MEDIA RELEASE: Friday, June 15, 2012, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, June 19, 2012
1:00 p.m.
Regional Council Chamber
150 Frederick Street, Kitchener

1. MOTION TO RECONVENE INTO OPEN SESSION

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

3. DELEGATIONS

   a) Jodi Murray & Sam Abisaab, Waterloo Region Active Living Network, Re: Update on Partnership and Physical Activity Charter with Region (Distributed Separately to Councillors only)

4. REPORTS – Public Health

   a) PH-12-024, Public Health Humidex Advisory and Smog Advisory Response Protocol

   b) PH-12-025, 2011 Food Safety Annual Report

   c) PH-12-026, 2011 Public Health Annual Report (Colour copies distributed separately for Councillors only)

   d) PH-12-027, Waterloo Region Sexual Health Youth Strategy

5. REPORTS – Planning, Housing and Community Services

   e) CA-12-006.1/P-12-053.1, Rent Supplement Program Review 2011-2012

   f) P-12-082, Joseph Schneider Haus and McDougall Cottage – 2011 Operations and 2012 Planned Initiatives (Staff Presentation)

   g) P-12-083, Housing Services Act – One-Date Chronological System for Coordinated Access Waiting List Applications

   h) CR-RS-12-037/P-12-084/F-12-045, Region of Waterloo Community Housing Inc. – Completion of Transfer of Properties

6. REPORTS – Social Services

   i) SS-12-024, Delivery of Employment Placement and Development Services

   j) SS-12-025, Children’s Services Purchase of Service Agreement for Recreation Programs
k) **SS-12-027**, Children’s Services Request for Approval to Enter into a Fee Subsidy Purchase of Service Agreement 95

l) **SS-12-028**, Funeral Rates for Ontario Works and Low Income Individuals 97

m) **SS-12-030**, Changes to Child Care Rate Structures 101

5. INFORMATION/CORRESPONDENCE

a) **Memo**: From One System to Another: *Crossover Children* in Waterloo Region 104

b) **Memo**: Municipal Alcohol Policy 124

c) **Memo**: Updates on New Investment in Affordable Housing Programs: Ontario Renovates and Temporary Housing Assistance with Supports 125

d) **Memo**: Ontario Works Caseload: May 2012 127

6. OTHER BUSINESS

a) Council Enquiries and Requests for Information *Tracking List* 129

7. NEXT MEETING – Tuesday, August 14, 2012

9:00 a.m.

8. ADJOURN
Request for Regional Support of a Charter for Physical Activity

**Request:** THAT the Regional Municipality of Waterloo support the *Toronto Charter for Physical Activity: A Global Call for Action* (see attached) and adopt its guiding principles for a population based approach to physical activity:

AND THAT the Regional Municipality of Waterloo encourage the Waterloo Region Active Living Network (WRALN) to develop a blueprint for action specific to the needs of the region.

**How do we define physical activity and what are the benefits?**

Physical activity is an umbrella term that describes a number of specific activities (e.g., sport, exercise, leisure time activities, work, and activities of daily living) that require energy expenditures above what is normal when the body is at rest. Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social connectedness and quality of life, provides economic benefits, and contributes to environmental sustainability.

**What is a charter for physical activity?**

The physical activity charter is a call for action and an advocacy tool to create sustainable opportunities for physically active lifestyles for all. Organisations and individuals interested in promoting physical activity can use this charter to influence and unite decision makers at regional and local levels to achieve a shared goal.

**Why a charter for physical activity in our region?**

According to a 2009 Canadian Fitness and Lifestyle Research Institute report, only 22.3% of youth and 49.1% of adults in the Region of Waterloo are sufficiently active to achieve health benefits. Our region is ranked 21st out of 34 regions within Ontario with respect to physical activity. Canada and Ontario-wide reports indicating a general lack of physical activity are also available (e.g., http://www.activehealthykids.ca).

**What are the recommended guidelines for physical activity?**

January 2011 physical activity guidelines from the Canadian Society for Exercise Physiology suggest minimums for (a) children/youth (5-17 years) = 60 minutes of moderate- to vigorous-intensity daily physical activity, (b) adults (18-64 years) = 150 minutes of moderate- to vigorous-intensity weekly, and (c) older adults (> 65 years) = 150 minutes of moderate- to vigorous-intensity weekly. Furthermore, these guidelines emphasize the added benefit of activities that strengthen muscle and bone and that greater health benefits accrue with more physical activity.

**What are the costs associated with supporting the charter and adopting its principles?**

There is no specific budget attached to this request. The Charter provides a set of guidelines to consider when developing policies and initiatives at our local level. In sum, it is an overt statement of the importance of physical activity for our citizens.

**How does the charter complement existing initiatives?**

This charter is intended to link with existing, well-designed tools promoting active living within the Region including the Pedestrian Charter, Pedestrian Master Plan, Active Transportation Master Plan, Regional Cycling Master Plan, Active and Safe Routes to School Charter, and the Cambridge Charter for Physical Activity. However, the guiding principles of the proposed charter address a broader set of activities, issues, and challenges associated with an active lifestyle. Furthermore, this Charter links directly with strategic objectives 4.2 and 4.7 Health and Inclusive Communities, and 3.2 Sustainable Transportation, contained within the Region of Waterloo’s 2011-2014 Strategic Focus document.

**Why the Toronto Charter for Physical Activity?**

This is an international advocacy document developed by the International Society for Physical Activity and Health (see www.globalpa.org.uk) and is the result of contributions from over 450 individuals/organizations from 55 countries representing all regions of the world.

**What are the next steps?**

WRALN will develop a blueprint for action specific to the region through community consultations.
The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social connectedness and quality of life, provides economic benefits and contributes to environmental sustainability. Communities that support health enhancing physical activity, in a variety of accessible and affordable ways, across different settings and throughout life, can achieve many of these benefits. The Toronto Charter for Physical Activity outlines four actions based upon nine guiding principles and is a call for all countries, regions and communities to strive for greater political and social commitment to support health enhancing physical activity for all.

Why a Charter on physical activity?

The Toronto Charter for Physical Activity is a call for action and an advocacy tool to create sustainable opportunities for physically active lifestyles for all. Organizations and individuals interested in promoting physical activity can use this Charter to influence and unite decision makers, at national, regional and local levels, to achieve a shared goal. These Organizations include health, transport, environment, sport and recreation, education, urban design and planning as well as government, civil society and the private sector.

Physical activity – a powerful investment in people, health, the economy and sustainability

Throughout the world, technology, urbanization, increasingly sedentary work environments and automobile-focused community design have engineered much physical activity out of daily life. Busy lifestyles, competing priorities, changing family structures and lack of social connectedness may also be contributing to inactivity. Opportunities for physical activity continue to decline while the prevalence of sedentary lifestyles is increasing in most countries, resulting in major negative health, social and economic consequences.

For health, physical inactivity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, diabetes, cancers; contributing to over three million preventable deaths annually worldwide. Physical inactivity also contributes to the increasing level of childhood and adult obesity. Physical activity can benefit people of all ages. It leads to healthy growth and social development in children and reduces risk of chronic disease and improved mental health in adults. It is never too late to start physical activity. For older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.
For sustainable development, promoting active modes of travel such as walking, cycling and public transport can reduce harmful air pollution and greenhouse gas emissions, which are also known to negatively impact health. Urban planning, design and redevelopment that aim to reduce dependence on motor vehicles can also contribute to increased physical activity, particularly in those developing countries experiencing rapid urbanization and growth. Increasing investment in active travel provides more equitable mobility options.

For the economy, physical inactivity contributes substantially to direct and indirect health care costs and has a significant impact on productivity and healthy life-years. Policies and actions that increase participation in physical activity are a powerful investment in preventing chronic diseases and improving health, social connectedness and quality of life as well as providing benefits for economic and sustainable development of countries throughout the world.

Guiding principles for a population based approach to physical activity

Countries and Organizations working towards increasing participation in physical activity are encouraged to adopt the following guiding principles. These principles are consistent with the Non Communicable Disease Action Plan (2008) and the Global Strategy on Diet, Physical Activity and Health (2004) of the World Health Organization as well as other international health promotion charters. To increase physical activity and decrease sedentary behavior, countries and Organizations are encouraged to:

1. Adopt evidence based strategies that target the whole population as well as specific population sub groups, particularly those facing the greatest barriers;
2. Embrace an equity approach aimed at reducing social and health inequalities and disparities of access to physical activity;
3. Address the environmental, social and individual determinants of physical inactivity;
4. Implement sustainable actions in partnership at national, regional and local levels and across multiple sectors to achieve greatest impact;
5. Build capacity and support training in research, practice, policy, evaluation and surveillance;
6. Use a life-course approach by addressing the needs of children, families, adults and older adults;
7. Advocate to decision makers and the general community for an increase in political commitment to and resources for physical activity;
8. Ensure cultural sensitivity and adapt strategies to accommodate varying 'local realities', contexts and resources;
9. Facilitate healthy personal choices by making the physically active choice the easy choice.
A framework for action

This Charter calls for concerted action across four key areas. This action should involve governments, civil society, academic institutions, professional associations, the private sector, and other Organizations within and outside the health sector, as well as communities themselves. These four action areas are distinct, yet complementary, building blocks for successful population change.

1. Implement a National Policy and Action Plan

A national policy and action plan provides direction, support and coordination of the many sectors involved. It also assists in focusing resources as well as providing accountability. A national policy and action plan is a significant indicator of political commitment. However, the absence of a national policy should not delay the efforts of state, provincial or municipal Organizations to enhance physical activity in their jurisdictions. Policy and action plans should:

- Gain input from a broad constituency of relevant stakeholders;
- Identify clear leadership for physical activity, which may come from any government sector, other relevant non government agencies or from a cross sector collaboration;
- Describe the roles and actions that government, not-for-profit, volunteer and private sector Organizations at national, regional and local levels should take to implement the plan and promote physical activity;
- Provide an implementation plan that defines accountability, timelines and funding;
- Include combinations of different strategies to influence individual, social, cultural and built environment factors that will inform, motivate and support individuals and communities to be active, in ways that are safe and enjoyable;
- Adopt evidence based guidelines on physical activity and health.

