps people who struggle with suicidal thoughts to cope and a new support group for those bereaved by suicide beginning this spring.

Public Health is a member of the Older Adults Falls Prevention Committee, which aims to educate older adults and their support networks about falls prevention through initiatives that include workshops and research to uncover local needs. Public Health is also involved in the Seniors Networking Group and the ROW Seniors Advisory Committee. Additionally, Public Health has taken an upstream approach to falls prevention by developing Waterloo Region Walks, a community committee that works together to promote and support walking in Waterloo Region with a focus on women 35+ and older adults.

The Local Health Integrated Networks (LHINs) identified that a provincial falls prevention framework is needed to address
- the lack of coordination and integration,
- resources not optimally utilized,
- leading practices, not adequately shared and
- potential duplication or gaps impacting the quality of prevention measures and delivery of care.

The creation of the Integrated Provincial Falls Prevention Framework and Toolkit (July 2011) is a joint initiative between the LHINs and Public Health. Locally Region of Waterloo Public Health is in discussion with our local LHIN and two other Health Units (Waterloo-Wellington-Dufferin and Grey Bruce) to determine how we might work together to implement this important prevention initiative.

Public Health is involved in many initiatives to decrease injuries among children as well, including providing information about how to prevent injuries among children through health fairs, home visits, and printed or website resources. Public Health is also a member of the Please Be Seated Coalition – a partnership with groups across the community to reduce injuries and deaths of children involved in motor vehicle crashes through increasing awareness, public education, and advocacy.
NEXT STEPS

The data presented in this report will be shared with community partners and be used to further inform prevention programming.

CORPORATE STRATEGIC PLAN:

NIL

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

NIL

PREPARED BY:  
Jillian Welk, Public Health Planner, Healthy Living Division
Amanda Kroger, Manager, Healthy Living Division
Jessica Deming, Epidemiologist, Epidemiology and Health Analytics

APPROVED BY:  
Dr. Liana Nolan, Commissioner/Medical Officer of Health
RECOMMENDATION:

THAT the Regional Municipality of Waterloo discontinue its International Travel Health Clinic operations as of January 1, 2014;

AND THAT the Regional Municipality of Waterloo amend By-law 12-001, being a By-law to Establish Fees and Charges for the Regional Municipality of Waterloo, to implement the fee schedule for services provided within the Public Health’s International Travel Health Clinic effective July 1, 2012 as shown in Attachment 1 - Report PH-12-023, dated May 29, 2012.

SUMMARY:

The Vaccine Preventable Diseases Program is dealing with increasing pressures to its programs and services as a result of changes introduced by the Ministry of Health and Long-Term Care and other external factors. As a result, a full review of its activities is currently being conducted to determine how to re-engineer the program and how to best allocate human and financial resources to carry out the identified priorities as defined in the Ontario Public Health Standards. Public Health is not required by the standards to operate a travel clinic, but is required to ensure that the service is available in the community.

The first stage (mid-2011 to early 2012) evaluated Region of Waterloo Public Health’s International Travel Clinic (herein referred to as travel clinic). The review concluded that:

- There is increasing competition from the private sector which can offer travel health services more efficiently
- A majority of family physicians offer some form of travel-related services to their patients
- Clients attending travel clinic have more complex medical histories increasing the time required to complete an appointment.

The review also determined that actual program resources utilized in the travel clinic were higher than budgeted amounts. As a result, staffing resources are being diverted to the travel clinic away from other required activities in the Vaccine Preventable Diseases Program. In addition, the travel clinic operated at a financial loss the past few years.

After completing the evaluation, project teams comprised of Public Health staff and management reviewed the findings. Based on the evidence the teams concluded that:

- There are sufficient travel health clinics/services in the community to meet the travel requirement for clinical services as listed in the Ontario Public Health Standards (OPHS)
• With new and increasing competition from the private sector Public Health should not be operating a travel health service where revenues are less than expenses
• Public Health would be unable to streamline its operations to be as efficient or cost-effective as private sector providers
• As resources are limited, they should be prioritized and directed to other programs and services offered by the Vaccine Preventable Diseases Program as required by the Ontario Public Health Standards

Therefore, it is recommended that the Regional Municipality of Waterloo discontinue its travel health clinic operations. It is further recommended that there be a transition phase of approximately 18 months to wind down current operations and determine the alternative travel-related services Public Health would provide (e.g. health promotion, referral, providing enhanced travel-related information and tools on Public Health’s website, working with primary care practitioners to enhance their practice capacity).

In the interim, program resources would be reallocated back to cost shared programming and out of travel clinic to align with the budgeted amounts. This would be accomplished by decreasing travel clinic by one day per week. In order to optimize cost recovery of the clinic, administration and vaccine fees will also be increased so they are aligned with those of private sector providers.

REPORT:

Background

Each program in the Infectious Diseases, Dental and Sexual Health division continues to assess and make modifications to its programming to ensure alignment with the Ontario Public Health Standards (OPHS). In particular, a review completed after the release of the standards revealed the need to make significant modifications in the Vaccine Preventable Diseases Program. In addition, there have been increasing pressures to the program as a result of changes introduced by the Ministry of Health and Long-Term Care as well as evolution in vaccine development. These pressures include:

• The introduction of accountability agreements with the Ministry of Health and Long-Term Care which set coverage rate targets for the non-mandatory vaccines included in the school immunization program (refer to Report PH-12-012)
• Growth in the number of vaccines covered under Ontario’s publicly funded schedule and offered by the program
• Ongoing changes to Ontario’s publicly funded immunization schedules (e.g. advances resulting in vaccines being updated and replaced)
• Changes to the local health care environment (physicians, private travel clinics, etc.)

In light of the continued pressures the division initiated a full review of the Vaccine Preventable Diseases’ programs and services and how they are offered. The purpose of this review is to determine:

• What programs or aspects of programs should be enhanced, modified, continued or discontinued (herein referred to as “re-engineering”) to meet requirements listed in the Ontario Public Health Standards and Public Health’s accountability agreement with the Ministry of Health and Long-Term Care; and,
• How to best allocate human and financial resources to carry out the identified priorities

The review is being conducted in stages. The first stage (mid-2011 to early 2012) evaluated Region of Waterloo Public Health’s International Travel Clinic. This Committee report focuses on the evaluation results and provides recommendations about travel clinic operations for consideration.
Subsequent stages (mid-2012 to early 2013) will review all other aspects of the Vaccine Preventable Diseases Program (e.g. school immunization program, immunization clinics, community influenza clinics, vaccine ordering and distribution).

Travel Health Services Review Results: Highlights

Environmental Scan

Previous to 2005, Public Health’s International Travel Clinic was the only clinic within the geographic boundary of Waterloo Region providing travel health services. In addition, the clinic was the only one (outside of the Toronto, Hamilton and London areas) that could administer the yellow fever vaccine; as such, the clinic saw local clients as well as clients from neighbouring jurisdictions. Since 2005, however, three private providers opened travel clinics in Waterloo Region increasing the number of options for local travellers. A fourth provider, a family health team, provides travel services to clients registered with their practice. All four offer yellow fever immunization. As a result, Public Health is now directly competing with private sector providers. The review also revealed that private travel clinic providers typically charge higher clinic and vaccine fees, and have shorter appointment times.

Since the other travel clinics opened, demand for Public Health’s travel clinic appointments decreased.

In addition, respondents to a Public Health survey of local physicians indicated that 62 per cent provide travel health services to their patients. The services they provide include malaria prescriptions, diarrhea prescriptions, travel immunizations and information on unsafe food and water. Fifty-eight per cent stated that they do refer some patients to Public Health’s travel clinic or private travel clinics. Some suggested they only refer complex cases.

In terms of attendance, the number of appointments decreased the past five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
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<tbody>
<tr>
<td>Client Visits</td>
<td>5,333</td>
<td>4,923</td>
<td>3,510</td>
<td>2,958</td>
<td>2,944</td>
</tr>
</tbody>
</table>

Survey of Travel Clinic Clients and Focus Groups with Staff

A survey of Public Health’s travel clinic revealed that clients generally come as individuals or couples, have travelled internationally before (87 per cent indicated they had) and do not compare costs between travel clinics before booking an appointment. Results indicate clients are pleased with the service and offer few suggestions for improvement.

Staff working travel clinic stated that travel health services in Waterloo have changed significantly over the past five years:
- There are more providers than before, clients are more knowledgeable about travel health and their available options
- Clients attending clinic have more complex medical histories increasing the time required to complete an appointment
- Some cases require physician consultation before administering vaccines or prescribing medications

Local Data

A review of local travel-related epidemiological data revealed that:
- Twenty-seven per cent of confirmed enteric disease cases in Waterloo Region listed travel as a risk factor
The only non-enteric diseases reporting travel as a risk factor (2005-2010) were malaria (16 cases) and hepatitis B (3 cases).

It is impossible to determine how many infections/diseases in Waterloo Region were prevented as a result of individuals seeking out travel health services.

**Financial Analysis**

Since 1992, Region of Waterloo Public Health’s travel clinic was budgeted to operate as a cost-recovery clinic where expenses (staffing, vaccine, etc.) are recovered through administrative and vaccine fees. Historically, the clinic generated revenue which was used to fund staff training and education initiatives, and to offset the costs of some other programs and services at Region of Waterloo Public Health.

The review also determined that actual program resources utilized in the travel clinic were higher than budgeted amounts. As a result, staffing resources are being diverted to the travel clinic away from other required activities in the Vaccine Preventable Diseases Program. In addition, the travel clinic operated at a financial loss the past few years (refer to the Financial Implications section for more details).

Further analysis revealed that travel clinic would not break even or be profitable even if it operated at its allocated staffing cost.

**Ontario Public Health Standard Requirement**

The Vaccine Preventable Diseases Standard states “The board of health shall provide or ensure the availability of travel health clinics.” The requirement provides flexibility to each local jurisdiction to provide the service directly or to support other providers who offer the service.

**Recommendations Based on Travel Health Services Review Findings**

After completing the evaluation, project teams comprised of Public Health staff and management reviewed the findings. Based on the evidence the teams concluded that:

- There are sufficient travel health clinics/services in the community to meet the travel requirement listed in the Ontario Public Health Standards (OPHS)
- A service currently being offered elsewhere in the community should not be provided by Public Health, especially not in a deficit position, when there are gaps in compliance with mandatory programs/requirements
- Serving clients with complex medical backgrounds and complicated travel histories requires a more intensive medical assessment than what can be reasonably offered at Public Health’s travel clinic
- The health unit should re-direct its travel-related efforts to health promotion activities and promote the need, particularly for priority populations, of travel health services including immunizations
- As resources are limited, they should be prioritized and directed to other programs and services offered by the Vaccine Preventable Diseases Program

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1 This excludes capital and other costs such as rent for clinic space, utilities, etc.
Based on the findings and the reasons listed above it is recommended that the Regional Municipality of Waterloo discontinue its travel health clinic operations. It is further recommended that there be a transition phase of approximately 18 months to wind down current operations and determine the alternative travel-related services Public Health would provide (e.g. health promotion, referral, providing enhanced travel-related information and tools on Public Health’s website, working with primary care practitioners to enhance their practice capacity). This may also provide other private providers the opportunity to fill any gap left by our discontinuation of service.

It is also proposed that Public Health would reduce the amount of staff time allocated to travel clinic (by one day per week) between July 1, 2012 and December 31, 2013 to align with the current budget. In addition, it is recommended that administration and vaccine fees be increased to align with those of private sector providers and to optimize cost-recovery.

Next Steps

Public Health staff will transition and monitor impact while working to enhance and support community practice capacity.

A review all other activities and services of the Vaccine Preventable Diseases Program (e.g. school immunization program, immunization clinics, community influenza clinics, vaccine ordering and distribution) is underway. This will outline which vaccine programs and services should be enhanced, modified, continued or discontinued to address gaps in compliance with the Ontario Public Health Standards and how to best allocate human and financial resources to carry out the re-engineered activities.

CORPORATE STRATEGIC PLAN:

Public Health’s travel clinic contributes to strategic focus area #4 (Healthy and Inclusive Communities).

The Travel Health Services Review also relates to strategic focus area #5; more specifically, strategic objective 5.3, “Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.”

FINANCIAL IMPLICATIONS:

In recent years travel clinic costs have exceeded revenues, resulting in budget deficits in travel clinic operations. Please refer to the graph below.
International Travel Clinic Surplus/Deficit, Based on 2.9 FTE staffing allocation, 2006-2011

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/Deficit</td>
<td>$21,989</td>
<td>$3,867</td>
<td>$7,073</td>
<td>($44,395)</td>
<td>($94,502)</td>
<td>($86,357)</td>
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</table>

Over the 2006 – 2011 time period there has been a cumulative deficit of $192,325 (based on the 2.9 FTE staffing allocation). On an annual basis, the travel clinic surplus or deficit has been included in the Public Health cost shared budget allocations.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance and Human Resources were consulted on this report.