2. Introduce Policies that Support Physical Activity

A supportive policy framework and regulatory environment are required to achieve sustainable changes in government and society. Policies that support health enhancing physical activity are needed at national, regional and local levels. Examples of supportive policy and regulations include:

- Clear national policy with objectives for increasing physical activity that state by how much and by when. All sectors can share common goal(s) and identify their contribution;
- Urban and rural planning policies and design guidelines that support walking, cycling, public transport, sport and recreation with a particular focus on equitable access and safety;
- Fiscal policies such as subsidies, incentives and tax deductions that may support participation in physical activity or taxation to reduce obstacles. For example, tax incentives on physical activity equipment or club membership;
- Workplace policies that support infrastructure and programs for physical activity and promote active transport to and from work;
• Education policies that support high quality compulsory physical education, active travel to school, physical activity during the school day and healthy school environments;

• Sport and recreation policy and funding systems that prioritize increased community participation by all members of the community;

• Advocacy to engage the media to promote increased political commitment to physical activity. For example, ‘Report Cards’ or civil society reports on the implementation of physical activity action to increase accountability;

• Mass communication and social marketing campaigns to increase community and stakeholder support for physical activity action.

3. REORIENT SERVICES AND FUNDING TO PRIORITIZE PHYSICAL ACTIVITY

In most countries, successful action to promote physical activity will require a reorientation of priorities in favor of health enhancing physical activity. Reorienting services and funding systems can deliver multiple benefits including better health, cleaner air, reduced traffic congestion, cost saving and greater social connectedness. Examples of actions underway in many countries include:

In education:
• Education systems that prioritize high-quality compulsory physical education curriculum with an emphasis on non competitive sports in schools and enhancing physical education training for all teachers;

• Physical activity programs that focus on a range of activities that maximize participation regardless of skill level and that focus on enjoyment;

• Opportunity for students to be active during class, in breaks, at lunch time and after school.

In transportation and planning:
• Transport policies and services, that prioritize and fund, walking, cycling and public transit infrastructure;

• Building codes that encourage or support physical activity;

• Trails in national parks and preserved areas to increase access.
In planning and environment:
- Evidence based urban design that supports walking, cycling and recreational physical activity;
- Urban design that provides opportunities for sport, recreation and physical activity by increasing access to public space where people of all ages and abilities can be physically active in urban and rural settings.

In workplace:
- Workplace programs that encourage and support employees and their families to lead active lifestyles;
- Facilities that encourage participation in physical activity;
- Incentives for active commuting to work or by public transport rather than by car.

In sport, parks and recreation:
- Mass participation and sports for all, including those least likely to participate;
- Infrastructure for recreational activities across the life-course;
- Opportunities for individuals with disabilities to be physically active;
- Building capacity among those who deliver sport through increased training on physical activity.

In health:
- Greater priority and resourcing of prevention and health promotion including physical activity;
- Screening of patients/clients for levels of physical activity at every primary care consultation, and provision of brief, structured counselling and referral to community programs for insufficiently active patients;
- For patients with diseases/conditions such as diabetes, cardiovascular disease, some cancers or arthritis, screening by health and exercise professionals for contraindications and advice on physical activity as part of treatment, management and review plans.

4. DEVELOP PARTNERSHIPS FOR ACTION

Actions aimed at increasing population-wide participation in physical activity should be planned and implemented through partnerships and collaborations involving different sectors, and communities themselves, at national, regional and local levels. Successful partnerships are developed by identifying common values and program activities and by sharing responsibilities, accountabilities and information. Examples of partnerships that support the promotion of physical activity are:

- Cross-government working groups at all relevant levels to implement action plans;
- Community initiatives involving different government departments and non-government agencies (for example: transport, urban planning, arts, conservation, economic development, environmental development, education, sport and recreation, and health) working in collaboration and sharing resources;
- Coalitions of non-government organizations formed to advocate to governments for the promotion of physical activity;
- National, regional or local partnership forums with key agencies from multiple sectors, and public and private stakeholders to promote programs and policies;
- Partnerships with population subgroups including indigenous peoples, migrants and socially disadvantaged groups.
A call for action

A strong body of science supports the benefits of physical activity for health, the economy and the environment. To achieve a greater commitment to increasing physical activity around the world there is an urgent need for clear direction and strong advocacy. The Toronto Charter for Physical Activity outlines four actions based upon nine guiding principles. Implementation of the Toronto Charter will provide a solid foundation and direction for health enhancing physical activity in all countries.

We encourage all interested stakeholders to support the adoption and implementation of the Toronto Charter for Physical Activity and to engage in one or more of the following actions:

1. Show your agreement with the four areas for action and nine guiding principles by registering your support of the Toronto Charter for Physical Activity;

2. Send a copy of the Toronto Charter for Physical Activity to at least five of your colleagues and encourage them to do the same;

3. Meet with decision makers in different sectors to discuss how national plans and policy action following the guiding principles of the Toronto Charter for Physical Activity might positively influence action across sectors;

4. Mobilize networks and partnerships across all sectors to support and implement the Toronto Charter.

In turn, members of the Global Advocacy Council for Physical Activity commit to the following actions:

- Translate the final version of the Toronto Charter for Physical Activity into French, Spanish and possibly other languages;

- Disseminate the final version of the Toronto Charter for Physical Activity widely;

- Work with physical activity networks and other stakeholder organizations to further mobilize governments and decision makers throughout the world to increase commitment towards the promotion of health enhancing physical activity;

- Continue to partner with other groups and Organizations in order to advocate for health enhancing physical activity throughout the world.

For links to supporting resources and to directly forward the Toronto Charter for Physical Activity to colleagues please visit:
www.globalpa.org.uk

Global Advocacy Council for Physical Activity,
International Society for Physical Activity and Health.
The Toronto Charter for Physical Activity: A Global Call to Action.
www.globalpa.org.uk.
May 20, 2010.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 19, 2012

FILE CODE: P07-20

SUBJECT: PUBLIC HEALTH HUMIDEX ADVISORY AND SMOG ADVISORY RESPONSE PROTOCOL

RECOMMENDATION:

THAT the Regional Municipality of Waterloo endorse the Region of Waterloo Public Health Humidex Advisory and Smog Advisory Response Protocol as outlined in Report PH-12-024.

SUMMARY:

Highlights of the updated Public Health Humidex Advisory and Smog Advisory Response Protocol are outlined below. Revisions to the existing protocol (2010) were made to clarify Region of Waterloo Public Health’s role when Environment Canada issues a Humidex Advisory or when the Ontario Ministry of the Environment issues a Smog Advisory. This includes clarifying our role in sharing regional and municipal cooling centre information.

REPORT:

Health Impacts of Heat

Health impacts from heat exist because excessive atmospheric temperature in combination with high humidity and other factors can make it more difficult for the body to cool itself. Additionally, some health conditions (e.g. respiratory, cardiovascular) are heat sensitive. Various studies have shown that when temperatures rise above certain levels, daily mortality rates increase.

Ontario Public Health Standards

Under the Health Hazard and Prevention Standard of the Ontario Public Health Standards (2008), the board of health has the mandate to increase public awareness of health risk factors associated with specific health hazards (including outdoor air quality; extreme weather; and climate change) by “a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.”

Region of Waterloo Public Health’s Humidex Advisory and Smog Advisory Response Protocol

Accordingly, Region of Waterloo Public Health’s Humidex Advisory and Smog Advisory Response Protocol stipulates that when Environment Canada issues a Humidex Advisory or when the Ontario Ministry of the Environment issues a Smog Advisory according to the criteria to the right, Region of Waterloo Public Health will communicate health information to the public. Our work will thereby complement,

**Humidex Advisory:** Issued by Environment Canada when the temperature is expected to reach 30°C or higher with a resulting humidex of 40 or higher.

**Smog Advisory:** Issued by the Ontario Ministry of the Environment when there is a strong likelihood that the Air Quality Index will reach or exceed 50 within the next 24 hours, or when the Air Quality Index is 50 without warning and weather conditions conducive to the persistence of such levels are expected to continue for several hours.
but not duplicate, the work of the federal and provincial government.\(^1\)

To expand, the Humidex Advisory and Smog Advisory Response Protocol outlines how the Region of Waterloo Public Health will prepare for and learn of advisories, as well as communicate health information when advisories are issued.

1. **To prepare for a Humidex Advisory**, Region of Waterloo Public Health will facilitate the compilation of one list which includes a listing of regional buildings available as cooling centres and any municipal media releases that state what city/township facilities are also available as cooling centres. This work will involve:

   - Connecting with the Emergency Measures Office; Facilities Management & Fleet Services; and Planning, Housing and Community Services to verify that information related to regional buildings available as cooling centres is up-to-date.
   
   - Connecting with area municipalities to ensure that Region of Waterloo Public Health is notified of any humidex-related media release detailing cooling centres that they make and vice-versa.

2. **To learn of a Humidex Advisory or Smog Advisory**, Region of Waterloo Public Health has registered for Environment Canada’s automated weather alert listserv and/or RSS feed for Cambridge and Kitchener Waterloo, as well as the Ontario Ministry of the Environment’s Smog Alert listserv. In the event that an advisory may be issued over the weekend, Public Health will also check with the aforementioned government departments on Fridays for more in-depth trending analysis to determine if an advisory is very likely over the weekend.

3. **To communicate health information when a Humidex Advisory or Smog Advisory is issued**, Region of Waterloo Public Health will broadcast smog and/or humidex health information via its Facebook and Twitter feeds. It will also distribute a media release to local radio, television, and print media (including rural papers). The Emergency Measures Office; Facilities Management & Fleet Services; and Planning, Housing and Community Services; Social Services; as well as area municipalities expressing interest in being notified will also be sent our releases.

Humidex-related and smog-related media releases will urge the public to take certain precautions and direct people to the Region of Waterloo Public Health Extreme Heat and Humidity website (for humidex information) or to the Region of Waterloo Public Health Air Quality website (for smog information). Humidex-related media releases will direct people to the Extreme Heat and Humidity website for links to cooling centres offered by area municipalities and the Region of Waterloo.

\(^1\) Notably, these federal and provincial advisories triggering Region of Waterloo Public Health health-information communication do not necessarily coincide with the advisories, alerts, and/or warnings of other jurisdictions (e.g., Toronto). This is because some other jurisdictions have developed their own heat alert systems. With Health Canada’s recent publishing of Climate Change and Health materials in May 2012, we now consider there to be sufficient literature and guidance for us to further develop a heat alert system for Waterloo Region, including further refinement of a heat emergency response plan.
CORPORATE STRATEGIC PLAN:

Focus Area 3: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Emergency Measures Office; Facilities Management & Fleet Services; Planning, Housing and Community Services; and Social Services

ATTACHMENTS

Attachment 1 – Humidex Advisory & Smog Advisory Response Protocol (Attached as a separate document)
  Appendix A: Humidex Advisory (or Combined Advisory) Media Release
  Appendix B: Smog Advisory Media Release
  Appendix C: Menu of Heat-Health Messages

PREPARED BY:  Janelle Witzel, Public Health Planner, Health Protection & Investigation
                David Young, Manager, Health Protection & Investigation

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
HUMIDEX ADVISORY & SMOG ADVISORY
RESPONSE PROTOCOL

Background

Humidex (heat & humidity) Advisories are issued by Environment Canada\(^1\) and Smog (air quality) Advisories are issued by the Ontario Ministry of the Environment (MOE)\(^2\) according to the criteria in the box to the right. ROWPH will provide accompanying health information to the public in the event of either advisory. This protocol focuses on how ROWPH will communicate this health information when an advisory is issued.

In many instances, smog and high humidex accompany extreme heat events, commonly known as a “heat wave”. There is no standard definition of an extreme heat event, but most jurisdictions define them based on the potential for hot weather conditions to result in an unacceptable level of health effects. According to Health Canada\(^3\), heat vulnerable groups are:

- Older adults
- Infants and young children
- People with chronic illness or who are physically impaired
- Socially disadvantaged individuals and communities, including people with low income, people who are homeless, and people who live alone
- Newcomers to Canada and transient populations such as tourists
- Certain occupational groups
- The physically active

**The Humidex**: The Humidex is a Canadian invention that combines the temperature and humidity into one number to reflect the perceived temperature. Taking both of these

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2. www.airqualityontario.com/press/faq.php#10, A Smog Advisory is 1 of 2 kinds of Smog Alerts (other is a Smog Watch)
environmental factors into consideration makes the humidex a better measure of health risk. As the humidex value increases, it becomes harder for the human body to regulate temperature. Combined levels of high heat and humidity can have serious health impacts, particularly among certain populations such as the elderly and/or people with pre-existing health problems.

Table 1: Humidex Range

<table>
<thead>
<tr>
<th>Humidex</th>
<th>Degree of Comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>No discomfort</td>
</tr>
<tr>
<td>30 - 39</td>
<td>Some discomfort</td>
</tr>
<tr>
<td>40 - 45</td>
<td>Great discomfort; avoid exertion</td>
</tr>
<tr>
<td>46 and over</td>
<td>Dangerous; possible heat stroke</td>
</tr>
</tbody>
</table>

Smog: “Smog is a general term used to describe a mixture of air pollutants, dominated by ground-level ozone and fine particulate matter” and the Air Quality Index (AQI) is “an indicator of our air quality, based on pollutants that have adverse effects on human health and the environment”. Poor air quality (smog) can worsen existing health problems. Air pollution is known to contribute directly to respiratory and cardiac illness, and can even cause respiratory problems amongst healthy people. It can also worsen conditions such as asthma, especially among children and older adults.

Table 2: Air Quality Index Range

<table>
<thead>
<tr>
<th>AQI</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>Very Good</td>
</tr>
<tr>
<td>16-31</td>
<td>Good</td>
</tr>
<tr>
<td>32-49</td>
<td>Moderate</td>
</tr>
<tr>
<td>50-99</td>
<td>Poor</td>
</tr>
<tr>
<td>100+</td>
<td>Very Poor</td>
</tr>
</tbody>
</table>

Protocol

1. To prepare for a Humidex Advisory and Smog Advisory, the assigned Public Health Planner should:
   - Ensure that the humidex- and smog-related health information on the associated ROWPH websites are updated on a regular basis. These websites may include links to other resources (e.g., Health Canada fact sheets) where applicable.

4 [http://www.ec.gc.ca/meteo-weather/default.asp?lang=En&n=86C0425B-1#h2](http://www.ec.gc.ca/meteo-weather/default.asp?lang=En&n=86C0425B-1#h2)
6 [http://www.airqualityontario.com/reports/summary.cfm](http://www.airqualityontario.com/reports/summary.cfm)
Facilitate the compilation of one list which includes a listing of regional buildings available as cooling centres and any municipal media release that state what city/township facilities are available as cooling centres in the event of a Humidex Advisory. This will involve:

- Connecting with Facilities Management & Fleet Services; Planning, Housing and Community Services; and the Emergency Measures office to verify that information related to regional buildings available as cooling centre is up-to-date.
- Connecting with area municipalities to ensure that ROWPH is notified of any humidex-related media releases they make and vice-versa.

2. To learn of a Humidex Advisory and Smog Advisory, the assigned Public Health Planner will:

- Register for Environment Canada's automated weather alert listserv and/or RSS feed for Cambridge and Kitchener Waterloo.  
- Register for the MOE’s Smog Alert listserv.
- Review Environment Canada’s and the MOE’s websites for advisories between June and September.
- Contact Geoff Coulson (geoff.coulson@ec.gc.ca) at Environment Canada and Victoria Hudec (victoria.hudec@ec.gc.ca) at the MOE on Friday’s for more in-depth trending analysis when it looks like an advisory is very likely over the weekend.

3. To communicate health information when Humidex Advisory and/or Smog Advisory is issued or very likely to be issued over the weekend, the assigned Public Health Planner will:

- Send a media release to ROWPH’s Marketing & Communications staff for distribution to local radio, television, and print (including rural papers). Both humidex-related and smog-related media releases should (See Appendix A and Appendix B):

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8 The associated ROW websites
(www.regionofwaterloo.ca/en/safeHealthyCommunity/extremeweather.asp, www.regionofwaterloo.ca/en/abouttheenvironment/airquality.asp) pull-content from the ROWPH ones such that any update to the ROWPH page will be reflected on the ROW page

9 http://www.weatheroffice.gc.ca/city/pages/on-81_metric_e.html
10 http://www.weatheroffice.gc.ca/city/pages/on-82_metric_e.html
11 http://www.airqualityontario.com/alerts/signup.php
12 http://www.weatheroffice.gc.ca/warnings/warnings_e.html
13 http://www.airqualityontario.com/reports/summary.php
o Urge the public to take certain precautions.

o Emphasize three to seven bits of easy-to-remember and/or very important health information that reinforces personal behaviour and responsibility. The three to seven bits of health information emphasized in the media release are also the ones that ROWPH’s Marketing & Communications should broadcast via the ROWPH Facebook and Twitter feeds. See Appendix C for messages that can be rotated through a humidex-related release.

o Direct people to the Region of Waterloo Public Health Extreme Heat and Humidity website (for humidex information) or to the Region of Waterloo Public Health Air Quality website (for smog information). Humidex-related media releases should direct people to the Extreme Heat and Humidity website for links to cooling centres offered by the area municipalities and the Region of Waterloo. The links to cooling centres should appear as follows on the Extreme Heat and Humidity webpage:

<table>
<thead>
<tr>
<th>Environment Canada has issued a Humidex Advisory. Click on the links below to identify cooling centres in your area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[City of Cambridge facilities]</td>
</tr>
<tr>
<td>Region of Waterloo air-conditioned buildings:</td>
</tr>
<tr>
<td>• 150 Frederick Street, Kitchener (Admin Headquarters), from 8:30 am – 4:30 pm Monday - Friday</td>
</tr>
<tr>
<td>• 99 Regina Street South, Waterloo (Public Health &amp; Social Services), from 8:30 am – 4:30 pm Monday - Friday</td>
</tr>
<tr>
<td>• 150 Main Street, Cambridge (Public Health &amp; Social Services), from 8:30 am – 4:30 pm Monday - Friday</td>
</tr>
<tr>
<td>• 10 Huron Rd, Kitchener (Waterloo Region Museum) from 9:30 am – 5:00 pm daily</td>
</tr>
<tr>
<td>• Libraries during regular operating hours</td>
</tr>
</tbody>
</table>

| • Send the same media release, after it is sent out by Marketing & Communications, to The Emergency Measures Office; Facilities Management & Fleet Services; and Planning, Housing and Community Services; Social Services; as well as area municipalities expressing interest in being notified of our release will also be sent it. |

| • [In the event of a Humidex Advisory, the Public Health Planner will also send any municipal media releases listing cooling centres that he/she is sent to ROWPH’s Marketing & Communications staff for linking on the website.] |

| • Ongoing messaging will only occur in the event of a prolonged extreme heat event. |

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14 The list of individuals who will be sent the media release can be found in DOCS ADMIN-#1190609 – this list should be updated yearly
MEDIA RELEASE

HUMIDEX ADVISORY
[OR COMBINED HUMIDEX AND SMOG ADVISORY]

Residents Urged to Take Precautions During Humidex Advisory [and Smog Advisory]

[DATE] For Immediate Release

Waterloo - The Medical Officer of Health, [NAME], advises Region of Waterloo residents to take steps to prevent illness during the upcoming extreme heat and humidity event. With temperatures and humidity expected to rise in the next [days], Environment Canada has issued a humidex advisory [and the Ministry of the Environment has issued a smog advisory].

All residents, and particularly those at the greatest risk of heat-related illness (e.g., older adults; infants and young children; people with chronic illnesses; people who work or exercise in the heat; and people who are homeless and/or live alone) are urged to take the following actions to stay cool:

1. Drink plenty of cool liquids, especially water, before feeling thirsty. Avoid drinks that are high in sugar, caffeine and/or alcohol.
2. Take cool showers or baths until you feel refreshed.
3. Reschedule or plan outdoor activities during cooler parts of the day.
4. Take a break from the heat by spending a few hours in a cool place.
5. Block sun out by closing awnings, curtains or blinds during the day.
6. Never leave people or pets in your care inside a parked vehicle or in direct sunlight.
7. Frequently visit neighbours, friends and older family members, especially those who are chronically ill or live alone, to make sure that they are cool and hydrated.
8. [Reduce activity level if you begin to cough, wheeze, feel chest tightness and/or have trouble breathing.]

More tips on what to do during [a smog advisory] and extreme heat and humidity are available on Region of Waterloo Public Health’s website (http://bit.ly/JrU9NN) or by calling 519-883-2008. Links to cooling centres offered by the municipalities and the Region of Waterloo can also be found on this website.

MEDIA CONTACT: Lu-Ann Procter, Coordinator, Marketing & Communications, 519-883-2000 ext. 2244

15 Each year could use a different combination, almost wholly taken from HC materials
Appendix B: Smog Advisory Media Release

MEDIA RELEASE
SMOG ADVISORY

Residents Urged to Take Precautions During Smog Advisory

[DATE] For Immediate Release

Waterloo - The Medical Officer of Health, [NAME], advises Region of Waterloo residents to take steps to prevent illness during the smog event. With the [temperatures expected to rise in the next [days]], the Ministry of the Environment has issued a smog advisory.