ATTACHMENTS:

Attachment 1 — Proposed User Fee Revisions for Region of Waterloo Public Health’s Travel Clinic

PREPARED BY: Chris Harold, Manager, Information and Planning
Karen Quigley-Hobbs, Director, Infectious Diseases, Dental and Sexual Health
Anne Schlorff, Director, Central Resources

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
## Attachment 1
### Proposed User Fees Revisions for Region of Waterloo Public Health’s Travel Clinic

<table>
<thead>
<tr>
<th>Description</th>
<th>Proposed Fee</th>
<th>Current Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration/Counselling Fees:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single</td>
<td>$55.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>• Couple</td>
<td>$110.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>• Family</td>
<td>$110.00 (first two individuals)</td>
<td>$85.00</td>
</tr>
<tr>
<td></td>
<td>+ $10.00 for each additional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>person</td>
<td></td>
</tr>
<tr>
<td><strong>Vaccines:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dukoral — primary</td>
<td>$90.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>• Dukoral — booster</td>
<td>$45.00</td>
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</tr>
<tr>
<td>• Japanese B Encephalitis</td>
<td>$200.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>• Menomune-ACYW-135</td>
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<td>$110.00</td>
</tr>
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<td>• Rabies (Rabavert)</td>
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</tr>
<tr>
<td>• Rabies (Immovax)</td>
<td>$175.00</td>
<td>$150.00</td>
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<tr>
<td>• Yellow Fever</td>
<td>$125.00</td>
<td>$110.00</td>
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</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 29, 2012

FILE CODE: DO4-70/HILBORN

SUBJECT: OPERATING MANAGEMENT PLAN FOR HILBORN KNOLL REGIONAL FOREST

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the Operating Management Plan for Hilborn Knoll Regional Forest, attached to Report P-12-072, dated May 29, 2012.

SUMMARY:

The Regional Forest Management Plan approved by Regional Council in July, 2006 (Report P-06-082) provides the overarching management strategy for the management of sixteen woodlands owned by the Region of Waterloo. These comprise eleven Regional Forests, woodlands on the Waterloo, Cambridge, and closed Kitchener Landfills, and the woodlands behind the Operations Centre and Doon Heritage Crossroads.

Waterloo Region’s Regional Forest Management Plan covers a period of twenty years, 2007-2026. It sets out the broad goals, objectives, and philosophy for the management of the Region’s forests. It also discusses relevant forest management and property management issues which need to be addressed over the term of the plan. Some of the pressing forest management issues include converting conifer plantations to native hardwoods and regenerating oak-dominated woodlands. Major property management issues include improving forest infrastructure (e.g., gates, parking lots, trails), boundary marking, signage, and encroachments. As is typical with forest management plans of this type, actual forestry and property management operations are broken down into five-year Operating and Management Plans prepared for each woodland. The plans are being prepared and submitted for approval on a prioritized basis.

On May 10, 2006, Regional Council approved the Operating and Management Plan for the period 2006-10 for the approximately 6 hectare Hilborn Knoll Regional Forest on Burnett Avenue in the eastern part of Cambridge. As the time period for that particular operating plan has now lapsed, a new plan has been prepared for the period 2012-2016 based on the necessity to address issues related to ecological conditions in the forest and human usage in order to provide guidance for the continuation of the management and evaluation activities undertaken on this property to date. Some of the major forest management objectives are to develop an ecological disturbance regime required to restore and maintain the oak savanna community, to restore the vicinity of the Hilborn Oak to tallgrass prairie savanna community, and control invasive non-native species within the forest. The main property management objectives are to continue to fell potential hazard trees in the interests of visitor safety, minimize erosion on trails, and complete the installation of signage on the kiosk near the entrance to the forest. The plan was endorsed by the Ecological and Environmental Advisory Committee (EEAC) on April 24, 2012.
RE׃PORT:

Management of the Regional Forests

In July, 2006 Regional Council approved the Regional Forest Management Plan (Report P-06-082) which provides the broad framework for the management of sixteen woodlands owned by the Region of Waterloo. These consist of eleven Regional Forests, woodlands on the Waterloo, Cambridge, and closed Kitchener Landfills, and the woodlands behind the Operations Centre and Doon Heritage Crossroads.

The Regional Forest Management Plan covers the twenty year period 2007-2026. It sets out the broad goals, objectives, and philosophy for the management of the Region’s forests. It also discusses relevant forest management and property management issues which need to be addressed over the term of the plan. Some of the pressing forest management issues include converting conifer plantations to native hardwoods and regenerating oak-dominated woodlands. Major property management issues include improving forest infrastructure (e.g., gates, parking lots, trails), boundary marking, signage, and encroachments. In addition, issues arising from extensive mountain biking in the Petersburg Tract are also addressed.

As is typical with forest management plans of this type, actual forestry and property management operations are broken down into more detailed five-year Operating and Management Plans for each woodland. On May 10, 2006, Council approved the first such Operating and Management Plan for the Hilborn Regional Forest for the period 2006-10. As the time period for that particular operating plan has now lapsed, a new plan has been prepared for the period 2012-2016 to guide the continuation of the management and evaluation activities undertaken on this property to date. The plan was endorsed by the Ecological and Environmental Advisory Committee (EEAC) on April 24, 2012.

Hilborn Knoll Regional Forest

The Hilborn Knoll Regional Forest is located on Burnett Avenue on the eastern side of the City of Cambridge. At only 6 hectares, the Hilborn Knoll is a small but diverse forest ecosystem where the Great Lakes St. Lawrence and Carolinian mixed upland hardwood forest types zones are found in close juxtaposition, the former on the northern flank of the knoll and the latter on the southern flank. Stand 1 (Great Lakes – St. Lawrence forest) is dominated by Sugar Maple (Acer saccharum) with Red Maple (Acer rubrum), American Beech (Fagus grandifolia) and Red Oak (Quercus rubra), while Stand 2 (Carolinian forest) is dominated by Red Oak and White Birch (Betula papyrifera), with lesser amounts of Red Maple, White Ash (Fraxinus americana), and Sugar Maple. Logging has occurred at various times throughout the property as evidenced by scattered stumps. High value oaks and maples were removed by means of selective cut logging in the southern portion in about 1985 while the northern third of the forest, which was under separate ownership until 2003, also experienced tree removals, although the date of logging is not known.

The overall management goal for the Hilborn Regional Forest is to conserve the rich biodiversity of the site, and particularly the rare Oak Savanna habitat. This was started through the implementation of the 2006-2010 Operating Management Plan and will be continued through the 2012-2016 plan.

The major emphasis of forest management activities undertaken at Hilborn Knoll Regional Forest during the previous 5-year operating plan have been efforts to restore Oak Savanna conditions on the southern flank and eastern end of the knoll, ongoing hazard tree management, and property management including trail maintenance and the construction of the information kiosk at the entrance to the forest. Evaluation of the results of forest management activities to date indicates that the forest management objectives of the 2006-2010 operating plan have not been fully realized. The 2012-2016 operating plan submitted for Council’s consideration will continue to pursue these objectives along with other required management activities.
Management Activities to Date

Since the Region acquired the Hilborn Regional Forest on June 9, 2003, a number of property management and forest management activities have been undertaken to enhance visitor use and safety, and initiate the process of ecological restoration.

Property Management.
At the time the forest was conveyed to the Region in June, 2003, access was down the steep shoulder of Burnett Avenue. This was clearly unsuitable for use by the general public. Accordingly, the Tetracon Group installed a ramp of compacted soil with a covering of wood chips between the Hilborn Oak tree and the City of Cambridge stormwater management facility. Large boulders obtained from the Cambridge Landfill were placed at the top of the ramp to discourage entry by ATVs and/or other unauthorized equipment.

An information kiosk was installed at the lower end of the access ramp in 2010 and a map panel to orient visitors will be installed in the summer of 2012.

For many years, a looped trail existed within the forest, the two ends of which were located north and south of the Hilborn Oak. When the seven lots at 740-764 Burnett Avenue were created, the northern exit had to be re-aligned in order to form a loop within the forest rather than having it direct walkers into the backyard of one of the new residences. The trail stub was closed off with branches and restored to forest vegetation.

Hazard trees have been removed on a regular basis based on evaluation of their structural soundness and potential risk to users. Trees deemed to pose a risk are marked by Regional staff and later felled by a forestry contractor. Felled trees are cut into lengths and sizes such that they have maximum contact with the ground in order to encourage decay and recycling of nutrients to the soil. No logs or branches from hazardous trees are removed from the site.

At various times individuals attempt to construct various bicycle jumps and obstacles along the main trail as well as along small unauthorized trails. These stunts are intended to provide opportunities for stunt riding or “free-riding.” These jumps and structures have been removed several times between 2004 and 2010, however in recent years the efforts have been less elaborate than previously and have been quickly removed with minimal effort.

Litter and debris continue to appear within the forest, and most commonly directly adjacent to Burnett Avenue. As the forest is generally downwind of the adjoining subdivision, much of the debris results from litter blown in from the street or the blue boxes in front of neighbouring properties. These materials often catch on shrubs and branches, and can be unsightly.

Oak Savanna and Woodland Restoration Activities.
Since the time the forest was conveyed to the Region, staff has undertaken modest ecological restoration activities. The woodland is in generally good condition, but there are some occurrences of invasive non-native species such as Common Buckthorn (Rhamnus cathartica), Garlic Mustard (Alliaria officinalis), Common Burdock (Arctium minus), and other species. Over the years, staff has hand-pulled many individuals of these species.

Beginning in 2006, several vegetation removals have taken place in the oak savanna area in order to open up the canopy to enhance oak savanna conditions. The first treatment consisted of the removal of all tree species undesirable within an oak savanna (Red and Sugar Maple, White Birch, White Ash, American Beech), as well as undesirable shrub species. The materials were cut, chipped and spread across the site to decompose and to provide a mulch cover to reduce the germination and establishment of non-desirable species. Following the initial removal, each subsequent year, brush saws were used to remove stump sprouts as well as species that had become established including raspberries, buckthorn and various non-desirable shrub species.
Management Activities for 2012-2016

The Operating Management Plan spells out the general approach for managing the Hilborn Knoll forest property over the coming five years. As is the case with other Regional Forests, there is no intent to use this property for commercial timber harvesting. Instead, the emphasis is on maintaining and/or enhancing the ecological characteristics as well encouraging passive recreational use by citizens. The property is too small to be of much interest for pursuits such as mountain biking, however, at times, local youth attempt to put in small jumps and stunts using found materials such as dead limbs and planks and by digging holes on and off the trail.

During the period of this plan, an adaptive management approach will continue to be taken at Hilborn Regional Forest. The primary goals and objectives recommended in Regional Forest Management Plan, and implemented in the years 2006-2010 through the first operating management plan will be carried forward for the next five-year interval. Modifications may be made if it becomes apparent that continuing with the proposed plan of action will not satisfactorily achieve the stated goals. In order to evaluate success of management actions, the same indicators of success presented in the 2006-2010 plan will be used.

The following objectives will drive the implementation of the 2012-2016 Operating Management Plan for the Hilborn Knoll Regional Forest:

**Forest Management Objectives**

1. Develop an appropriate age and/or size class structure in the Great Lakes – St. Lawrence forest by fostering natural regeneration where it is not now satisfactory.
2. Develop a disturbance regime which will restore and maintain the mesic oak savanna community within the Carolinian forest community.
3. To the extent feasible and appropriate, restore the vicinity of the Hilborn Oak to the type of tallgrass prairie savanna community that would have been there historically.
4. Continue to control invasive non-native species within the forest.

**Property Management Objectives**

1. Continue to fell potential hazard trees in the interests of visitor safety.
2. Place woodchips or other appropriate cover on sections of trail experiencing erosion or compaction.
3. Remove litter and refuse from the forest on a continuing basis.
4. Complete the installation of signage on the kiosk near the entrance to the forest.
5. Educate forest users about minimizing impacts to the woodland ecosystem.
6. Close unauthorized trails as they appear.

Implementation and Considerations

All management activities undertaken at Hilborn Knoll Regional Forest must continue to be sensitive to the ongoing use by the public and the maintenance and the enhancement of aesthetic values within the urban context.

Use by visitors is always a concern during any forestry activities and all appropriate precautions will continue to be taken, including signage, blocking of trails and potentially closing the forest to the public entirely for the duration of management activities. It is of course, also understood, that the management activity itself may be of some interest to residents, and will possibly have the effect of drawing visitors to observe what is going on. This may be an opportunity for some further public education and community outreach regarding forest management.

Members of the public often react when they hear tree cutting in woodlands, and especially in publicly-owned woodlands. It has been the Region’s practice throughout the implementation of operating plans to notify neighbouring landowners well in advance of the proposed actions and also to post notices at
the entrances to the forests to inform visitors of impending forestry activities. The public are given staff contact information, and are also invited to a tour of the forest where staff will explain the nature of and rationale for the proposed management activities. Such efforts have been well received in the past.

**Conclusion**

The detailed implementation of the Regional Forest Management Plan has benefited from ongoing input from the Ecological and Environmental Advisory Committee. At the April 24, 2012 meeting EEAC endorsed the technical aspects of the Operating Management Plan for the Hilborn Knoll Regional Forest.

**Area Municipal Consultation/Coordination:**

As the Hilborn Regional Forest adjoins a stormwater management facility owned and operated by the City of Cambridge, there is ongoing communication between City and Regional staff on issues of mutual concern. In addition, the management plan will be circulated to the City in that the City owns the portions of Portuguese Swamp which surround the Regional Forest.