All residents, and particularly those at the greatest risk of breathing difficulties (e.g., older adults; infants and young children; people with chronic illnesses; people who work or exercise in the heat; and people who are homeless, and/or live alone) are urged to take the following actions\(^\text{16}\):

1. Stay indoors in a cool, air-conditioned environment if possible
2. Avoid or reduce strenuous physical outdoor activities, especially during the late afternoon - reschedule or relocate activities to an indoor, air conditioned area if possible
3. Avoid or reduce exercising near areas of heavy traffic, especially during rush hour
4. Reduce activity level if you begin to cough, wheeze, feel chest tightness and/or have trouble breathing
5. Frequently visit neighbours, friends, and older family members, especially those who are chronically ill or live alone


MEDIA CONTACT: Lu-Ann Procter, Coordinator, Marketing & Communications, 519-883-2000 ext. 2244

\(^{16}\) Almost wholly taken from MOE/MOHLTC materials
Appendix C: Menu of Heat-Health Messages

The following heat-health messages are from Health Canada's “Communicating the Health Risks of Extreme Heat Events” website. They were developed through a review of the scientific literature about risks to health from extreme heat, best practices in health risk communication and the most effective actions to protect Canadians. The messages were reviewed by health communication experts and public health officials in communities developing heat alert and response systems.

1. Heat illnesses are preventable.
2. While extreme heat can put everyone at risk from heat illnesses, health risks are greatest for:
   - Older adults
   - Infants and young children
   - People with chronic illnesses, such as breathing difficulties, heart conditions, or psychiatric illnesses
   - People who work in the heat
   - People who exercise in the heat
   - Homeless people
   - Low-income earners
3. If you are taking medication or have a health condition, ask your doctor or pharmacist if it increases your health risk in the heat and follow their recommendations.
4. Heat illnesses include heat stroke, heat exhaustion, heat cramps (muscle cramps), heat fainting, rash, and heat edema (swelling of hands, feet and ankles). Watch for symptoms of heat illness, which include:
   - Dizziness or fainting;
   - Nausea or vomiting;
   - Headache;
   - Rapid breathing and heartbeat;
   - Extreme thirst; and
   - Decreased urination with unusually dark yellow urine.
   - If you experience any of these symptoms during extreme heat, immediately move to a cool place and drink liquids. Water is best.
5. **Heat stroke is a medical emergency! Call 911 or your local emergency number immediately** if you are caring for someone, such as a neighbour, who has a high body temperature and is either unconscious, confused or has stopped sweating. While waiting for help - cool the person right away by:
   - Moving them to a cool place, if you can
   - Applying cold water to large areas of the skin or clothing

18 For brief definitions, visit: www.mayoclinic.com/health/heat-stroke/DS01025/DSECTION=symptoms
• Fanning the person as much as possible

6. Frequently visit neighbours, friends and older family members, especially those who are chronically ill, to make sure that they are cool and hydrated.

7. Drink plenty of cool liquids, especially water, before you feel thirsty to decrease your risk of dehydration. Thirst is not a good indicator of dehydration. Avoid drinks that are high in sugar, caffeine and/or alcohol, as they can increase the amount of water lost by the body.

8. Reschedule or plan outdoor activities during cooler parts of the day.


10. Never leave people or pets in your care inside a parked vehicle or in direct sunlight.

11. Take a break from the heat by spending a few hours in a cool place. It could be a tree-shaded area, swimming facility or an air-conditioned spot such as a public building, shopping mall,

12. Take cool showers or baths until you feel refreshed.

13. Prepare meals that don't need to be cooked in your oven.

14. Block sun out by closing awnings, curtains or blinds during the day.

15. Avoid sun exposure. Wear sunscreen of SPF 15 or higher. Shade yourself by wearing a wide-brimmed, breathable hat or using an umbrella.
REGION OF WATERLOO
PUBLIC HEALTH
Health Protection & Investigation

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

DATE: June 19, 2012 FILE CODE: P10-20

SUBJECT: 2011 FOOD SAFETY ANNUAL REPORT

RECOMMENDATION:
For information

SUMMARY:
The goal of the Food Safety program is to reduce the incidence of foodborne illness in the residents of Waterloo Region. The Ministry of Health and Long-Term Care outlines activities for this program in the Ontario Public Health Standards Food Safety Protocol. In 2011, Public Health Inspectors conducted more food premises inspections and recorded more infractions than any other year. Region of Waterloo Public Health and Conestoga College entered into a collaborative agreement to train and certify food handlers through the College. Region of Waterloo Public Health, together with the College, trained more food handlers in 2011 than in any other year. Accountability agreements between the Province and Public Health, requiring 100% of high risk food premises to be inspected once every four months, will change the way that food premises inspections are reported in the future. Public Health continues to use a balanced education and enforcement approach to raise awareness of food safety and ensures food premises meet required food safety and sanitary standards in their establishments. The successes and challenges of the Food Safety program in 2011 are outlined in this report.

REPORT:
Public Health Inspectors work together in the food safety program to prevent foodborne illness in Waterloo Region. To achieve this goal, Public Health Inspectors: routinely inspect food premises; ensure compliance with Ontario Food Premises Regulation 562/90 through education and enforcement activities; respond to consumer complaints; investigate suspected food-related illnesses; assist in recalls of contaminated foods; assess and inspect special events; promote food safety in the home and community settings; and undertake other educational activities to raise awareness of food safety.

Routine Inspections
Mandated under the Food Safety Protocol of the Ontario Public Health Standards, each food premises undergoes an assessment by Public Health Inspectors to determine which risk category they fall under: high, medium or low risk. The risk assessment considers the type of food prepared, the population that it serves, and the history of compliance with the requirements outlined in “Ontario Food Premises Regulation 562/90". These risk categories are used to determine how frequently the premises are required to be inspected. The Ministry of Health and Long-Term Care mandates that high risk premises (such as full service restaurants and hospitals) be inspected at least three times per year, medium risk premises (such as fast food facilities) be inspected at least twice per year, and low risk premises (such as convenience stores) be inspected at least once per year.
In 2011, there were a total of 4,777 inspections and 636 re-inspections of food premises in Waterloo Region. The completion rate for both high and medium risk premises was 99% in 2011. This rate measures the number of actual inspections conducted in a year compared to the number of required inspections as determined through the risk assessment. In 2011, both total inspections conducted and inspection completion rates for high and medium risk premises were the highest achieved on record. See Figure 1 for an illustration of total food premises inspections and the recent trends.

Figure 1.

Accountability Agreements
The Ontario Ministry of Health and Long-Term Care has recently introduced “Accountability Agreements” to all Ontario health units. These agreements between the province and local health units are a commitment to develop and implement a comprehensive performance management system for programs and services based on the Ontario Public Health Standards. In terms of the food safety program, Region of Waterloo Public Health has agreed to inspect 100% of high risk food premises in our region once every four months in 2012. Applying this new reporting formula to 2011 inspections, Public Health has determined that 82% of high risk premises were inspected once every four months in 2011 and 84% of medium risk food premises were inspected once every six months as outlined in the Standards. Beginning next year, food premises inspection completion rates will be reported in this manner.

Compliance and Enforcement
Food premises are required to comply with Ontario Food Premises Regulation 562/90. Compliance is measured by the number of critical and non-critical infractions noted by Public Health Inspectors during routine inspections. Critical infractions are violations that can lead to foodborne illness if not corrected while non-critical infractions are those that affect the structure and sanitation of a food premises. In 2011, there were 2,914 critical infractions and 7,259 non-critical infractions in food premises in Waterloo Region. There were about 300 more critical infractions reported in 2011 than in 2010. It is not unexpected to see an increased number of infractions with significantly more inspections. The most common critical infraction in 2011 was ‘failure to protect food from potential contamination and adulteration’, which can mean that food is covered or stored improperly. On average, high and medium risk food premises received approximately 1 to 2 critical infractions per year. See Figure 2 below for an illustration of the reported critical and non-critical infractions since 2005.
Figure 2.

When food premises continue to fail to comply with the Ontario Food Premises Regulation, enforcement actions may be taken. These actions may include issuing: tickets (Provincial Offences Notice); Summons; or a closure order. In 2011, 38 tickets and 2 summons (5 counts in total) were issued to 22 separate food premises in the Region. The most common infractions that led to a charge are provided in Table 1. In 2011, Public Health also issued one closure order, which results when conditions constitute an immediate health hazard to the public. In addition, Public Health Inspectors seized and disposed of approximately 896 kg of food on 108 occasions in 2011 which was relatively consistent with 2010.

Table 1. Most Common Infractions that led to a charge in 2011

<table>
<thead>
<tr>
<th>Offence</th>
<th># of Charges Issued in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail to sanitize/clean equipment, surfaces, utensils, or multi-service articles after use or as necessary</td>
<td>10</td>
</tr>
<tr>
<td>Fail to protect food from contamination or adulteration</td>
<td>7</td>
</tr>
<tr>
<td>Maintain hazardous foods at internal temperature between 5°C and 60°C</td>
<td>5</td>
</tr>
<tr>
<td>Operate food premise, maintained in a manner adversely affecting sanitary condition</td>
<td>2</td>
</tr>
<tr>
<td>Operate food premise, mechanical equipment not maintained to provide sufficient chemical solution</td>
<td>2</td>
</tr>
</tbody>
</table>

Special Events
The cultural diversity of Waterloo Region produces many annual special events that involve the preparation and sale of food to the public through “temporary food premise arrangements”. Some of the major regional events include: Oktoberfest, the Multicultural Festival, the Elmira Maple Syrup Festival, and the Wellesley Apple, Butter and Cheese Festival.

In 2011, Region of Waterloo Public Health received notification of 473 special events hosted in the Region. In recent years, the numbers of special event notifications have been increasing steadily. Consultation and education with a Public Health Inspector occurs for each event application to ensure that each vendor is aware of the food safety requirements. In addition, a
risk assessment is conducted for each application which determines whether or not the special event will be inspected by a Public Health Inspector. The risk assessment takes into consideration the number of estimated attendees, types of foods to be served, and whether the event is open to the public. As a result of special event risk assessments in 2011, 446 food vendors were inspected at 53 special events across the Region, as shown in Figure 3. Compared to 2010, the number of food vendor inspections and inspected special events in 2011 increased by 12% and 6%, respectively.

Figure 3.

Community Food Safety Activity and Surveillance

Food Recall
Region of Waterloo Public Health actively responded to one food recall in September 2011. At the request of the Ministry of Health and Long term Care, Public Health Inspectors participated in a recall of smoked salmon products which may have been contaminated with *Listeria monocytogenes* bacteria. Public Health Inspectors contacted all nursing homes, retirement homes, hospitals and day care centres to raise awareness of the recall and determine if the premises were in possession of the recalled food products. In total, 302 food premises were contacted of which 6 premises were in possession of the recalled food products at the time of contact. All recalled products were removed from sale and sent back to the manufacturer or were destroyed. No illnesses associated with these products were reported in Waterloo Region.

Region of Waterloo Public Health also responded to 27 suspect community foodborne illness complaints and 195 general consumer complaints related to food safety in 2011. Investigations of suspect foodborne illness and complaints were responded to within 24 hours of receiving the information.

Education and Promotion

Food Safety Training
Food safety training courses leading to certification were offered by the Region of Waterloo Public Health. Due to the increasing demand for food safety training certification, the Region of
Waterloo Public Health entered into a collaborative agreement with Conestoga College Institute of Technology and Training, as outlined in report PH-11-015 (April 12th, 2011) to deliver Food Safety Training Certification courses in 2011. These courses provide local food handlers with the knowledge to identify conditions that could result in foodborne illness and skills to respond with the appropriate corrective actions. These courses were provided in accordance with the Food Safety Protocol of the Ontario Public Health Standards. Courses were offered in three formats: (1) an in-class course, (2) a home study course, and (3) an on-line course. To achieve the Food Handler Training Certificate, a grade of at least 70% on the final examination was required.

A combined total of 1,590 food handlers in Waterloo Region successfully earned the Food Handler Training Certificate through the Region of Waterloo Public Health and Conestoga College in 2011. The demand for food safety training in Waterloo Region has steadily increased since 1999, as illustrated in Figure 4. The number of clients certified in 2011 was more than nine times greater than in 1999 and the most certified in one year.

Figure 4.

Community Food Safety
In 2011, food safety information was promoted in the community using a variety of methods including: local media, media releases, newsletters, Public Health’s website, and displays at community events. There were five separate media interviews accommodated in 2011 related to food safety information.

Public Health staff publish and distribute two different newsletters every year. In 2011, all food premises received The Front Burner newsletter on two separate occasions. This newsletter addresses a variety of food safety topics such as sanitizers, food storage practices, and safe temperature controls. Farmers’ market food vendors also received the At the Market newsletter, which provides specific information for market vendors on topics such as food transportation, storage and proper cooking temperatures.

The Commitment to Food Safety program promotes the many ways that members of the public can access food safety information. The voluntary program involves food premise operators placing a sign near the front entrance with details on how to access inspection information. Disclosing inspection information allows patrons to make informed decisions and brings visibility
to the efforts food premises operators and Region of Waterloo Public Health make to promote food safety. The inspection results are readily accessible to the public through the Food Premises Inspection Reports website, Public Health Inspector telephone intake line and walk-in service (at 99 Regina St., Waterloo and by appointment at 150 Main St., Cambridge).

The Food Premises Inspection Reports website provides up-to-date food safety inspection information on all geographically fixed food premises within the Region of Waterloo and is available on the Region of Waterloo Public Health’s website. The most recent inspection and re-inspection information for food premises is available through the website. The website received 279,278 hits in 2011.

A balanced education and enforcement strategy with the aim to reduce food borne illness in our community incorporates our commitment to transparency, efficiency, collaboration, and timely service to the public.

CORPORATE STRATEGIC PLAN:

4. Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities
5. Service Excellence: Deliver excellent and responsive services that inspire public trust

FINANCIAL IMPLICATIONS:

These activities are carried out within existing resources.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

NIL

PREPARED BY: Peter Ellis, Public Health Planner, Health Protection & Investigation
Chris Komorowski, Manager Food Safety, Recreational Water and Cambridge & Area Team

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
REGION OF WATERLOO
PUBLIC HEALTH
Healthy Living Division

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

DATE: June 19, 2012

FILE CODE: P20-80

SUBJECT: 2011 PUBLIC HEALTH ANNUAL REPORT

RECOMMENDATION:
For Information

SUMMARY:
The 2011 Public Health Annual Report is designed to meet the needs of various public and stakeholder audiences. The report is in plain-language to make it easier for people of all literacy levels to read. In addition, the report has been created to meet the Accessibility for Ontarians with Disabilities Act standards for written communication. The articles are short to provide a broad overview of our programs, services, and accomplishments. Furthermore, the 2011 Annual Report is structured to demonstrate Region of Waterloo Public Health’s commitment
- to building healthy, supportive communities in partnership
- to our implementation of the Ontario Public Health Standards, and
- to the Regional values.

REPORT:

Public Health
We provide Public Health programs and services to the population of the Region of Waterloo, with a goal of building healthy and supportive communities in partnership with others. We do this through population health assessment, surveillance, health promotion, policy development, disease and injury prevention and health protection. The Ontario Public Health Standards provide our requirements.

EMS
We provide Emergency Medical Services (ambulance service) to the people of the Region of Waterloo, with a goal of decreasing illness and death where possible. We do this by providing fast, effective pre-hospital emergency care and transportation to the hospital. We also coordinate First Aid and CPR training in the community so people know how to respond and use Public Access Defibrillators when someone needs help. The Ambulance Act provides our requirements.

Value for money
Region of Waterloo Public Health makes effective use of public resources. Taxpayers pay for our services mainly through local and provincial taxes. We monitor and report our achievements not only through this Annual Report, but also through regular reporting to the Ministry of Health and Long Term Care, and Regional Council. During 2011, the Ontario Ministry of Health and Long Term Care released accountability agreements for each public health unit/department in the Province. These
agreements, in addition to our other reporting mechanisms, provide public health with standardized indicators and local targets to monitor effectiveness in delivering our services.

We partner with others as much as possible to increase our impact. We also use evidence to make decisions about responding to emerging public health issues and the best way to deliver our services. We constantly strive to improve our services for the greatest impact on the community's health. The stories in this Annual report provide examples of monitoring our performance, using evidence and working in partnership with others.

Using evidence to inform the services we deliver
Our health reports such as the Infectious Disease report and the Suicide report keep the community informed about health trends. Public Health and many of our partners will use this type of information to make service delivery decisions. In reports such as the Healthy Communities Partnership report we use evidence to guide our actions. The Bullying report provides an example of how we evaluate our programs to ensure we have an impact.

Enhancing access to services through building partnerships in the community
We work with a variety of partners including academic partners as described in the food handler training partnership with Conestoga College. Academic partnerships also provide opportunities for collaborative research, as described in the EMS Master Plan update. We partner with community agencies as described in the peer program. Health care partners are important to us as well, as described in our work on improved patient flow from EMS through the hospital system. Many of the partnerships mentioned in this report involve schools. Schools boards are one of our most significant partners because working with and supporting children and youth are a key to many public health programs. This is not an exhaustive list of all of our partnerships; we could not be successful in our work without the fantastic support and collaboration from all of our partners.

The full Annual Report can be accessed from the Public Health website: Public Health Annual Report 2011

CORPORATE STRATEGIC PLAN:
Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.

Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust.

FINANCIAL IMPLICATIONS:
These programs are delivered using resources approved by the Regional Municipality of Waterloo as the Board of Health. Funding is a combination of 100% provincial, 75% provincial/25% regional tax levy, 100% regional tax levy and to a lesser extent some fees & charges and other sources of revenue. The programs are determined primarily according to provincial mandate and influenced by local need.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL
ATTACHMENTS

2011 Public Health Annual Report (Distributed Separately)

PREPARED BY:  Sharlene Sedgwick Walsh, Director Healthy Living
               Pat Fisher, Public Health Planner, Research Unit

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
Welcome to our 2011 Annual Report

We provide Public Health programs and services to the population of the Region of Waterloo, with a goal of building healthy and supportive communities in partnership with others. We do this through population health assessment, surveillance, health promotion, policy development, disease and injury prevention and health protection. The Ontario Public Health Standards provide our requirements.

Emergency Medical Services

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Using evidence to inform the services we deliver

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Thank you.

Dr. Liana Nolan
Commissioner/Medical Officer of Health
Region of Waterloo Public Health
Imagine… a school without bullying

For over ten years, Region of Waterloo Public Health worked with the two largest school boards in Waterloo Region to help create schools where children would be safer from bullying. Bullying is a social problem that has many deep roots. We worked with a few school communities at a time to support them in creating a school culture that would help prevent and stop bullying. Through the project, we trained all forty-six Catholic elementary schools and sixty-five of the Public elementary schools in Waterloo Region.

Imagine… A School Without Bullying: A School Climate Approach to Bullying Prevention final report was released in 2011. This seven-year research project collected information from students in grades four to seven, their parents, and school staff at the Waterloo Region Catholic District School Board.

The surveys showed that over time, there was:

- Less verbal and physical bullying
- Fewer students reporting bullying others
- Increased feelings of safety among students on the way to and from school and in the community

Youth’s Perceptions of Health

Region of Waterloo has committed to involve youth in planning health promotion programs for young people. In 2011, Public Health talked with local agencies that serve youth and asked youth directly for their thoughts on seven topics: drug and alcohol misuse prevention, healthy eating, injury prevention, tobacco use and exposure, physical activity, nutrition, and mental health. We hosted 17 focus groups and heard from 125 people. Youth told us what they see as barriers and pathways to healthy choices for each of the topics. We grouped their comments into four categories — individual, social, environmental, and societal influences to provide a snapshot of how youth view their experience with the seven health topics.

The information in the Perceptions of Youth Health in Waterloo Region report (http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/YOUTH_REPORT.pdf) will help Public Health work with youth to develop programs that meet the health needs of young people across Waterloo Region.