**CORPORATE STRATEGIC PLAN:**

The implementation of the attached Operating and Management Plan helps achieve Action 1.5.2 of the Region of Waterloo Strategic Focus 2011-2014 to “complete operating plans for all Regional Forests.”

**FINANCIAL IMPLICATIONS:**

Management of the Regional Forests is funded from the Regional Forest operating budget approved within the Planning, Housing, and Community Services budget. Where cut timber is saleable, modest revenues are generated which help defray management costs. Revenue generation is not, however, a priority objective for the management of the Regional Forests, and no revenue is expected to be generated from the proposed actions.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

NIL

**ATTACHMENTS**

Attachment 1 - Regional Forest Management Plan: Hilborn Regional Forest Management and Operational Plan 2012-2016

**PREPARED BY:**  *Albert Hovingh*, Environmental and Stewardship Planner

**APPROVED BY:**  *Rob Horne*, Commissioner of Planning, Housing and Community Services
Regional Forest Management Plan

Hilborn Regional Forest
Management and Operational Plan 2012-2016

Prepared by

Albert Hovingh, RPF,
Principal Planner (Environmental and Stewardship)
Planning, Housing and Community Services
Region of Waterloo

April 2012
1. Introduction

This operating plan has been prepared for the Hilborn Regional Forest located at 734 Burnett Avenue in Cambridge (Figure 1), and is a component of the overall Regional Forest Management Plan (RFMP) for the Regional Municipality of Waterloo. It is the second operating plan for the Hilborn Regional Forest, with the first having been implemented over the period 2006-2010.

This operating plan presents goals and objectives for the management of the Hilborn Regional Forest and a series of actions designed to achieve them over the period 2012-2016. The management goals and objectives for this forest have been derived from:

- the Management Goals and objectives of the RFMP
- the 2001 agreement between the Region and Tetracon Group, the former owner of most of the forest, which permitted the creation of seven residential lots at 740 – 764 Burnett Avenue, and which also requires restoration of the mesic oak savanna; and
- principles for managing savanna ecosystems.

The overall goal for the management of the Regional Forests is:

To conserve, enhance, and where feasible, restore woodland ecosystems to reflect the native biodiversity of the respective parts of the Region of Waterloo in which the Regional Forest tracts are located while at the same time accommodating appropriate recreational, educational, social activities which do not jeopardise the health or sustainability of the forests.

Despite its modest five hectare size, the Hilborn Regional Forest contains two distinct forest communities representative of the Great Lakes – St. Lawrence and “Carolinian” forest zones which together cover much of Eastern North America.

The centre and northern slope of the knoll on which the forest is located is a Maple-Beech forest typical of the Great Lakes St. Lawrence forest zone. It is in generally good health, and management actions being undertaken here would be characterised as “conservation.” The south-facing flank of the knoll, however, has been classified as a “mesic oak savanna,” a characteristic Carolinian forest ecosystem, by American expert Steven Apfelbaum. This type of forest community requires periodic disturbance to keep the canopy relatively open in order to favour the growth of the trees, shrubs, and herbaceous woodland plants typical of Carolinian forests and savannas. In this community, the emphasis has been restoration and enhancement.

This plan has been prepared based on inventory data gathered for the preparation of the RFMP by GWS Ecological and Forestry Services in 2001-02, and follows on the management activities that took place from 2006 to 2010.

2. Forest Description

Hilborn Regional Forest comprises two mixed upland hardwood types with Stand 1 (Great Lakes St. Lawrence) being dominated by Sugar Maple (Acer saccharum) with Red Maple (Acer rubrum), American Beech (Fagus grandifolia) and Red Oak (Quercus rubra), while Stand 2 (Oak Savanna) is dominated by Red Oak and White Birch (Betula papyrifera), with lesser amounts of Red Maple, White Ash (Fraxinus americana), and Sugar Maple. Logging has occurred at various times throughout the property as evidenced by scattered stumps. High value oaks and maples were removed by means of selective cut logging in the southern portion in about 1985 while the northern third of the forest also experienced tree removals, although the date of logging is not known.

There are a number of capped monitoring wells that were installed prior to development in the surrounding area.
Stand 1 (3.3 ha). The vegetation found in Stand 1 is typical of the Great Lakes – St. Lawrence Forest Region (Site Region 6E) and is dominated by Sugar Maple, which makes up approximately 50% of the species composition. Red Maple is the next most frequent species at 20% with American Beech and Red Oak making up 10% each. The final 10% comprises other hardwoods including Black Cherry (Prunus serotina) and White Birch (Betula papyrifera).

The average age of the trees in the stand is 85 years and the average height is approximately 26 m. With a density of 620 trees/ha and a Basal Area of 26 m$^2$/ha, Stand 1 is considered to be at a low to moderate density as a forest. As a savanna, however, the density is very high. In commercial terms, the trees present in Stand 1 are of reasonable quality with an 81% Acceptable Growing Stock (AGS) value.

Throughout this stand, Beech is showing evidence of dieback and mortality as result of the beech scale and bark disease complex that is devastating beech trees throughout Southern Ontario. Eutypella canker is found to varying extents on maples. The invasive non-native Common Buckthorn remains present in all areas. Regeneration is scattered and consists primarily of White Ash, American Beech and Sugar Maple.

Stand 2 (2.7 ha). A report prepared in 1994 by Applied Ecological Services of Brodhead, Wisconsin identified the area now identified as Stand 2 as having characteristics of an oak savanna which bears a greater resemblance to the forests of the Carolinian Life Zone (Site Region 7E). As a transition ecosystem between grass and woodland environments, a savanna is a community of scattered trees with an undergrowth of grasses and forbs (herbaceous plants). The grasses and forbs receive adequate sunlight to survive as the trees are spaced widely enough that most of the ground is exposed to direct sunlight for at least part of the day. Savannas provide habitat for both woodland and prairie animals and insect species. As the name suggests, an oak savanna is dominated by scattered oak trees and since it is a transition from tallgrass prairie to deciduous woodland, the ground vegetation includes a variety of prairie grasses including Big Bluestem (Andropogon gerardii).

In Stand 2, Red Oak makes up 30% of the species composition, White Birch 30%, Red Maple 20%, and White Ash and Sugar Maple 10% each. The average age of the trees is 50 years and the average height is approximately 20 m. Stand 2 has a higher density of trees than Stand 1 with 1220 trees per hectare with a Basal Area of 38.5 m$^2$/ha. The westernmost extent of this area contains the impressive Hilborn Oak, a White Oak thought to be about 250 years old.

As in Stand 1, stumps throughout the area attest to the logging that occurred about 1985. Prior to that, the site was used for cattle grazing and pastureland, a disturbance regime which served to maintain savanna characteristics.

The White Ash in Stand 2 are showing evidence of dieback and mortality. Common and Glossy Buckthorn (R. cathartica and R. frangula) and hawthorn (Crataegus spp.) are frequent in the understory throughout the stand while Garlic Mustard is common along the perimeter trail. Regeneration consists primarily of Sugar Maple and Black Cherry with some American Beech. Non-native Barberry (Berberis sp.), Tartarian Honeysuckle (Lonicera tatarica) and Autumn Olive (Elaeagnus umbellata) are scattered throughout the stand.

Savannas are dependent upon periodic disturbances such as fire, grazing and/or periods of drought, all of which prevent other trees from becoming established and transforming the site into a true woodland or forest community with a dense canopy shading the ground. Due to the protection afforded by their thick bark, oak trees are able to survive low intensity fires. Prairie grasses and herbaceous plants have evolved over many millennia to thrive under regimes of frequent fire events.

Frequent, low intensity ground fires provide the oaks and grasses with a competitive advantage over other tree species that invade the savanna. In the absence of fire or other disturbance, saplings of other species become established and eventually dominate the savanna, and in the process shade
out and gradually eliminate grass and forb species, thereby creating an environment in which oaks are unable to regenerate. Over time, as mature oaks die off without reproducing, oak species become a gradually decreasing component of the woodland. Over the past two centuries, once-abundant oak savannas have given way to farming and development. Even where oak savannas have persisted, however, the suppression of natural fire cycles and/or the fires set by Native Americans, have resulted in their near extinction.

Savanna experts recognise three means of restoring and maintaining oak savannas: manual/mechanical removing of competing brush; controlled light ground fires to burn off competing brush; or allowing cattle to graze periodically.¹

In the present case, manual/mechanical methods are the only ones practicable at this time. Due to the progressive shading of the forest floor, there is insufficient dry groundflora to support a sufficiently warm prescribed burn to kill off the underbrush. Also, the re-introduction of cattle into the woodland, which is now in the midst of an upscale subdivision, is no longer realistic.

Details regarding appropriate silvicultural treatments for oak stand management are presented in *A Silvicultural Guide to Managing Southern Ontario Forests* (OMNR 2000). A discussion regarding the use of prescribed fire also concludes that fire is not a feasible option in urban areas and recommends that manual cutting and/or herbicides be used to mimic the effects of ground fires (p. 216).

3. **Goals and Objectives for the Hilborn Regional Forest (2012-2016)**

The overall management goal for the Hilborn Regional Forest is to conserve the rich biodiversity of the site. This has been started through the implementation of the 2006-2010 Operating Management Plan and will be continued through the duration of the current operating plan.

The major emphasis of forest management activities undertaken at Hilborn Knoll Regional Forest during the previous 5-year operating plan have been efforts to restore Oak Savanna conditions in Stand 2, ongoing hazard tree management and property management including trail maintenance and the construction of the information kiosk at the entrance to the forest. An observational evaluation of the results of the forest management show that since the forest management objectives of the 2006-2010 operating plan have not yet been realized, the current operating plan will continue to carry these forward, with an attempt to increase management activities.

During the period of this plan, an adaptive management approach will continue to be taken at Hilborn Regional Forest. The primary goals and objectives recommended in Regional Forest Management Plan, and implemented in the years from 2006 to 2010 through the first operating management plan will be carried on for the next 5-year interval. Modifications may made if it becomes apparent that continuing with the proposed plan of action will not satisfactorily achieve the stated goals. In order to evaluate success of management actions, the same indicators of success presented in the 2006-2010 plan will be used.

3.1 **Forest Management Objectives**

Develop an appropriate age and/or size class structure in the Great Lakes – St. Lawrence forest by fostering natural regeneration where it is now unsatisfactory.

Develop a disturbance regime which will restore and maintain the mesic oak savanna community within the Carolinian forest community.

To the extent feasible and appropriate, restore the vicinity of the Hilborn Oak to the type of tallgrass prairie savanna community that would have been there historically.

Continue to eliminate invasive non-native species from within the forest.

### 3.2 Property Management Objectives

Continue to fell potential hazard trees in the interests of visitor safety.

Place woodchips or other appropriate cover on sections of trail experiencing erosion or compaction.

Remove litter and refuse from the forest on a continuing basis.

Complete the installation of signage on the kiosk near the entrance to the forest.

Educate forest users about minimising impacts to the woodland ecosystem.

### 4. Management Activities to date

Since the Region acquired the Hilborn Regional Forest on June 9, 2003, a number of property management and forest management activities have been undertaken to enhance visitor use and safety, and initiate the process of ecological restoration.

#### 4.1 Property Management

At the time the forest was conveyed to the Region in June, 2003, access was down the steep shoulder of Burnett Avenue. This was clearly unsuitable for use by the general public. Accordingly, the Tetracon Group installed a ramp of compacted soil with a covering of wood chips between the Hilborn Oak tree and the City of Cambridge stormwater management facility. Large boulders obtained from the Cambridge Landfill were placed at the top of the ramp to discourage entry by ATVs and/or other unauthorized equipment.

An information kiosk was installed at the lower end of the access ramp in 2010 and a map panel will be installed in the summer of 2012 (Figure 2.)

For many years, a looped trail existed within the forest, the two ends of which were located north and south of the Hilborn Oak. When the seven lots at 740-764 Burnett Avenue were created, the northern exit had to be re-aligned in order to form a loop within the forest rather than having it direct walkers into the backyard of one of the new residences. The trail stub was closed off with branches and restored to forest vegetation.

Hazard trees have been removed on a regular basis depending on evaluation for structural soundness and potential risk to users. Trees deemed to pose a risk are marked by Regional staff and later felled by a forestry contractor. Felled trees are cut into lengths and sizes such that they have maximum contact with the ground in order to encourage decay and recycling of nutrients to the soil. No logs or branches from hazardous trees are removed from the site.

At various times individuals attempt to construct various jumps and obstacles along the main trail as well as along small unauthorized trails. These stunts are intended to provide opportunities for stunt riding or “free-riding.” These jumps and structures have been removed several times between 2004 and 2010, however in recent years, the efforts have been less elaborate than previously and have been quickly removed with minimal effort.

Construction debris and other litter continue to accumulate within the forest, and most commonly...
directly adjacent to Burnett Avenue. As the forest is generally downwind of the adjoining subdivision, much of the debris results from litter on the street and materials from blue boxes blown into the forest on windy days and catching on shrubs and branches.