To see our bullying prevention manual, training handbook and other resources, visit the Region of Waterloo Public Health website: (http://chd.region.waterloo.on.ca/en/childfamilyhealth/bullyingprevention.asp)

<table>
<thead>
<tr>
<th><strong>2011 in numbers</strong></th>
<th><strong>Region of Waterloo Public Health • 2011 Annual Report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Families with a live birth who received a postpartum contact (97.6% of consenting families)</strong></td>
<td><strong>2,957</strong> Women screened prenatally (52% of families with a live birth)</td>
</tr>
<tr>
<td><strong>Families with an early breastfeeding contact through the Cambridge Post-Birth Clinic</strong></td>
<td><strong>402</strong> Children screened for growth and development milestones at six Child Health Fairs</td>
</tr>
<tr>
<td><strong>Families who received at least 1 home visit from Healthy Babies Healthy Children Home Visiting Program</strong></td>
<td><strong>26</strong> Community partner organizations participating in Child Health Fairs (average of 22 at each fair)**</td>
</tr>
<tr>
<td><strong>Calls to the Healthy Children Info Line</strong></td>
<td><strong>2,753</strong></td>
</tr>
<tr>
<td><strong>4,503</strong></td>
<td><strong>133</strong></td>
</tr>
<tr>
<td><strong>500</strong></td>
<td><strong>2,957</strong></td>
</tr>
</tbody>
</table>
Healthy Communities Partnership

The Healthy Communities Partnership is a group of community organizations working together to create policies that will help people to live healthy and active lives. In 2011, the Partnership put together a report describing how citizens in Waterloo Region are doing in the areas of healthy eating, physical activity, injury, tobacco use, substance and alcohol use, and mental health. The Partnership held meetings with the community to share this report and talk about the most urgent things that we need to work on in Waterloo Region. The Partnership is now working on making sure people have access to healthy food and know how to prepare it, making sure people have the opportunity to be involved in recreation activities, and finding ways to address the root causes of poor mental health.

Infectious Disease Status Report

The Infectious Disease Status Report is the first in a series of annual reports which will look at infectious disease activity in Waterloo Region over at least a five-year period. This report describes local trends in 34 diseases from 2006 to 2010; covering food-borne, water-borne, parasitic, zoonotic, sexually transmitted, blood-borne, vaccine preventable, and other infectious diseases. Tracking these diseases is important because they can cause serious illness and be transmitted across communities. Brief explanations of why each disease is a concern and Public Health’s role in preventing and controlling the spread of the disease are included. We are using what we learn from these trends to improve public health programs.

To read the full report, visit the Region of Waterloo Public Health website: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WlooRegionCommunityPicture.pdf


<table>
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<tr>
<th>1,590</th>
<th>Food handler training certificates issued</th>
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<tr>
<td>5,011</td>
<td>Routine inspections and re-inspections of food premises</td>
</tr>
<tr>
<td>34</td>
<td>Charges laid on food premises</td>
</tr>
<tr>
<td>108</td>
<td>Occurrences where food products were seized and destroyed</td>
</tr>
<tr>
<td>896</td>
<td>Weight of total food products seized and destroyed from food premises</td>
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<table>
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<tr>
<th>279,278</th>
<th>Website hits by the public to the Food Premises Inspection Disclosure website</th>
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</thead>
<tbody>
<tr>
<td>302</td>
<td>Premises reached out to during food recalls</td>
</tr>
<tr>
<td>365</td>
<td>Routine inspections and re-inspections of pool premises</td>
</tr>
<tr>
<td>24</td>
<td>Routine inspections and re-inspections of wading pools, splash pads, and waterslide receiving basins</td>
</tr>
</tbody>
</table>
Suicide in Waterloo Region: Health Status Report

Suicide is a serious issue in Waterloo Region, as it is in Canada and worldwide. Suicide and suicidal behaviour affects our community in many different ways including; the mental stress of suicidal individuals, the health care resources required in treating them, and the social and emotional impact on loved ones left behind after a suicide death.

*Suicide in Waterloo Region* is the first health status report presenting the risk factors for suicide and groups who are at an increased risk for suicide and suicidal behaviours in Waterloo Region. National and provincial figures are included to give a context for the local picture.

In 2009, there were about 600 emergency department visits and 250 hospitalizations for suicide attempts for Waterloo Region residents. Youth and young adults under 30 have higher rates of emergency department visits and hospitalizations for suicide attempts in Waterloo Region and Ontario, compared to adults over 30.


Reproductive Health Priority Population Annual Report

A healthy pregnancy gives a baby a healthier start to life. To make sure all women in Waterloo Region have the same chance for a healthy pregnancy, we identified priority populations for our reproductive health work. We learned about these groups in a number of ways, including talking with our community partners and looking at local data. Our priority populations include:

- Women of lower income
- Women of lower education
- Women and their partners who smoke
- Women and their partners who misuse alcohol and drugs
- Women new to Canada
- Women living in rural communities
- Pregnant teens and their partners

We are using what we learned to enhance our current programs and guide the planning of new ones.

To learn more about having a healthy pregnancy, visit our website: [http://chd.region.waterloo.on.ca/en/childfamilyhealth/beforethebabyisborn.asp](http://chd.region.waterloo.on.ca/en/childfamilyhealth/beforethebabyisborn.asp)

| 2011 in numbers |  
|------------------|---|
| Routine inspections and re-inspections of spa premises | 61 |
| Rabies investigations | 927 |
| Vector-borne sites treated (catch basins, natural sites, and storm water management ponds) | 150,144 |
| Confirmed enteric communicable disease cases | 441 |
| Institutional, child care centre and community outbreaks | 48 |
| Secondary school students charged with smoking on school property | 17 |
| Tobacco retailers compliant with the Smoke Free Ontario Act | 83 |
| Individuals charged with smoking in enclosed workplaces | 29 |
| Smoke Free inspections and enforcement checks conducted in bars, restaurants and night clubs | 888 |
| Tobacco inspections including routine inspections of workplaces/public places and tobacco vendors | 2,197 |
Responding and shaping our community in partnership

Emergency Medical Services Master Plan

Work continues on the EMS Master Plan, approved in 2007 to address the future needs of the region’s growing and aging population. During 2011, EMS:

- Opened our 10th ambulance station on the site of Conestoga College’s Doon Campus to enhance coverage in South Kitchener, Cambridge, North Dumfries and Wilmot Townships
- Added additional ambulance coverage 12 hours a day
- Added 18 Public Access Defibrillators through our Community Awareness and Response to Emergencies Program
- Continued to train Grade 9 students in life saving CPR and Automated External Defibrillator use
- Began installing technology allowing ambulances to change traffic signals in their path to green, thus reducing response time
- Worked with the Ministry of Health and Long Term Care to enhance dispatch capabilities, through real-time notification of area Fire Departments for tiered response to emergencies
- Continued to work with area health care leaders to improve the flow of patients through the emergency department
- Partner with the University of Waterloo to do research on modeling response times

Greening the EMS Fleet

While the need to maintain timely emergency coverage, prevents us from significantly reducing kilometers travelled, we can do our part by ensuring we’re “right-sized”

2011 was the first full year of our downsized Rural Emergency Response Units. Downsizing to clean Diesel-powered Volkswagen Touaregs, cut fuel consumption by almost half to 12.0 l/100 kms. As emissions are directly related to fuel consumption, green house gas emissions were dramatically reduced.

Four replacement ambulances received during 2011, were equipped with idle controllers that automatically shut off the engine during unnecessary idling. We continue to fine tune this technology, but expect final fuel savings in the 10–15% range.

2011 also marked the design of new greener ambulances, to be put into Regional service in 2012. Moving to a narrower more aerodynamic patient compartment has resulted in a lighter vehicle powered by a 50% smaller diesel engine. We expect a 20% improvement in both fuel economy and green house gas emissions. Watch for these unique vehicles coming soon.

| 433 | Health hazard concerns from the public responded to |
| 5  | Boil Water Advisories and Drinking Water Advisories issued |
| 112 | Adverse municipal drinking water sample results responded to |
| 2,944 | Reported calls to the Health Protection and Investigation Intake Line |
| 32  | Region of Waterloo Public Health Data Requests |
| 65  | Maps produced |
| 29  | Weekly Local Influenza Surveillance Bulletins |
| 22  | Bi-weekly Enteric Disease Surveillance Reports |
| 9   | Community Data Requests |
| 11  | Monthly Communicable Disease Reports |
| 3   | Rapid Risk Factor Surveillance System Monitors |
High School Lifesavers
Regardless of how nearby professional emergency responders are when someone suffers a medical emergency, they will never be able to respond quicker than a trained bystander. With the likelihood of survival from a sudden cardiac arrest falling 10% for every minute CPR is delayed. Emergency Medical Services have long promoted the benefits of training at least one family member in lifesaving CPR and Automated External Defibrillator use.

Since 2009, Waterloo Region’s Community Awareness and Response to Emergencies program has partnered with the ACT Foundation and both the Waterloo Catholic and Waterloo Region District School Boards, to train Grade 9 students in these lifesaving skills. This “train-the-trainer” partnership has equipped our high schools with training mannequins and defibrillators, and trained Physical Education teachers as CPR instructors. In 2011, 3,685 Grade 9 students became lifesavers… part of almost 11,000 students (2% of the Region’s population) trained in this program to date!

Baby-Friendly Initiative at Region of Waterloo Public Health
Region of Waterloo Public Health is working to become designated as Baby-Friendly. The World Health Organization and the United Nations Children’s Fund (UNICEF) created the Baby Friendly Initiative to help mothers around the world to breastfeed. A Baby-Friendly organization supports the needs of babies, both those fed breast milk and formula, by helping mothers and families to give their infant the best possible start in life.

To become designated as Baby-Friendly, we need to:
• Inform pregnant women about the benefits and process of breastfeeding
• Support all mothers to feed their baby safely, breastfed or not
• Increase the number of women in Waterloo Region who:
  – Start breastfeeding
  – Feed only breast milk for the first six months (no formula or solid foods)
  – Continue to breastfeed for two years and beyond
• Develop a written breastfeeding policy and orient our staff to this policy

<table>
<thead>
<tr>
<th>EMS Patient contacts</th>
<th>32,216</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in EMS patient contacts since 2010</td>
<td>1,224</td>
</tr>
<tr>
<td>Emergency calls (code 4) reached within 12 minutes, 24 seconds or less from time of ambulance dispatch</td>
<td>90%</td>
</tr>
<tr>
<td>Per cent of emergency calls (code 4) reached within 4 minutes, 34 seconds or less from time of 9-1-1 call received</td>
<td>90%</td>
</tr>
<tr>
<td>Ambulances and Response Vehicles operated from ten stations</td>
<td>25</td>
</tr>
<tr>
<td>Public Access Defibrillators provided (with Heart and Stroke Foundation assistance) at public facilities</td>
<td>265</td>
</tr>
<tr>
<td>Public Relations events in which EMS participated</td>
<td>82</td>
</tr>
</tbody>
</table>
Standards, Accountability and Performance

The public expectation of improved performance and increased accountability requires that public health units demonstrate their value and contribution to the greater health system. This accountability includes effective use of public funds, or value for money, and demonstrating movement on government priorities.