4.2 Woodland Restoration Activities

Since the time the forest was conveyed to the Region, staff has undertaken modest ecological restoration activities. The woodland is in generally good condition, but there are some occurrences of invasive non-native species such as Common Buckthorn (*Rhamnus cathartica*), Garlic Mustard (*Alliaria officinalis*), Common Burdock (*Arctium minus*), and other species. Over the years, staff has hand-pulled many individuals of these species.

Before the seven residential lots were created, staff and volunteers carried out a native plant salvage on areas that were to be graded and filled. Many of these plants were re-located to areas within the Regional Forest where groundflora were somewhat sparse.

Beginning in 2006, several vegetation removals have taken place in the oak savanna area (Stand 2). The first treatment consisted of the removal of all tree species undesirable within an oak savanna (Red and Sugar Maple, White Birch, White Ash, American Beech), as well as some shrub species. The materials were cut, chipped and spread across the site to decompose and to provide a mulch cover to reduce the germination and establishment of non-desirable species. Following the initial removal, each subsequent year, brush saws were used to remove stump sprouts as well as species that had become established including raspberries, buckthorn and various non-native shrub species.

5. Stand Management Objectives and Silvicultural Prescription

5.1 Stand 1 (Great-Lakes St. Lawrence)

5.1.1 Management Objective.
This stand is to be maintained as a mixed hardwood stand typical of the Great Lakes – St. Lawrence forest type. As such, the dominant species are maple (hard and soft), with a mixture of oaks (primarily Red Oak but also a component of White Oak), American Beech and Black Cherry. The overall quality of the stand is to be increased through removal of trees exhibiting poor overall health or inferior structural qualities (weak forks, deformed stems), disease (cankers, fungus) and/or severe insect damage. As these trees are felled, small openings will be created in the canopy. Increased light levels can be expected to stimulate germination and establishment of tree seedlings in the understory.

5.1.2 Stand Prescription
1. Mark trees for removal. The order of priority for removal is as follows: (i) Potential hazard trees in proximity to trail or neighbouring homes, (ii) declining/dying trees, (iii) trees with structural defects, (iv) poorly formed trees
2. Where existing natural regeneration is poor, mark additional trees to create small openings with a diameter approximately equivalent to the average dominant tree height, either through single tree or group selection
3. Remove non-native, invasive shrub and understory species
4. Remove (mechanical methods) or treat (herbicide) herbaceous invasive non-native species ground vegetation

5.1.3 Specified Actions
1. Stems and large limbs to be cut in such a manner that that will allow maximum contact with ground leaving them in large enough lengths to discourage removal or displacement to create new bicycle stunts.
2. Tops and small limbs to be chipped. Some chips to be used on trail surface, remainder broadcast in cut areas
3. Non-native shrubs, woody plants to be chipped or removed from site intact, and disposed of in a suitable manner

5.1.4 Indicators of success (to be assessed in 2015 or 2016)
1. Increased density of natural regeneration of appropriate native tree, shrub, and herbaceous species
2. Decreased density of non-native invasive species
3. Increased quality (vigour) of residual trees
4. Increased growth rates of residual trees

5.1.5 Monitoring/Adaptive Management
- Check for regeneration of desired/appropriate species. If canopy closure results in reduced light conditions on forest floor, the establishment of additional canopy openings may be required.
- Check for competitive species (e.g., brambles, buckthorns, Tartarian Honeysuckle and Garlic Mustard) restricting growth and development of desired species. Treat in an appropriate manner.
- Failure of natural regeneration may require enhancement planting if germination of seeds is not occurring on forest floor. Seedlings and/or saplings of appropriate species and from suitable seed zone can be used, however it is preferable to collect seeds from nearby sites which could then be germinated in a local greenhouse facility and planted out at a later time. A potential partner in this activity could be the Waterloo Stewardship Network.

5.1.6 Products Resulting From Management Activities
No merchantable products will result from the cutting in Stand 1. Trees to be removed will be low grade, firewood quality. As the volume will not be sufficient to endeavour to sell firewood, the trees will remain on site to decay, create micro-habitats for small animals, and return nutrients to the soil.

5.2 Stand 2 (Oak Savanna)

5.2.1 Management Objective
The primary management objective for Stand 2 is to restore and maintain the oak savanna characteristics that were highly rated by Applied Ecological Services in their 1994 report, *Comparison and Significance of Five Forested Tracts Near Cambridge, Ontario*.

5.2.2 Prescription
1. Select Red and White Oak "crop" trees to remain in order to produce seed.
2. Remove all woody vegetation other than Carolinian shrub species and/or oak seedlings from beneath crown.
3. Crown thinning—no woody vegetation other than Carolinian shrub species within 5m of dripline of crop trees.
4. Mechanically remove and/or treat non-native invasive species throughout.

5.2.3 Specified Actions
1. Stems and large limbs cut in a manner that will allow maximum contact with ground leaving them in large enough lengths to discourage removal or displacement to create new bicycle stunts.
2. Remove excess amounts of large stems where necessary to ensure adequate sites for germination and seedling establishment, (i.e., soil open to light and moisture from above.)
3. Chip small limbs and branches. Use chips to surface perimeter trail as required; broadcast excess to promote rapid decomposition and nutrient recycling.
4. Chip or remove all non-native woody species from site.
5. Remove herbaceous non-native species where possible. Treat with herbicide as required if unable to remove mechanically.
6. Extend oak savanna habitat eastward from Hilborn Oak into woodland.
7. Underplant Hilborn Oak and adjoining area with shrub and herbaceous species characteristic of oak savanna habitat.

5.2.4 Indicators of success (to be assessed in 2015 or 2016)
1. Increased density of regeneration of Red and White Oak, Carolinian shrub, and herbaceous species, including extent of characteristic Pennsylvania Sedge carpet.
2. Decreased density of maple, beech, White Ash seedlings, as well as non-native invasive species of shrubs and herbaceous species.
3. Increased quality of residual trees.
4. Increased growth rates of residual trees.

5.2.5 Monitoring/Adaptive Management
- Check for regeneration of oak species. If underplanting is required, collect acorns for germination and later replant in appropriate areas.
- Check for competitive species (e.g., brambles, buckthorns, Tartarian Honeysuckle and Garlic Mustard) restricting growth and development of oaks.
- Prairie grass and other herbaceous species may require enhancement planting. Seeds could be germinated in greenhouse facility or planting plugs could be purchased for more immediate treatment. A potential partner in this activity could be the Waterloo Stewardship Network.

5.2.6 Products Resulting from Management Activities
Very few of the trees to be removed have much economic value. As result, the stems will be left on site and the smaller limbs and branches will be chipped with some of the chips being used to surface the walking trails and the rest being broadcast throughout the stand to break down and return nutrients to the soil.

5.3 Potential Impediments

Social uses of Regional Forest such as walking, cycling, and "hanging out" can cause degradation of the forest ecosystem (i.e. the introduction of short-cut trails, garbage and debris, construction of cycling stunts). These issues can be readily addressed through monitoring and regular maintenance. Public education by means of brochures to adjacent home owners and on-site information plaques should be used to inform the public concerning the various management activities.

Unauthorized removal of plant material may occur, especially as planted materials may be seen as desirable for transplanting by visitors. Monitoring will be necessary to ensure that removals are minimised, and if they do occur, it may be necessary to replant to ensure that the necessary density of desired species is maintained.

Higher light levels may encourage the growth of brambles (i.e., raspberries and blackberries) as occurred following the last significant tree cutting about 1985. This will impede the growth of more desirable savanna species. The presence of brambles will need to be monitored every year, and any individuals quickly uprooted before they begin to spread.

 Destruction of young trees may occur through either wilful vandalism or as an unintended result of activities. Stem breakage of young trees is a common occurrence in urban plantings. As in the previous section, timely replacement or natural regeneration of broken trees will be necessary to ensure that the desired forest condition is maintained.

Influx of windborne debris and undesirable seeds from horticultural species and possibly through dumping of yard waste will require ongoing monitoring and early removal before such undesirable species become established and out-compete the native species.
Figure 1. Showing the general location of the Hilborn Knoll Regional Forest
Figure 2. Information kiosk map to be installed at Hilborn Knoll Regional Forest.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 29, 2012

FILE CODE: S07-80

SUBJECT: SUNNYSIDE HOME MEDICAL DIRECTOR ANNUAL REPORT 2011

RECOMMENDATION:

For information

SUMMARY:

This report summarizes the inter-disciplinary and research activities at Sunnyside Home over the past year. Dr. Fred Mather’s leadership as Medical Director and as Chair of the Professional Advisory Committee contributes to setting a high standard of care and quality of life for Sunnyside Home residents.

REPORT:

Dr. Mather’s report is attached as Appendix A.

CORPORATE STRATEGIC PLAN:

The service provided by the Medical Director and the other physicians at Sunnyside Home supports the Region’s Corporate Strategic Plan, Focus Area 4: Healthy, safe, inclusive and caring communities (to) collaborate with the community to support older adults to live healthy, active lives.

FINANCIAL IMPLICATIONS:

Nil

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance staff were consulted and reviewed the report.

ATTACHMENTS

Appendix A Sunnyside Home Annual Medical Director’s Report 2011

PREPARED BY: Helen Eby, Administrator, Resident Care

APPROVED BY: Michael Schuster, Commissioner, Social Services
Appendix A

2011 Sunnyside Home Medical Director’s Report

This report summarizes both the improvement and achievements of the past year. The goals for 2012 to 2013 are presented. The medical staff and their assigned areas are unchanged:

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<th>Care Area</th>
<th>Type of Care</th>
<th>Team Leader</th>
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<td>Buttonworks</td>
<td>Special Care (dementia)</td>
<td>Marion Tschirhart</td>
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<td>Laurel Creek</td>
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<td></td>
<td>Greenfield (10 beds)</td>
<td>Short Stay Convalescent Care</td>
<td>Krista Amato</td>
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<tr>
<td>Dr. Jonathan Peet</td>
<td>Cider Mill Woodside</td>
<td>Complex Physical and Palliative Care</td>
<td>Ruth Bremner</td>
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The Professional Advisory Committee (PAC) continues to meet four times a year. The time of this quarterly meeting has been changed to the noon hour to accommodate the physicians’ schedules. As required by the Long-Term Care Homes Act, pharmacy reports to the PAC at each quarterly meeting. The Medical Director contract has been renewed for another three-year term. Office space with equipment was provided for the medical director this past year.

The Nurse Led Outreach Team (NLOT) gave a presentation to the PAC. The purpose of this team includes reduced transfers to the emergency departments and reduced length of stay for residents who are admitted. In 2011, 35% of a total of 107 transfers to hospital were admitted. The most likely reasons for transfer are falls, pneumonia, abdominal pain and deep venous thrombosis.

A Falls Prevention Team has worked to reduce the incidence and injury from falls. Falls with serious injury were reduced by fifty per cent through an interdisciplinary approach to assessment, care and evaluation. The Team will continue to plan to reduce the number of falls.

The Long-Term Care Homes Act requires a quarterly review of residents on chemical restraint. By definition, a chemical restraint is a drug used to control or restrain a resident to prevent harm to themselves or others. Drugs used for these purposes are also used for specific symptoms or diseases. A chemical restraint policy, to be reviewed annually, was developed.

With the addition of the Nursing Rehabilitation Program, along with increased support for physical therapy and occupational therapy, there has been a significant increase in rehabilitation services. The Minimum Data Set (MDS) quality measure has increased from 1% to 16% this past year to demonstrate this increased service.

With the addition of the rehabilitation program and other improvements, the Case Mix Index (CMI) has increased from 0.9569 to 1.1047. The CMI is the determinant used by the Ministry of Health and Long-Term Care to identify level of funding for the Home. However, this year the funding has been capped at the previous level. Another factor that has influenced the increase in CMI is the increased level of care required by residents being admitted to the Home. Castle Kilbride and Shantz Hill, home areas that traditionally have had a focus on psychogeriatric care are now also providing additional physical care to new residents as they are admitted.
Sunnyside has participated in a number of surveys and research projects:

- Evaluation of late career nursing initiative
- Murray Alzheimer Research Education Project (MAREP) on management of dementia in long term care
- University of Guelph enteric outbreak study
- Canadian Cardiovascular Society (CCS) study on congestive heart failure (CHF) in long term care

The CCS study will enter its next phase this coming year. Sunnyside Home will be involved in the implementation of clinical processes for CHF in Long-Term Care.

Sunnyside continues to provide teaching, especially for medical students and pharmacy students as well as post-graduate training for pharmacists and physicians. A regular Care of the Elderly Tutorial is provided for Clinical Clerks, medical students in their final year of training. Second year family medicine residents do a two-month rotation as part of the Integrative Program.

Pharmacy students have provided many audits or research projects for presentation at PAC meetings. Topics included:

- Proton pump inhibitor use and effects of long term use
- Optimal dosing of vitamin D
- Definitions and use of chemical restraints
- Indications, use and cost of antipsychotic use in long term care

The Medical Director presented a workshop of the Electronic Health Record (EHR) in long-term care at the annual conference of Ontario Long-Term Care Physicians in October. This presentation was also given to PAC in preparation for changes in the electronic record.

Physicians were involved in the choice of the EHR, Point Click Care (PCC), which was launched in May 2012. All health professionals, including physicians will complete documentation in PCC. PCC will facilitate the electronic reporting of quality measures from the MDS-RAI (Resident Assessment Instrument). PCC will also include electronic order entry and pharmacy system to be implemented later this year.

A high priority for the year ahead is the reduction of physical restraints. Staff education will be followed by specific measures such as “high-low” beds and shorter bed rails which are not considered to be restraints. Restraints are among the four quality indicators for improvement under the Residents First initiative which are reported publicly at (http://www.hgontario.ca/en/reporting/ltc/). At Sunnyside Home, the devices that are classified as physical restraints are lap belts, tilt chairs, recliner chairs, bed rails and table tops. A physical restraint is any device that restricts or prevents movement and cannot easily be removed by the resident. The other three are continence, falls, and pressure ulcers. Results of the Quality Indicators for Sunnyside have recently been reported to the Waterloo Region Seniors Advisory Committee.

Sunnyside is receiving increased financial and educational support for managing predictable responsive behaviours through the Behavioural Supports Ontario (BSO) program. There is an increase of residents admitted to long- term care with mental health conditions combined with dementia, offering considerable challenge to provision of their care.

Other goals for the coming year include a review of the process for the ethical review of research proposals and the development of a process for making clinical ethical decisions. Finally, physicians and the interdisciplinary team are making preparations for the Accreditation survey taking place in November of 2012.
REGION OF WATERLOO
SOCIAL SERVICES
Seniors’ Services

TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 29, 2012

FILE CODE: S07-01

SUBJECT: SUNNYSIDE COMMUNITY ALZHEIMER PROGRAMS UPDATE

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve a three month extension of the operation of 3 overnight respite beds for Alzheimer community clients until June 30, 2012;

AND THAT the 2012 Operating Budget for Seniors’ Services be increased by $49,000 gross and $0 net Regional Levy to be funded by St. Joseph’s Health Centre in Guelph, as outlined in report SS-12-021, dated May 29, 2012.

SUMMARY:

Since January 1, 2012, Seniors’ Services has been temporarily operating three additional Alzheimer overnight respite beds, in addition to its permanently funded six beds. This temporary program expansion has been extended for three more months and is expected to terminate on June 30, 2012. Funding of $49,000 for the temporary beds for the period April 1, 2012 to June 30, 2012 will be provided by St. Joseph’s Health Centre in Guelph. The six beds are included in base funding and will continue to operate indefinitely.

Seniors’ Services is also pleased to confirm that the new Alzheimer Day Program opened in Cambridge on May 2, 2012 at 150 Main St. in Cambridge (Galt). At capacity, the program will serve 16 clients three days per week and will serve to support those living at home with mid to late stage dementia and their family members and/or caregivers.

REPORT:

1.0 Overnight Alzheimer Respite Beds

For several years, Seniors’ Services has operated six (6) overnight beds for those living in the community with mid to late stages of Alzheimer disease or a related dementia. Since January 1, 2012, as approved in report SS-11-056, the program was temporarily expanded to nine (9) beds. The additional three beds were offered as an interim measure to support the community while St. Joseph’s Health Centre in Guelph prepared to open a similar program in Guelph. St. Joseph’s has requested that Seniors’ Services continue to operate the three beds for three more months, until June 30, 2012, at which time their program is expected to be fully operational.

St. Joseph’s Health Centre in Guelph has executed a contract with the Region for $49,000 which will fully fund the operation of the program from April 1, 2012 to June 30, 2012. St. Joseph’s has consulted with the Waterloo Wellington Local Health Integration Network (WWLHIN) with respect to this agreement.
Effective July 1, 2012, the program will continue to provide six beds of overnight respite care. This program is fully funded by the WWLHIN within the 2012 approved operating budget.

2.0 Opening of Cambridge Community Alzheimer Day Program

Seniors’ Services is pleased to advise that the new Alzheimer Day Program was opened at 150 Main St. in Cambridge (Galt) on May 2, 2012. The program will serve 16 clients and will operate three days a week on Mondays, Wednesdays and Fridays. The program and budget was detailed and approved on December 6, 2011 in report SS-11-056. Unit renovations took place to create a safe program area including two accessible washrooms, a kitchenette/dining area, two program areas and a small staff office.

There is an urgent need for the program in Cambridge. While there are several seniors’ day programs operating in Cambridge, they are unable to manage the behaviours and personal care support required for those in the mid to late stages of Alzheimer’s disease or a related dementia. It is expected that the program will be at capacity by June 2012.

CORPORATE STRATEGIC PLAN:

The service provided by the Community Alzheimer Programs supports the Region’s Corporate Strategic Plan, Focus Area 4: Healthy, safe, inclusive and caring communities (to) collaborate with the community to support older adults to live healthy, active lives.

FINANCIAL IMPLICATIONS:

The extension of operation of three overnight Alzheimer respite beds at a cost of $49,000 will be fully funded by St. Joseph’s Health Centre in Guelph. Staff has executed an agreement with the organization. The one-time operating budget will be increased by $49,000 with no impact on the Regional levy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has been consulted in the development of this report.

ATTACHMENTS

Nil

PREPARED BY:  Gail Kaufman Carlin, Director, Seniors’ Services

APPROVED BY:  Michael Schuster, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: May 29, 2012

FILE CODE: S15-01

SUBJECT: CHILDREN’S SERVICES REVENUE COLLECTION EXTENDED DAY

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the hiring of 1.6 FTE staff on a temporary basis to support the collection of fees on behalf of Waterloo Region District School Board and Waterloo Catholic District School Board effective July 1, 2012;

AND THAT the 2012 Operating Budget for Children’s Services be increased by $28,425 gross and $0 net Regional levy and for Finance by $22,575 gross and $0 net Regional levy to be funded by revenues resulting from the administration of fee collection for extended day kindergarten, as outlined in Report SS-12-022/F-12-039, dated May 29, 2012.

SUMMARY:

Nil

REPORT:

1.0 Background

In August 2010, the Region entered into service agreements with the Waterloo Region District School Board (WRDSB) and Waterloo Catholic District School Board (WCDSB) respectively to administer fee collection for the before and after school portion of full day kindergarten. The agreement was established for two years with the possibility of an extension for three additional years.

The implementation of full day kindergarten and before and after school care began in 2010 and is being phased in over a five year period. This September 2012, the programs will be available in 49% of all elementary schools in Waterloo Region. In 2010, an agreement was reached that allowed the two local English Boards of Education to build upon the Region’s current practices with regards to fee collection process. The school boards pay a fee for service to the Region for each school site offering before and after school care based on an annual cost per child. The annual fees have been calculated to ensure all associated costs would be covered. The partnership has been very successful over the past two years. Both School Boards have expressed intent to continue with the current arrangement.
2.0 Service Demand

Registration for before and after school care has gradually grown with over 200 children currently attending at 17 different school locations (5 WCDSB, 12 WRDSB) within the two boards. By this September, the number of school sites with demand for before and after school care will be 38 (13 WCDSB, 25 WRDSB). Initial registration numbers indicate over 769 children will be attending before and after school programs. Up to this point, functions for administration of the fee collection role have been accommodated within the current staff complement. Additional staff resources are required to accommodate the increasing volume. Staff is recommending the hiring of 1.6 FTE staff positions on a temporary basis to handle administration. One temporary FTE position will be housed in Children’s Services to handle front end administration and 0.6 FTE will be housed in Finance. Both positions would be filled on two year contracts and will be timed to coincide with review of the term of the current service agreement. All staffing and administrative costs will be recovered by the fee for service paid by the two Boards of Education. To support future demands and reduce administration time, a new electronic registration format is being developed that will reduce data entry requirements. The electronic format will be tested in 2012 and ready for full use by start of registration in 2013.

3.0 Fee Subsidy

Operation of before and after school programs is the responsibility of local Boards of Education and these programs are available to families on a fee for service basis. Fee subsidy is also provided for subsidy eligible families. Subsidy eligibility is determined by staff in the subsidy program using the provincial income test. The Province provides dedicated funding for before and after school programs for JK/SK children attending a full day kindergarten school. The availability of before and after school care paired with full day kindergarten in a school setting provides another option for parents who require care outside of school hours. These programs help to address a shortage of child care spaces for this age population.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Corporate Strategic Objective 4.5 to work collaboratively with the community to support the development of services for children and 4.6.3 to work with the Boards of Education to implement the Provincial Early Learning Framework.

FINANCIAL IMPLICATIONS:

The Region provides the fee collection function on a cost recovery basis. The Service Agreement is for a two year period with a six and twelve month review clause to ensure the cost of providing this function is being recovered and that both parties remain satisfied with the terms and conditions as set out in the Agreement. The Region’s costs will be fully recovered from the fee for service paid by the Boards of Education. The Region will receive $36.25 per quarter per student enrolled, to a maximum of $145 per student per year or $5,000 per site per year for total projected revenue of $111,505 on an annualized basis based on a preliminary enrolment of 769 students.
The following chart summarizes the financial implications of this report:

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</table>

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The collection and administration of revenue is a shared responsibility with Finance.

ATTACHMENTS: Nil

PREPARED BY:  
N. Dickieson, Director, Children’s Services  
A. Hinchberger, Director, Financial Services, Treasury/Tax Policy

APPROVED BY:  
M. Schuster, Commissioner, Social Services  
C. Dyer, Chief Financial Officer
RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase to the 2012 Operating Budget for Social Planning, Policy and Program Administration of $10,856 gross and $0 Net Regional Levy, due to an increase of $10,856 in funding through the Provincial Rent Bank Program;

AND THAT the Regional Municipality of Waterloo amend its current agreement with Lutherwood to provide additional one-time funding in the amount of $10,856 for the Rent Bank and Eviction Prevention Program loan fund, for the period January 1, 2012 to December 31, 2012, in a form satisfactory to the Regional Solicitor, as outlined in report SS-12-023 dated May 29, 2012.

SUMMARY:

NIL

REPORT:

Provincial Rent Bank funding (100% Provincial) through the Ministry of Municipal Affairs and Housing (MMAH) was provided as a series of one-time endowments from 2004 to 2008 and was annualized April 1, 2009, with the Region’s annual allocation set at $180,942 (SS-09-041). In 2011, MMAH provided the Region an additional one-time allocation of $10,856 (SS-11-038). In 2012, the additional $10,856 was rolled into the annual allocation of $180,942, for a new annual allocation of $191,798.

Provincial Rent Bank funding supports the loan component of the local Rent Bank and Eviction Prevention Program, delivered by Lutherwood since 2002. Additional services provided by the Rent Bank and Eviction Prevention Program, funded through the Homelessness to Housing Stability Strategy (100% Regional) and the Region administered Consolidated Homelessness Prevention Program (100% Provincial) include: information and referral, assistance with problem solving and budgeting, landlord/tenant mediation, advocacy, and financial literacy.

The local Rent Bank program is a uniquely successful loan-based program achieving a 58% repayment rate and a 97% housing stability rate (at 12-month follow-up). A total of 253 loans were provided in 2011 to assist people with rental arrears or last month’s rent (70% rental arrears and 30% last month’s rent)¹.

¹ The Provincial Rent Bank Program provides funding for rental arrears only. Loan repayments are used to fund loans for last month’s rent.
CORPORATE STRATEGIC PLAN:

Administering funding under the Provincial Rent Bank program is consistent with the Region’s Corporate Strategic Plan (2011-2014), Focus Area 4: Healthy and Inclusive Communities: to “reduce inequities and enhance community health, safety, inclusion and quality of life”; and specifically, Strategic Objective 4.5 to “Work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

FINANCIAL IMPLICATIONS:

The Provincial Rent Bank Program is 100% funded by the Province through the Ministry of Municipal Affairs and Housing (MMAH). The previous annual allocation of $180,942 is included in the 2012 Budget. The new annual amount for 2012 is $191,798, representing an increase of $10,856.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has reviewed this report. Legal Services will assist in the execution of the agreement.

ATTACHMENTS

Attachment A: Letter from the Ministry of Municipal Affairs and Housing

PREPARED BY: Van Vilaysinh, Social Planning Associate
Marie Morrison, Manager, Social Planning
Lynn Randall, Director, Social Planning, Policy and Program Administration

APPROVED BY: Michael Schuster, Commissioner, Social Services
ATTACHMENT A
LETTER FROM MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING

Ministry of Municipal Affairs and Housing
Housing Funding & Risk Management Branch
777 Bay Street, 2nd Floor,
Toronto, ON M5G 2E5
Tel: 416-585-6437
Fax: 416 585-6588

Ministère des Affaires municipales et du Logement
Direction du financement et de la gestion des risques du logement
777, rue Bay, 2e étage
Toronto, ON M5G 2E5
Tel: 416-585-6437
Téléc.: 416 585-6588

April 18, 2012

Ms. Lynn Randall
Director, Social Planning, Policy & Program Administration
Regional Municipality of Waterloo
99 Regina Street South - 5th floor
Waterloo, ON N2J 4G6

Dear Ms. Randall:

Re: 2012-13 Rent Bank Payment

The Province processes payments annually under the Rent Bank Program at the beginning of April and deposits these payments directly into Service Manager’s bank accounts.