Boards of health are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Region of Waterloo Public Health follows standard requirements that apply to all public health units in Ontario. To ensure accountability, indicators of performance have been established by the Province for monitoring and reporting. The following table outlines examples of public health performance indicators and why they are important.

How are we accountable?

The Ontario Public Health Standards outline the expectations for mandatory public health programs and services including: assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Organizational Standards (Organizational Standards) establish the management and governance requirements for all boards of health and public health units. Similar to the Ontario Public Health Standards, the Organizational Standards help promote organizational excellence with a focus on performance and accountability.

In addition to the obligations specified in the Organizational Standards and the Ontario Public Health Standards, boards of health have other duties and responsibilities, which relate to our role as employer, holder of personal and personal health information, service provider and so on. The legal obligations of boards of health in these areas are set out in other provincial and federal legislation and regulation as well as local municipal by-laws.
<table>
<thead>
<tr>
<th>Performance</th>
<th>What is this?</th>
<th>Why is this important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk food premises inspected once every 4 months while in operation</td>
<td>This indicator relates to completed food safety inspections to monitor risks. Public Health is required to inspect all high-risk food premises at least once every four months.</td>
<td>High-risk food premises prepare and handle foods where the risk of food-borne illness is higher due to the types of foods served and/or the population that it serves (ie; full service restaurants and hospitals). Because of this, frequent inspection of high risk food premises is important. This ensures adequate monitoring for possible risks of food-borne illness and as a way of reducing the incidence of food borne illnesses in the population.</td>
</tr>
<tr>
<td>School-aged children who have completed immunizations for hepatitis B, Human Papillomavirus and meningococcus</td>
<td>This relates to the percentage of students who have completed their immunization by the end of the school year. Public Health is required to assess, maintain records, and report on the immunization status of children.</td>
<td>Immunization is an important part of health protection for the population. Public Health is required to provide immunization programs, including school-based clinics for hepatitis B and meningococcal immunization.</td>
</tr>
<tr>
<td>Tobacco vendors in compliance with youth access legislation at the time of last inspection</td>
<td>The Smoke-Free Ontario Act prohibits the sale of tobacco products to persons under the age of 19 years. This indicator relates to vendor compliance with requirements to restrict youth access to tobacco products.</td>
<td>The intended outcome is that youth will have reduced access to tobacco products.</td>
</tr>
<tr>
<td>Fall-related emergency visits in older adults aged 65+</td>
<td>Most falls are predictable and preventable, yet fall-related injuries are common and are a significant burden on the health care system. This indicator monitors the rate of injuries related to falls that result in visits to hospital emergency departments, in adults aged 65 years and older.</td>
<td>For Ontarians aged 65 years and older, falls are the leading cause of injury-related emergency department visits, hospitalizations, and in-hospital deaths. With an aging population, we expect to see an increase in the number of falls among people in this age group. The intended outcome is that the public is aware that the majority of injuries are preventable and have the capacity to prevent injury.</td>
</tr>
</tbody>
</table>
Breastfeeding Supports

Breastfeeding is normal and natural. Breast milk is all that infants require for the first six months of life and continues to be part of a healthy infant’s diet for up to two years and beyond. To help mother’s breastfeed, Region of Waterloo Public Health provides support in a number of different ways.

New mothers receive health teaching and support for breastfeeding at the hospital during post birth clinics. Some mothers receive breastfeeding support in their home at post partum home visits. Others call the Healthy Children Information Line, or get help from a Public Health Nurse or Breastfeeding Buddy at the Ontario Early Years Centres and other locations in the community. Region of Waterloo Public Health partnered with the Downtown Kitchener Community Health Centre to train 21 new Breastfeeding Buddies. The Breastfeeding Buddies were matched with 137 new mothers to provide support.

NutriSTEP™: Nutrition Risk Screening for Children

Good nutrition is important for young children to grow and develop properly and helps them to learn. Nutrition screening helps families by identifying areas of concern early and helping to prevent problems later. NutriSTEP™ is a nutrition-risk screening tool that provides a fast and simple way for parents to check the eating habits and identify nutrition problems in their children from three to five years old.

In 2011, Region of Waterloo Public Health made NutriSTEP™ available in eight languages to parents of preschoolers at Child Health Fairs. Parents answered questions about their child’s eating and physical activity habits, and received nutrition information and referrals to community resources. In the future, NutriSTEP™ will also be available at Ontario Early Years Centres in Waterloo Region.

Visit the Region of Waterloo Public Health website: http://chd.region.waterloo.on.ca/en/childfamilyhealth/breastfeeding.asp or call the Healthy Children Information Line at 519-883-2245 to learn more about how you can get support with breastfeeding.

| 24 | Participants from 19 workplaces attended a train the trainer session on sun protection that included attendance from Project health workplaces, construction, landscape companies |
| 5  | Workplaces requested consultations about sun protection steps and policies that could take to support outdoor workers via Project Health |
| 34 | Health care workers attended webinar regarding outdoor worker health and safety information |
| 2  | School boards adopted the Active Transportation Charter |
| 5  | Days of roundabout education /patrolling |
| 81 | Product recalls distributed |
| 59 | Phone consultations to parents of young children re: car seat safety |
| 4  | “Hook Up to Breast Cancer” trainings provided and 8 student initiatives implemented |
Food Handler Training Certification in partnership with Conestoga College

Region of Waterloo Public Health collaborates with Conestoga College to offer Food Safety Certification Training. The course is available either in class or through home study sessions. All students registered for the course receive a Food Handler Training manual. Candidates who achieve a grade of 70% or higher on the food safety exam are awarded a certificate in food safety training and a wallet card, which are valid for five years.

Small drinking water systems

Do you ever think about the quality of the drinking water when you are at a bed & breakfast, provincial park, rural gas station or store? In 2011, Public Health Inspectors worked with over a hundred owners and operators of “small drinking water systems” in Waterloo Region to make sure that their water is safe and clean for everyone. Small drinking water systems include any place that has a private water supply such as rural motels, resorts, campgrounds, places of worship, small airports, gas stations and stores that provide public washrooms.

Want to take the course and become a certified safe food handler? Register and pay online through the Conestoga College website: www.conestogac.on.ca/ce/catlg/courselist.jsp?CatalogCode=C24_H3832 or visit one of their campuses.

Want to get your private well water system tested? Visit the Region of Waterloo Public Health website to find out where you can pick up and drop off water sample bottles for free testing: http://chd.region.waterloo.on.ca/en/healthylivinghealthprotection/wellwatertesting.asp

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1,245 Community Garden Plots at 46 gardens across Waterloo Region
224 Community programs run by Community Nutrition Workers and Peer Health Workers
5,608 People reached by Community Nutrition Workers and Peer Health Workers (65% people on low income, 67.6% parents with young children)
49 “Cessation-related” calls on the Tobacco Information Line (TIL) in 2011 (62% of all the calls received on this line)

690 Attendees at prenatal health fairs
685,250 Condoms distributed
5,045 Visits to sexual health clinics
2,138 HIV (human immunodeficiency virus) tests conducted
287,733 Needles distributed through Waterloo Region’s needle exchange program
2,944 Visits to the travel clinic
Thinking about getting a tattoo or piercing?
The skin is the body’s first line of defense against infection. Body art such as tattoos and piercings break the skin and can result in infection or allergic reactions. In 2011, Region of Waterloo Public Health partnered with youth volunteers to create awareness among youth about safe body piercing and tattooing practices. Campaign posters were placed in newspapers and on digital signs across Waterloo Region. Senior elementary schools, high schools and community partners working with youth displayed posters, hosted displays and distributed fact sheets at presentations about how tattooing and body piercing can be done safely.

Think Before You Ink and Know Before You Go.
Visit the Region of Waterloo Public Health website to find out what questions you need to ask to prevent an infection: http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/personalservicessettings.asp or call 519-883-2008 extension 5147 and speak with a Public Health Inspector for more information.

Bed Bug Coordination
Bed bugs are a growing concern across the province. The Ontario government provided special funding for local communities to work together to plan ways to deal with them. In the spring of 2011, Region of Waterloo Public Health created a Bed Bug advisory committee to plan control efforts for bed bugs in our community. The committee included representatives from Region of Waterloo Housing, Social Services, property standards, local landlords and support agencies. Public Health and the Bed Bug advisory committee undertook many activities between May 2011 and March 2012 to promote bed bug control and prevention strategies. For example, two training events for local landlords and service providers were held and a community wide media campaign was launched. In addition, bed bug support materials such as mattress covers and unit preparation kits were purchased to assist people in our community who may face challenges getting rid of bed bugs.

Want to learn more about Bed Bugs?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>20,073 Elementary schools</td>
<td>6% Elementary schools</td>
</tr>
<tr>
<td>278 Secondary schools</td>
<td>36% Secondary schools</td>
</tr>
<tr>
<td>598 Region of Waterloo Public Health dental clinic (total)</td>
<td>64% Region of Waterloo Public Health dental clinic (total)</td>
</tr>
</tbody>
</table>
Expanded Peer Program

Local community organizations work with Region of Waterloo Public Health to run Peer Programs. These programs teach parents about healthy child development and how to prepare nutritious foods. Led by an active Steering Committee of peer workers, representatives from the sites that run the programs and Region of Waterloo Public Health, the Peer Program helps the local organizations to reduce social isolation among participants and links them to local services and supports.

In 2011, the Peer Program added six new test sites to the existing 25 locations across Waterloo region. These new locations were chosen based on changes in neighborhoods, so that more people could go to a program within their own neighbourhood. The approach has worked well, as over 1,400 more people attended the 41 new programs offered last year.

Alcohol Misuse Prevention Partnership with Post Secondary institutions

Region of Waterloo Public Health helps reduce the risk of alcohol related injury, breast cancer and violence on campus and in the community by providing programs such as Peers and Parties, Hook Up to Breast Cancer Prevention and by supporting university staff to refine their alcohol policies.

In partnership with Wilfrid Laurier University and the University of Waterloo, we trained 32 student volunteers to work with their peers to help promote better choices when it comes to alcohol consumption. At events throughout the year, volunteers taught students how to make Mocktails (alcohol free cocktails) and asked them to sign commitment cards to limit the amount of alcohol they drink to keep themselves and others safe.