The Provincial Rent Bank Program is funded by the Province of Ontario and administered by the province’s 47 Municipal Service Managers (SMs). Under this program, tenants facing eviction for non-payment of rent can apply to the local rent bank to receive financial assistance.

Your Electronic Funds Transfer (EFT) deposit of $191,798 for 2012-13 was paid to you on April 1, 2012 in accordance of the 2009 Rent Bank agreement.

Under the agreement, the Rent Bank payment is subject to an annual review. You will receive a minimum of 90 days notice if there is any change to payment amount for 2012-13.

The success of this program is the joint effort between Regional Municipality of Waterloo and the Ministry. I look forward to your continued support in delivering this program.

If you have any questions, please do not hesitate to contact Mr. Tony Brutto, 519-873-4032 or Tony.Brutto@ontario.ca.

Yours truly,

[Signature]
Brian Peréa
A/Manager
Transfer Payment Accountability

cc: Mr. Tony Brutto
To:  Chair Sean Strickland and Members of the Community Services Committee

From:  Nicole Francoeur, Social Planning Associate
        Marie Morrison, Manager, Social Planning
        Lynn Randall, Director, Social Planning, Policy & Program Administration

Copies:  Michael Schuster, Commissioner, Social Services

File No:  S13-40

Subject:  A NEW MANUAL FOR DEVELOPING ADVISORY GROUPS OF PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS AND/OR POVERTY

A manual entitled Lived Experience as Expertise: Considerations in the Development of Advisory Groups of People with Lived Experience of Homelessness and/or Poverty has recently been prepared by Social Planning, Policy and Program Administration. The manual is intended for use by individuals, organizations, community groups and government bodies interested in establishing an advisory group of people with lived experience of homelessness and/or poverty.

The idea to create this manual emerged through the process of developing STEP Home’s Participant Advisory Group (PAG). The PAG has been meeting since fall 2011 and is made up of people who have experienced persistent homelessness at some point in their lives and have made use of the supports of STEP Home. The manual includes information emerging from interviews with several local community members who have experience establishing such advisory groups as well as a brief literature review. The manual presents a variety of promising practices related to such topics as recruitment, facilitation, logistics, and ways to maintain group cohesion. The manual is a practical tool that supports a commitment to improving opportunities for inclusion through meaningful participation in community life.

The attached manual is now available on a number of websites including the Region’s, the Homeless Hub, and the Homelessness and Housing Umbrella Group (HHUG). The information has also been presented to Waterloo Region Shares Advisory Group. A copy will be place in the Council Library.

For further information please contact Marie Morrison, Manager, Social Planning (519-883-2238) or Nicole Francoeur, Social Planning Associate (519-575-4757 ext. 5372).
Lived Experience as Expertise:

Considerations in the Development of Advisory Groups of People with Lived Experience of Homelessness and/or Poverty

May 2012
Lived Experience as Expertise:
Considerations in the Development of Advisory Groups of People with Lived Experience of Homelessness and/or Poverty

By
Social Planning, Policy, and Program Administration
Regional Municipality of Waterloo

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Should you have any questions about this manual please contact:

Regional Municipality of Waterloo Social Services
99 Regina Street South, 5th Floor, Waterloo, ON
N2J 4G6
Tel: (519) 883-2117
Fax: (519) 883-2234

This manual is available on-line at: www.socialservices.regionofwaterloo.ca
Search “Lived Experience as Expertise”

Docs #1162319
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Acknowledgements

Local Resources and Contributors to this manual:

The completion of this report reflects a collection of ideas and promising practices from a number of organizations involved with advisory groups of people with lived experience. We would like to thank and acknowledge everyone who contributed to the insights included in this manual.


Opportunities Waterloo Region (Opportunities)
Opportunities co-founded, facilitated the development of, and continues to support the group called Awareness of Low Income Voices (ALIV(e)) - http://www.owr.ca/

STEP Home Participant Advisory Group (PAG)

Shelters to Housing Stability Program, Charles St. Men’s Hostel
The Shelters to Housing Stability program operating out of The Charles St. Men’s Hostel facilitates an ad-hoc peer support and advisory group www.houseoffriendship.org

Manual Writers

Primary
Bradley Berg, MSW Practicum Student, Region of Waterloo Social Services

Support
Nicole Francoeur, Social Planning Associate, Region of Waterloo Social Services
Marie Morrison, Manager, Social Planning, Region of Waterloo Social Services
Checklist

The checklist to follow offers important key points to consider in the development of an advisory group of people with lived experience. Note that this list is not exhaustive. Detailed information is included within the manual itself.

**Preparation (Page 8)**
- Have you completed a local scan to determine if there are similar groups functioning in your community?
- Have you developed a draft purpose, vision, goals and possible group activities for the group to discuss?
- Have you considered what role the advisory group will have in your agency or organization?
- Have you considered group member honorariums?

**Recruitment (Page 8)**
- Have you decided how to recruit members? (e.g., by invitation, open call, snowballing)
- Have you met face to face with potential group members and provided them with information?

**The First Meeting (Page 10)**
- Have you prepared a meeting agenda with scheduled break times?
- Have you prepared handouts of the draft purpose, vision, goals and potential activities for the group?
- Have you reminded group members of the meeting a day or two in advance?
- Have you provided bus tickets or arranged rides to assist with transportation to the meeting?
- Have you asked group members for their contact information?
- Have you discussed logistics such as meeting duration, frequency, preference of time and day to meet, etc.?
- Have you created group guidelines with the group?
- Have you provided for fuel and parking expenses for those who drive?
Facilitation (Page 13)

☐ Do you have a chair that possesses the skills necessary to facilitate an inclusive and effective meeting?
☐ Have you consulted the group about what chair arrangement they would prefer? (i.e., external chair, participant chair, rotating chair, co-chair – refer to page 14)

Logistics: Group Membership, Numbers and Location (Page 18)

☐ Have you considered the need to represent diverse perspectives?
☐ Have you considered the amount of time and physical space required to optimize group discussion and decision making?
☐ Have you considered the accessibility of the physical space?
☐ Have you determined if the meeting location is accessible by transit?
☐ Does your group include an appropriate number of people?
☐ Is the location comfortable, familiar and welcoming to group members?

Food (Page 21)

☐ Have you considered providing food at group meetings?
☐ Have you considered healthy food options?

Documentation (Page 22)

☐ Have you formally recorded decisions and input from the group?
☐ Have you kept a record of the groups accomplishments and achievements?

How Does a Group Remain Strong Over Time? (Page 24)

☐ Have you created ways for members to increase their sense of ownership in the group?
☐ Have you emphasized to members that their perspectives and expertise are valued?
☐ Have you celebrated accomplishments?
Why Has This Manual Been Developed?

This manual has been developed for use by individuals, organizations, community groups and all orders of government interested in establishing an advisory group of people with lived experience of homelessness and/or poverty (referred to from here on in as *advisory group of people with lived experience*).

The manual has been informed from a variety of sources, including:

- Four interviews with people in Waterloo Region who have experience developing and/or facilitating advisory groups for people with lived experience.

- The author’s experience developing and facilitating an advisory group for people with lived experience called the STEP Home (Support to End Persistent Homelessness) Participant Advisory Group.

- Brief literature review.

The literature review revealed that there are limited resources and information available that explore the logistics associated with developing and facilitating an advisory group for people with lived experience. The intention of this manual is to enhance the available knowledge and resources.

This manual is in no way exhaustive of all techniques, ideas and promising practices related to this topic nor is it intended to provide a prescriptive, one-size-fits-all approach. Rather, it presents a number of issues to consider in the development of an advisory group of people with lived experience.

It is important to carefully consider the unique preferences and needs of the group and community before taking any action. Avoid making assumptions about the needs, preferences or interests of group members by always asking questions and inviting feedback.

Although this manual has been written from the lens of the development of advisory groups of people with lived experience of *homelessness and/or poverty*, some of the techniques, ideas, and promising practices may be transferrable to other advisory groups including people with a variety of lived experience (e.g. people with mental health issues, developmental disabilities, youth, etc).
Why Develop an Advisory Group with Lived Experience?

An advisory group of people with lived experience can be instrumental to forming recommendations and offering solutions related to homelessness and/or poverty. These contributions serve to strengthen the local community while improving the quality of life for group members.

Expertise can be gained in a number of ways. Most commonly, a person is considered to be an “expert” on a topic area because they have completed a certain level of formal education or training or have extensive work and/or research experience in a particular area.

An equally significant type of expertise is held by people who have lived experience of a particular issue. They are intimately familiar with many of the issues and hold valuable perspectives about how to tackle them. Additional benefits of establishing advisory groups that consist of people with lived experience of homelessness and/or poverty include:

- The voices of people who have experienced homelessness are traditionally missing from the planning and program and policy development process.

- It is important that the “systems, services, programs and policies that impact and address homelessness include and are accountable to people experiencing homelessness”. (Sakamoto, et al., 2008).

- People who are marginalized are resourceful and have strengths and assets that must be acknowledged in human service and policy making (Sakamoto, et al., 2008).

- Policies developed from a middle class mindset for people who have their basic needs met are not necessarily effective for people experiencing poverty or homelessness (National Council on Welfare, 2011).

- People with lived experience can offer local solutions and are aware of what would work in their community (Canadian HIV/AIDS Legal Network, 2006).

- Those who experience homelessness can feel powerless and are sometimes not taken seriously by those in society who hold power – advisory groups can provide a starting point for turning those dynamics around and empowering people (Buck, et al., 2004).

- Advisory groups of people with lived experience of homelessness can provide strength to a cause.

- Advisory groups provide a forum for peers to interact, reducing isolation and supporting personal growth and leadership development opportunities.
What Is The Process For Developing a Group With Lived Experience?

Factors to consider before initiating a group include:

- Considering the level of resources (time, money, staff and volunteers) available to develop and provide on-going support of an advisory group. Taking stock of the level of resources available may also help to determine the purpose, vision, goals and potential activities that can be undertaken by the group.

- Considering the needs and interests of the organization that is hosting the advisory group. What purpose does this organization hope the advisory group will serve? What is the group’s sphere of influence?

- Scanning the community to determine if similar groups have already been developed. The community scan can also be a way to strengthen connections and opportunities for collaboration between various groups.

Membership Recruitment

Three options to consider in the recruitment of members to an advisory group of people with lived experience include by invitation, open call or the snowball approach.

By Invitation

Extend personal invitations to possible group members. Group members are often identified through existing networks and community agencies.

Membership Considerations:

- Diversity - Ensure diverse backgrounds and experiences are represented. This can bring unique insights and ideas.

- Intention - Group members should have a keen interest and passion for having their voices heard, working collaboratively with others in the group, and in supporting others who have undergone or are going through similar circumstances and experiences as themselves.

Recruitment Process:

- Be prepare before inviting potential group members, it is important to have a draft purpose, vision, goals and activities so people can make an informed decision about whether or not to participate.

- Work collaboratively with local agencies to select possible members.
• Personally invite and meet face-to-face with possible Advisory group members (National Health Care for the Homeless Council, 2009).

• The recruitment process can be open and on-going, or time-limited with parameters.

**Benefits to Recruitment by Invitation:**

• It may help to ensure the inclusion of people who may not have otherwise self-recognized as being able to contribute to such a group.

• It may be an opportunity to emphasize to potential group members the value of their experience and participation.

• If group participants are involved in recruitment (at a later stage) it is an opportunity to build ownership of the group by sharing responsibility for, and control over, who is able to participate.

**Drawback To Recruitment by Invitation:**

It is at the discretion of organizations to choose possible members. In so doing, people who appear to have insight and perspectives regarding issues related to homelessness may be invited ahead of those who may not have made such an impression. This could lead to a lack of diversity in opinions and further marginalize some community members.

**Open Call**

Advertise for group members throughout the community via community agencies, websites, list-serves, bulletin boards, churches, community groups, etc. Accept whoever comes forward.

**Benefit To Open Call:**

• Potential group members are given the power to self-identify and indicate interest.

**Drawbacks To Open Call:**

• Barriers such as literacy and mobility issues may prevent people from learning about such opportunities. Additionally, a person may simply not see or hear about the opportunity.

• Some people may not yet have a sense of their potential to contribute to the community, and may require encouragement from someone they trust (e.g., direct support worker).
**Snowball Approach**
The snowball recruitment technique has members or potential members suggest others who might be willing or appropriate to participate in the group.

*Benefits To Snowball Approach:*

It is possible to include members of groups that are hidden or hard to reach (e.g., people experiencing homelessness)

*Drawbacks To Snowball Approach:*

It is not possible to control who or how many people will be asked to participate.

**The First Meeting**
The first meeting is very important because it can set precedence for the group going forward. It is an opportunity for the group to have concrete input into the direction and purpose as well as to find commonalities and shared interests. This meeting is also important to developing group cohesion and trust (Corey & Corey, 2002).

Consider the following when preparing for the first meeting:

- The first meeting should be presented as an introductory meeting to gain further information where no commitment is required.

- Begin the meeting by welcoming people and talking about the group’s purpose. Stress the importance of hearing from people with lived experience.

- Create opportunities for formal and informal connections. That is, group members can get to know each other through formal discussion about interests and the purpose of the group as well as through more informal opportunities such as mingling at the beginning of the meeting and at break times.

- Be prepared - it will be helpful to have drafts of the purpose, vision, goals and activities. These drafts can act as a springboard for discussion about the purpose and function of the group.

- Be flexible and avoid attachment to ideas included in the draft documents as group members may have new and different perspectives. Differing viewpoints may help the group to develop new and important ways of making a difference in the community.

- Be mindful that some group members may have never attended such meetings before. With this in mind, it is important for the chair to be flexible with group proceedings.

- Consider using a “Parking Lot”. This involves acknowledging and recording ideas
that do not directly pertain to the discussion at hand so that they can be otherwise addressed or revisited at a future meeting. Ideas can be recorded by the chair or group members on blank flip chart paper available in the meeting room (Live to Learn Inc., 2010).

- Allow time on the agenda to review housekeeping items such as the location of fire exits, washrooms, break areas, etc.

**Group Guidelines**
Consider the following:

- Group guidelines are explicit expectations that group members hold about acceptable ways to interact during meetings and can help members to move a group process along (Corey & Corey, 2002).

- Group members should have input and make decisions about the group guidelines early in the group’s development. This ensures that the group has responsibility and ownership over acceptable ways of interacting in the group.

- On one hand, advisory groups of people with lived experience need to be inclusive of people with active substance use issues or disruptive behaviours. On the other hand, there is a need to provide a safe and comfortable environment for all group members. Some examples of group guidelines which may help the group to achieve this balance include:
  - Have an open mind
  - Respect each other’s personal experiences
  - Avoid belittling or talking down to people
  - Avoid using hostile language (swearing at each other)
  - Violent or aggressive behaviour is never appropriate in the group.

**Communication With Group Members**
Consider the following:

- It is important for the group chair or facilitator from the host organization to maintain on-going and consistent communication with group members outside of regularly scheduled meetings. This informal contact can also serve as a way to obtain feedback and suggestions about group process, agenda items, or other issues of importance to members.

- Have a way to contact people to remind them about meetings or other activities associated with the group.

- Take the time to find creative ways of contacting members who do not have a
phone or address in order to avoid exclusion from group proceedings and the opportunity for valuable input (e.g., alternative contact person or contact through a free voicemail service).

- Ensure contact information remains confidential.

**What are Some Facilitation Considerations?**

**Role of the Meeting Chair**

There are a number of options when it comes to facilitating advisory group meetings of people with lived experience. Each of these options has benefits and drawbacks.

Some issues for consideration that relate to all facilitation options include:

- The position of chair carries a high level of responsibility as well as a great deal of power within the group itself. A chair has the power to help people contribute to discussion or to develop an atmosphere where people are not heard. For example, the chair has the ability to steer a group discussion in a way that supports his or her own personal opinions and ideas while silencing others. The group should carefully select a chair whose values support the inclusion and ideas of all group members.

- Although complete objectivity may not be possible, the chair should intentionally strive to be as objective and inclusive as possible despite personal preferences and opinions.

- The role of meeting chair is one that requires a certain degree of skill and personal qualities which include: listening, facilitation and organizational skills, patience, humility, and conflict resolution. Therefore, it is important that the meeting chair has the opportunity to develop interpersonal and professional skills in these areas to ensure a positive group climate. Training in leadership and facilitation can serve to develop and enhance the skills. On resource that offers more information about these skills and qualities can be found at: http://www.omafra.gov.on.ca/english/rural/facts/95-073.htm#role

- It is the role of the chair to manage group dynamics.

  o Where further training is required but unavailable, a participant chair may opt to have staff from the host agency assist in managing group dynamics.

  o While group members should not be pushed beyond their comfort level when it comes to participating, a degree of encouragement can be very helpful. The key is to find the balance in order to maximize participation and
inclusion of all group members.

- Conflict is an inevitable group dynamic that needs to be addressed effectively (Corey & Corey, 2002). If handled well, conflict can be the impetus to growth and progress. Conflict often occurs when there are differing perspectives and expectations between group members. Conflict resolution training can be helpful for chairs with limited experience in this area.

- Having group guidelines can help to manage group dynamics.

  - Ensure that a list of counselling or support resources is available in the event that painful emotions arise during a group meeting.

**Chair Options**

The following includes a list of four meeting chair options including external chair, participant chair, rotating chair and co-chair, along with the benefits and drawbacks of each. The decision regarding which chair option to select needs to be made collaboratively with group members.

**External Chair**

**Description**

An external chair does not have lived experience of homelessness and is traditionally not part of the peer group of the group members. This type of chair role may be assumed by a staff person or volunteer from the organization hosting the meetings, a consultant or someone who is connected in some other way.

**Benefits to an External Chair:**

- May be more easily able to act as a neutral facilitator due to having a different connection to issues related to homelessness.

- May be someone who is already skilled in group facilitation.

- May stress the importance of a participatory group process, which could lead to increased member inclusion.

**Drawbacks to an External Chair:**

- Issues of power and control. For many years, experts with formal education and training as well as agency staff have spoken “for” and made decisions “on behalf of” people with lived experience (Canadian HIV/AIDS Legal Network, 2006). Having an external chair may perpetuate this power dynamic.
In situations where the chair is required to speak on behalf of the group in the community (e.g., presentations, delegations to program or local government leaders, etc.) they do not have the credibility of having lived experience, and there may be a ‘lost’ opportunity to include the voice of lived experience.

**Participant Chair**

**Description**

A participant chair is someone who has lived experience of homelessness who is also part of the advisory group.

Often, the participant chair is someone who volunteers to act as the meeting chair and/or is nominated and voted in by other group members. The participant chair has the same responsibilities as the external chair. An important consideration is that a participant who moves into a chair position can no longer act in the role of participant. The former participant shifts their focus to creating an environment that encourages input from other group members.

**Benefits to a Participant Chair:**

- A shift in the usual power dynamic. This can be a significant way to meaningfully give a voice to those who have traditionally been silenced.
- Offers an opportunity for the development of skills in facilitation and leadership which could be transferrable to other aspects of the person’s life such as employment and volunteering.
- Lends credibility to the group if the chair is ever speaking on behalf of the group in the community.

**Drawbacks to a Participant Chair:**

- May be difficult to be neutral/objective. This is a particular risk when the chair has direct personal experience with the topics of discussion.
- Can no longer act in the role of participant.

**Rotating Chair**

**Description**

Rotating chairs refers to a process whereby two or more participants take turns chairing meetings. For example, one person may chair for a few meetings and then another person chairs for the next few meetings. Rotating chairs can be external, participants, or a combination of both.
Benefits to a Rotating Chair:

- Expands the opportunity to develop facilitation and leadership skills to several members.
- A variety of voices and perspectives are represented through the role.
- Consistency of the group is more easily maintained if, for some reason, there is transition with one of the rotating chairs.
- Rotating chairs allows group members the opportunity to experience both leading and participating.

Drawbacks to a Rotating Chair:

- Can interrupt group cohesion and trust.
- Can be time consuming to train and support multiple people to develop the necessary facilitation skills. Training can also be expensive if outsourced.

Co-Chair

Description
A co-chair arrangement may include two group participants or a group participant and an external chair. Co-chairs work together to develop agendas, complete meeting minutes, and facilitate group meetings. This role may also involve one co-chair that takes the lead while the other helps to manage group dynamics and ensure equal participation (Corey & Corey, 2002).

Benefits to a Co-Chair:

- Can increase group member participation with the addition of a second person to tune into group dynamics and ensure that all voices are heard.
- Can reduce the workload for a single chair as the creation of agendas, minutes and follow-up items are shared.
- Allows for uninterrupted continuity of role should one person not be able to attend a meeting (Corey & Corey, 2002).

Drawbacks to a Co-Chair:

- Requires a high degree of coordination between co-chairs to ensure organized meetings.
- Increases likelihood of conflicting ideas about the group’s purpose and direction.
- A rivalry between co-chairs could develop.
What Are Some of the Logistical Considerations?

In the development phase of creating an advisory group of people with lived experience, it is important to intentionally consider logistics. This includes the ideal number of group members, location of meetings, transportation, meeting frequency, meeting time, food, membership term, closed versus open group, documentation, and honorariums. Skillfully addressing logistical considerations can lead to the establishment of a group that is more accessible, effective and inclusive.

Proposed logistical considerations should remain flexible until the group has been consulted on their specific needs and preferences. Once the group begins to meet, regular check-ins about logistics can help to ensure that the changing preferences of group members are acknowledged and acted upon.

**Numbers**

The number of members in a group can alter dynamics and have an impact on the degree of inclusion.

Consider the following:

- Be intentional about including as diverse a group of people as possible.
- If membership is left open, group numbers can fluctuate, which will impact group dynamics.
- The amount of time and space allotted for group members to speak and be meaningfully engaged in discussion and decision-making.
- Generally speaking, it has been found that the ideal number of members ranges from 6-12.
- The length of the meeting and physical limitations should be a consideration. For a larger group, it may be necessary to meet for a longer period of time in order to have time for everyone to be meaningfully included.
- For smaller groups and those that have been reduced in number, it may be helpful to recruit new members.
**Location**

Accessibility and convenience are two important considerations when determining a location.

Consider the following:

- The meeting space should be accessible for people who have difficulty managing stairs or who use a mobility device such as a scooter, walker or wheelchair.

- Consider the accessibility of transit. For example, is the location on a major bus route? Will group members need to invest a significant amount of time and effort to attend meetings?

- In some instances, it may make the most sense to go to where participants are, rather than asking them to meet at a specific location.

- Group members are more likely to be flexible with meeting location as long as the building is easily accessible, comfortable, familiar, and welcoming.

- Consistency of building and meeting room location within a building is generally considered to be favourable. However, in areas with larger geographical boundaries, it may be preferable to alternate meeting locations to promote equitability for members from across the community.

**Transportation**

Consider the following:

- Whenever possible, bus tickets for transportation to and from meetings or offering rides for people who do not live close to bus routes should be provided.

- If a group member has a vehicle and drives to a meeting, fuel and parking costs should be reimbursed.

- If there are not enough financial or other resources to permit assistance with travel, it may be necessary to seek additional funding to cover these costs. It has been stated that transportation can be a significant barrier to participation in an advisory group for people with lived experience.

**Meeting Frequency**

Consider the following:

- What is the purpose of the group? The purpose and type of activities may dictate how frequently the group meets.
• It may be necessary for the group to meet more frequently when there are pressing, time-sensitive issues.

• Given that one of the purposes of an advisory group of people with lived experience is to offer local solutions, it is likely necessary to meet on a consistent basis to give on-going opportunity for input and direction.

• Once per month is a typical meeting frequency for advisory groups of people with lived experience.

• Meeting more often necessitates additional planning support from the host agency and additional resources.

• Meeting bi-monthly can interrupt consistency and group dynamics, particularly if a group member misses a meeting – it will be four months between meetings for this group member.

**Time**

Consider the following:

• Typically, early morning meeting times are not preferred for advisory groups of people with lived experience. It is recommended to hold the introductory meeting in the afternoon or evening and discuss meeting time preferences with the group at that time.

• Meeting at a meal time (i.e., lunch or dinner) has been found effective (see Food).

• Ensure that the meeting is long enough to move through agenda items without feeling rushed.

• Advisory group meetings are commonly two to three hours in length, including between 30 to 60 minutes allotted for mingling, breaks, eating and/or smoking.

• It may be helpful to have a break after each hour.

• It is important to show people that their time is valuable by ensuring that meetings start on time, breaks happen when they are supposed to and that the meeting ends on time.
**Food**
Consider the following:

- Food can be a great way of honouring people’s time and effort.
- Eating food together can help to build collaborative relationships as well as increase cohesion between group members (Ziegler, 2010).
- Providing food at an advisory group meeting of people with lived experience can meet a very real need for some group members who may be living in poverty.
- Whenever possible, the host agency should cover the cost of food. In cases where this is not possible, some groups have organized a potluck. However, it is important to be mindful that some members may not have the resources to contribute food. As such, the chair and/or co-chair may choose to bring an extra food dish.
- Consider offering healthy food options for people.

**Membership Term**
Consider the following:

- Determining a membership term may be helpful for some groups. A term is a set amount of time that people are able to be members of the group.
- Membership terms can help to increase diversity of input and ideas generated in an advisory group by ensuring some turnover in membership.
- On the other hand, membership terms can interrupt group cohesion and consistency and may detract from members’ sense of commitment to the group.
- A staggered term can be helpful in ensuring that there are some group members who can carry group consistency forward with new members.

**Open versus Closed Group**
Consider the following:

- An open group is one where people are able to join at any time. An advantage of keeping the group open is that people will be able to come forward on their own terms when they feel ready to participate. This could prevent people from missing the opportunity altogether and helps to increase inclusion and diversity. On the other hand, an open group could make it more difficult for group members to develop cohesion and trust without consistency in membership.
A closed group is one that has determined a maximum number of participants and is not open for additional members to join, except for at pre-determined intervals (e.g., once per year). This could be advantageous to increasing group cohesion, but may limit opportunities for flexibility in participation.

**Documentation**

Consider the following:

- Recording any decisions or input from advisory group meetings can be vital to ensuring the unique perspectives and ideas of members are heard by the community. Documentation (e.g., minutes or summary notes) should be made available to the group as well as to people they are advising.

- In many situations, the host agency or government body records minutes. It is important to make all efforts to record information in an objective manner.

- In some instances, hand-written notes are taken during the meeting and typed out later while some groups record minutes during the meeting on a laptop.

- In addition to recording minutes, it may be necessary to write correspondence with regard to policy recommendations or advice about program development or direction. The group may also wish to write proposals. It is important to ensure the voice of the group members are accurately reflected throughout these processes.

- If the group reaches goals or takes action it may be helpful to keep a record of the group’s achievements to acknowledge and promote what the group’s purpose and accomplishments are over time.

**Honorariums**

Consider the following:

- Honorariums can be essential to the development and on-going maintenance of an advisory group of people with lived experience. An honorarium consists of money given to a person in recognition of the time they have volunteered or a service they have provided.

- Honorariums can be a great way of honouring the time and efforts of participants.

- When agency or government staff attend a meeting, they are paid as part of their salary to be there. Unlike most people attending meetings, those with lived experience are likely not paid to attend meetings where they provide valuable contributions (Canadian HIV/AIDS Legal Network, 2006). Honorariums can help
to fill this gap.

- When providing an honorarium, consider doing so in cash as many people with lived experience do not have a bank account and may need to resort to using expensive cheque-cashing businesses.

- Gift certificates can also be used as an alternative to cash.

- If current resources do not permit for honorariums, consider seeking out additional funding sources.

- A possible drawback could be that people may be interested in attending the meeting primarily because of the honorarium. While this may be the initial draw in some instances, over time people may develop a passion for making a difference in their community.

**How Can Members Collaborate and Connect With Other Groups?**

- Collaboration and connection are vital to a building a resilient community (Regional Municipality of Waterloo, 2010). As such, advisory groups of people with lived experience should strive to connect with and support one another.

- It is important to do your research and avoid duplicating the work another advisory group in the community is doing. Rather, seek opportunities to collaborate or support activities that are already happening.

- Consider asking members from the group to attend other local advisory group meetings to share updates, insights and ideas.
How Does a Group Remain Strong Over Time?

Consider the following:

- Ensure all group members have a stake or some ownership in the group.
- Group members should be reminded that their perspectives and expertise are valued. Communicate this to the group over and over again.
- Support the group to feel a sense of accomplishment by tackling action items (both small and large) together. This sense of gratification can provide the group with the momentum needed for continued action.
- Celebrate accomplishments. Take time to note and celebrate small and larger goals that the group has achieved.
- Acknowledge and welcome new participants, and thank and acknowledge group members who leave the group.
- Maintain the connection to the program, organization or community that the group is functioning within. An advisory group is strengthened by making presentations or communicating in other ways to the organization they are working within. Presentations help clarify purpose and provide opportunities for group consensus and clarification of role.

Conclusion

It is clear that there is no one-size-fits-all approach to developing advisory groups of people with lived experience. The unique needs of the broader community combined with the expertise, preferences, and passions of the group members must be considered throughout the planning, development and maintenance phases of such a group. Once the group is established, collaborative decision-making and flexibility are instrumental to ensuring that members can affect deep-seeded social change.
References


Appendix A

Kitchener Downtown Community Health Centre Committee:
Homelessness Advisory Committee

Terms of Reference

People experiencing homelessness are a priority group of KDCHC. Our work serving this priority group should be advised by the experience and knowledge of people who have experienced homelessness.

Purpose

The purpose of the Homelessness Advisory Group will be to:
1. Advise the development of relevant, effective community programs.
2. Help KDCHC increase access to healthcare.
3. Increase KDCHC’s understanding of issues affecting people experiencing homelessness.

Key Activities

1. Review information about KDCHC’s work with people experiencing homelessness.
2. Advise KDCHC about how to do outreach and link with other services and organizations serving people experiencing homelessness.
3. Brainstorm, plan and advise the development of new community programs that address the determinants of health.
4. Receive information about ongoing programs and provide advice.
5. Advise KDCHC in order to help ensure there is access to medical services for people experiencing homelessness.
6. Provide information to KDCHC about issues faced by people experiencing homelessness.
7. Provide informed advice to relevant parties about homelessness issues.
Reporting Relationship/Accountability

The advisory committee will be supported and facilitated by the KDCHC community development worker. The Committee is accountable to the KDCHC’s executive director, through the community development worker.

Resources

The advisory group will meet on a regular basis at the KDCHC. The committee will be supported by staff who will provide: meeting planning, facilitation, follow-up and related action. Other staff and volunteers may also be involved in supporting and facilitating the group. Group members can be reimbursed for transportation and childcare. Any additional funds required for supporting the work of the group must be pre-approved the executive director.

Timelines

The group will be formed in November, 2000, and will continue as a standing committee of the organization.

Membership & Term

The group will be made up of people who have lived experience with homelessness, and are able to inform KDCHC about issues that affect people experiencing homelessness. Other volunteers may join the group, but members with lived experience of homelessness will make up 50% plus one of all members, and all key decisions will be made by 50% plus one of members with lived experience

Meetings

- The group will meet regularly, at an interval to be determined by the group.
- Minutes of all meetings will be prepared by staff or a volunteer, and approved by the group.
- Agendas for meetings will be developed and approved by the group.

Evaluation

Evaluation of the group will be based on the question, Are we meeting, or have we met our goals? Why or why not? The group will evaluate its own work as a group and individually. Staff and any relevant volunteers involved will also evaluate the committee’s overall contribution to the work of KDCHC.
Appendix B

STEP Home Participant Advisory Group (PAG)

Description and Purpose:
The STEP Home Participant Advisory Group is made up of people who have experienced persistent homelessness at some point in their lives and have made use of the supports of STEP Home programs. Participant Advisory Group members are seen as experts about persistent homelessness and other life experiences. The group gives opinions and shares experiences that will direct the future of STEP Home programs. The group will also be involved in other activities related to STEP Home and homelessness:

Possible Activities:

- Talking about and planning for the future direction of STEP Home programs.
- Talking about, problem-solving, and addressing any roadblocks experienced in STEP Home.
- Discussing issues with other systems related to homelessness (e.g., health, social services, and corrections).
- Being connected and sharing ideas with other community groups that are made up of people who have experienced homelessness (e.g., HAG).
- Creating community resource materials (e.g., pamphlets).
- Giving feedback on reports and/or documents.
- Public speaking about homelessness throughout the community (e.g., schools, churches, all levels of government).
- Engage in awareness-raising about issues and services.

Membership and Term:

- The PAG will be made up of 10 people with lived experience of homelessness who are past or current participants of a STEP Home program. In addition to the 10 people, there will be an external chair/co-chair as well as a recorder and other visitors as invited by the PAG.
- Members of the PAG will have a 2 year term with the option to extend their term twice by one year.
May 10, 2012

Attention: Consolidated Municipal Service Managers

Ontario 211 Services Corporation (O211SC) is celebrating the completion of its award-winning province-wide telephone service. On time and on budget! 2-1-1 is the three-digit telephone number to find information about community, government and health-related services. 211 now reaches the four corners of the Province, from Cornwall to Kenora, and from Windsor to Winisk. In 2011, we answered almost 575,000 calls – an increase of over 40% over 4 years.

Now we are focussed on achieving efficiencies while improving quality standards in under-served areas. These are volatile times. The Province of Ontario, 211’s largest funder, is addressing a substantial deficit through reduced spending - we don’t expect to be an exception. The recent budget provides an example of how the social services system can be expected to reform itself with the same or reduced funding.

The purpose of this letter is to update you as O211SC is modernizing 211’s data management through a new Information Management System (IMS) and making improvements in data processes.

Perhaps the best part of the new IMS is that its statistical and reporting functions allow municipalities to access and analyze our information about the demand and supply conditions for human services in their communities. This new feature is possible because the IMS integrates telephone systems and call report logging with the service record database. As well, its consistent data standards raises the quality of information for those seeking help. Data import/export functions are made easy. Finally, real-time monitoring of call volumes means staffing and activity levels can be better matched.
Ontario has joined other provincial 211s to develop a consistent IMS environment across Canada. This eliminates barriers to inter-provincial co-operation, while the larger scale reduces the costs of 211’s technology-dependant operations. In addition, the new IMS system will enable delivery of 211 data through the Internet. There will always be a place for a live voice at the end of a telephone for those in need. However, the availability of self-help through this low-cost channel will reduce the overall cost of delivery.

O211SC is pleased to announce that it is in the last stages of signing new agreements with data providers throughout the province. The new agreements establish a direct relationship between O211SC and data providers. The agreements introduce a compensation model that will ensure data providers receive compensation for the work they do in providing and maintaining the records that are critical to the 211 service.

O211SC recognizes the value of keeping stakeholders informed throughout the change process. I’ve attached a chronology of the communications and meetings between data providers, for your information.

O211SC will leverage its unique leadership position. Our database of some 60,000 service records is the largest and most comprehensive source of information about human services in the Province. Other provincial and national agencies provide a similar service for more targeted population, e.g. children’s health, mental health, seniors and immigrants. O211SC is exploring opportunities to co-operate with these sectors and agencies to reduce overlap and costs.

O211SC believes that greater transparency and accountability in human services results from open access to data. Open Data means public information, collected using public funds, is available openly to all. Users can then create value for their organizations using the data. Consequently, O211SC is integrating new systems to track information of interest to United Ways, governments, social planners and researchers. This information will be made available openly, guided by the Access by Design principles established by the Information and Privacy Commissioner of Ontario. Open data means value added.
By working in collaboration with data providers and service providers, 211 will become the recognized source for critical information about the human services system. By working diligently to improve our relationships with data providers, we are increasing our efficiency and effectiveness, while keeping Ontarians at the forefront both in terms of exceptional service access and quality.

In closing, I thank you for your active support for O211SC. Should you have any comments or questions, please contact Mr. Bill Morris, Executive Director, Ontario 211 Services Corporation at 416-777-0211, ext. 221 or at bmorris@211ontario.ca.

Yours sincerely,

R. Kent Gillespie
President, Board of Directors
Ontario 211 Services Corporation

Encl.
CHRONOLOGY OF DEVELOPMENTS FOR 211 DATA AGREEMENTS

Spring 2008  
Provincial Budget, in announcing provincial support for 211, promised that 211 Ontario would create “a major reform in the way Ontarians receive information about community-based services... 211 Ontario is intended to contribute to the overall effectiveness of the social services sector and have a lasting impact on Ontarians’ access to services.”

Spring-Summer 2010  
KPMG reviews and documents range of costs associated with creation, deletion and maintenance of service records. Its major recommendations were that payment be on a per record basis, and that compensation be set for each type of data activity. O211SC Board decision endorses approach recommended by KPMG.

September 2010  
211’s information package, distributed at 211 Data Day held in conjunction with the Canadian Community Information and Referral conference, described KPMG results, Deloitte funding model, and describes the “as is” and “to be” funding for 211 in Ontario. Next steps, after the current state analysis was completed, were consultation with data providers and implementation of agreements with service providers, then data providers.

October 2011  
Three major themes of 211 Data Day conference: efficiency (collect it once) effectiveness (manage professionally), and increasing value and accountability (share openly). Other topics included sustainability (funding, compensation and accountability), and new technology, system-level scale and continuous improvements to processes. 211 to establish direct relationship with data providers whose role would remain as stewards of data quality. Top up funding for under‐resourced providers would ensure stability.

December 2011  
O211SC informs data providers of process to implement direct agreements and compensation. It introduces SHS Consulting and invites data providers to participate in field research which would establish availability of local funding for 211 records.

January 2012  
Data Charter, included as part of a communication package, describes value of 211 data as a public good and the importance of efficient data processes; the link between Open Data and accountability for public services provides a compelling case for creation of a Human Services Information System.
After a teleconference among data providers, O211SC responds to 26 questions about new agreements; meetings with individual organizations held as requested.

SHS Consulting continues its field work with participating data providers.

**February 2012**

O211SC attends teleconference on Feb. 23 with data providers to review Qs & As and respond to further queries. Meetings with individual organizations held as requested.

SHS Consulting’s field work continues, including a specific Q&A on questions raised during the financial assessment process.

**March 2012**

Mid-month, data providers receive draft data agreement for review; subsequently, contract amended to reflect suggestions regarding accreditation and insurance concerns.

A week following, the final contract is distributed with top-up funding identified for under-resourced data providers.

Meetings with individual organizations or on a regional basis held as requested.
<table>
<thead>
<tr>
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<th>Request</th>
<th>Assigned Department</th>
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<td>18-Jan-12</td>
<td>Budget Committee</td>
<td>Review and approve the Funeral Rates Memorandum of Understanding between the Region of Waterloo and the Funeral Directors of Waterloo Region</td>
<td>Social Services</td>
<td>Jun-2012</td>
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<td>16-May-12</td>
<td>Council</td>
<td>Staff were directed to provide Council with a prioritized list of discretionary benefits and financial impacts prior to or as part of the 2013 Budget process, as required.</td>
<td>Social Services</td>
<td>Fall 2012</td>
</tr>
</tbody>
</table>