Learn more about safe party planning on the ROWPH website: http://chd.region.waterloo.on.ca/en/healthylivinghealthprotection/safepartyplanning.asp

| 2075 | Confirmed non-enteric infectious disease cases (including tuberculosis and influenza) |
| 12  | Confirmed active tuberculosis cases (and number investigated) (25 investigated) |
| 1128 | Visits to the tuberculosis skin test clinic |
Responding and shaping our community in partnership

School Roundabout Education

Along with community partners on the Active and Safe Routes to School committee, we work closely with schools in our community to encourage students to walk or cycle to and from school. In preparation for the introduction of a roundabout at Homer Watson and Blockline Road, the Waterloo Catholic District School Board invited Region of Waterloo staff to teach students how to use the roundabouts. Region of Waterloo Public Health partnered with our Transportation department to provide education materials to all students and provided hands on training at the roundabout during the first two weeks of school.

Improving Access to Public Health Services

Immigrants and refugees from all over the world make Waterloo Region their home. When these individuals and families come to the region, many do not know about Public Health and the services we provide. While we provide some services in the community where immigrants and refugees meet (e.g. YMCA, Reception House), these services only address one or two topics at a time; for example, immunization and tuberculosis screening. Immigrants and refugees have also reported that there are barriers (e.g. language, transportation) to them being able to access our services.

To better understand and reduce these barriers, Public Health talked with our staff and our partners in the community who work with immigrants and refugees. Public Health is now reviewing that report and deciding what we will do differently to improve immigrant and refugee access to Public Health services. Look for changes in the coming year.

Healthy Smiles Ontario

Healthy Smiles Ontario (HSO) is a program for children 17 and under who do not have dental insurance. Dental care is very important for everyone and this program fills a need among families without dental coverage. To reach these families, Region of Waterloo Public Health ran a media campaign and worked with peer workers in three Community Health Centres to talk about how Healthy Smiles Ontario may be able to help them.

Our strong relationships with community partners are helping us connect families with the HSO program. In 2011, almost 400 children joined HSO and more join every day.

To see if your family is eligible for the Healthy Smiles Ontario program, call 519-883-2222 Option 1.

Waterloo Region Integrated Drugs Strategy

Many cities have a plan to deal with issues that result from drug and alcohol use. Agencies (for example, social service, health, and police) that work with people who experience problems when using drugs and alcohol work together to create these plans. In 2011, Public Health helped the Waterloo Region Crime Prevention Council and other partners create a drug strategy for Waterloo Region.

The purpose of the Waterloo Region Integrated Drugs Strategy is to prevent, reduce or stop problematic drug and alcohol use. Based on the strategy, Public Health and its community partners are reviewing their programs to determine how we can improve and increase access to services for the people struggling with alcohol and drug use issues.
Budget Overview

2011 Operating Budgets

- Cost shared mandatory programs ........................................... $27,536,003
- Emergency Medical Services .................................................. $19,090,004
- Vector Borne Diseases .............................................................. $437,540
- Infectious Disease Prevention & Control ..................................... $685,954
- Healthy Babies Healthy Children ............................................... $2,764,743
- Tobacco programs .................................................................. $807,658
- Healthy Smiles Ontario ............................................................. $829,747
- Other ..................................................................................... $1,521,125

TOTAL 2010 BUDGET ................................................................... $53,672,774

2011 Sources of Funding

- Provincial funding ................................................................... $36,206,465
- Regional tax levy ..................................................................... $16,576,763
- Fees & charges ......................................................................... $628,613
- Other sources of funding .......................................................... $260,933
For more information about this report or any of our programs and services, please contact:

**Region of Waterloo Public Health**

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Waterloo, Ontario N2J 4V3

Phone: 519-883-2000
Fax: 519-883-2241
TTY: 519-575-4608

[www.regionofwaterloo.ca/ph](http://www.regionofwaterloo.ca/ph)

**Prepared by:**

Population Health, Planning & Evaluation
June 2012

*Available in alternate formats upon request*
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 19, 2012    FILE CODE: P24-20

SUBJECT: WATERLOO REGION SEXUAL HEALTH YOUTH STRATEGY

RECOMMENDATION:

THAT the Regional Municipality of Waterloo endorse the Waterloo Region Sexual Health Youth Strategy as outlined in Attachment 1 of Report PH-12-027 dated June 19, 2012

SUMMARY:

After a comprehensive review of sexual health services available to youth in Waterloo Region (refer to Report PH-10-052), Public Health and several community partners identified that there were opportunities to streamline and enhance sexual health programs and services targeted at youth. Public Health then established a steering committee to discuss potential activities to be planned and implemented over the next five years based on local priorities and community need. The committee recently finished the planning phase of its work with the completion of the Waterloo Region Sexual Health Youth Strategy.

The Waterloo Region Sexual Health Youth Strategy outlines a series of action items and activities that member organizations of the steering committee will collectively work to achieve. Various organizations will assume lead and supporting roles depending on the activity. In other instances the partners will participate in an ad hoc role. In particular, the strategy will set the direction for Public Health’s sexual health and harm reduction youth-oriented programs and services over the coming years. A comprehensive community approach is reflective of the Board of Health’s mandate under the Ontario Public Health Standards.

The Waterloo Region Sexual Health Youth Strategy is focused on access, education, and the involvement of parents in youth sexual health development. Categorized into seven action item groupings, there are 30 activities proposed for implementation over the next five years. The committee is currently developing an implementation plan as well as an evaluation plan to measure the success of each of the activities. Creation of and involvement in the strategy aligns with the Board of Health’s requirements outlined in the Ontario Public Health Standards. All other member organizations of the steering committee recently endorsed/indicated their support for the strategy; the Board of Health is the final endorsement required.

REPORT:

Background & Rationale

Current local data shows that the rates of chlamydia in Waterloo Region are steadily increasing (184.7 cases per 100,000 in 2006 to 246.5 cases per 100,000 in 2010) and that most chlamydia
infections are found within the 15 to 24 year age group. From 2006-2010, chlamydia cases among males aged 15 to 24 increased 44.2 per cent, while chlamydia cases among females aged 15 to 24 increased 19.2 per cent. Similarly, the highest average number of chlamydia and gonorrhea co-infections was found amongst 15 to 19 year olds (16.4 cases per year from 2006-2010). Local sexually transmitted infection rates, however, are lower than provincial averages.

In terms of teenage pregnancy the Waterloo Region rate is higher than its comparator health regions (Ottawa, Peel, Halton, Durham, Windsor-Essex, Wellington-Dufferin-Guelph, and York)\(^1\), and larger geographic areas such as Toronto. Similarly, the teenage pregnancy rate in Waterloo Region continues to be higher than Ontario as a whole as reported by the Ministry of Health and Long-term Care in 2009 (28.2 per 1,000 and 27.2 per 1,000, respectively)\(^2\).

Given the local context, as well as anticipated changes in how students obtain sexual health information, the Infectious Diseases, Dental and Sexual Health (IDDSH) division of Region of Waterloo Public Health completed a review of the sexual health services available for individuals of secondary school age in Waterloo Region (refer to Report PH-10-052). This comprehensive review provided Public Health and its community partners with information about youth sexual health attitudes and knowledge, and perspectives on sexual health programs and services available to them. Students identified, through additional focus groups in November and December 2011, that enhancing youth sexual health programming and education in our community is needed. Programming refers to increasing access to sexual health services and support; increasing and enhancing sexual health education; the potential development of youth positive centres; and the creation or awareness of a youth sexual health website that is reliable, interactive, and youth focused.

**Waterloo Region Sexual Health Youth Strategy**

After completing the review of sexual health services in Waterloo Region, Public Health decided to take further action in the area of youth sexual health; specifically, access to and enhancement of youth sexual health services and education in Waterloo Region. However, as Public Health is not the only organization that provides sexual health programs and services in the region it established a steering committee (with representatives from Public Health as chair) to review local data, inventory what services are currently offered, and to determine how to action the findings and feedback from local area youth. The community partners that participated as members of the steering committee include:\(^3\)

- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA);
- Developmental Services Resource Centre (Waterloo Region);
- Planned Parenthood Waterloo Region;
- Reaching Our Outdoor Friends (ROOF);
- Sexual Assault Support Centre (SASC);
- Waterloo Catholic District School Board (WCDSB); and the
- Waterloo Region District School Board (WRDSB)


\(^{3}\) OK2BME, a set of support services for lesbian, gay, bisexual, transgender or questioning kids and teens in Waterloo Region, was originally part of the steering committee, but had to withdraw from the in the summer of 2011 due to human resource limitations.
The committee meets on a regular basis to discuss potential activities to be planned and implemented over the next five years based on local priorities and community need. The committee recently finished the planning phase of its work with the completion of the Waterloo Region Sexual Health Youth Strategy (refer to Attachment 1).

The Waterloo Region Sexual Health Youth Strategy outlines a series of action items and activities that member organizations of the steering committee will collectively work to achieve. Various organizations will assume lead and supporting roles depending on the activity. In other instances the partners will participate in an ad hoc role. In particular, the strategy will set the direction for Public Health’s youth-oriented sexual health programs and services over the coming years.

The strategy focuses on three key areas: access, education, and parents with emphasis on beginning earlier\(^4\) continuing later, and technology. The activities outlined in the strategy will also focus on how to reduce health inequities among population groups (priority populations).

To frame their work the committee set two goals, five objectives, and seven action items.

The goals of the strategy are:
1. To promote healthy sexuality\(^5\) among youth in Waterloo Region
2. To provide a comprehensive, strategic direction for youth sexual health education, programs, and services in Waterloo Region for implementation over the next five years

The objectives of the strategy are:
1. To encourage healthy sexual practices among youth in Waterloo Region
2. To increase 1) the number of youth in Waterloo Region who delay the onset of sexual activity and 2) healthy sexual practices among sexually active youth
3. To reduce the incidence and prevalence of sexually transmitted infections, blood-borne infections, and pregnancies among youth in Waterloo Region
4. To ensure the provision of sexual health education, programs, and services for all youth, including priority populations, in Waterloo Region
5. To engage and increase the number of community partners that create supportive environments to promote healthy sexuality and access to sexual health services for youth in Waterloo Region

Based on the goals and the objectives the committee proposed several activities to be completed that are categorized into one of the following seven action item areas:
1. Establish or increase youth-centered sexual health services in community settings
2. Enhance youth sexual health services in elementary and secondary schools
3. Increase access to sexual health information through technology
4. Enhance existing sexual health education for secondary school aged youth in school and community settings
5. Enhance sexual health education in elementary schools
6. Increase sexual health education targeted to males
7. Increase parents’ and guardians’ knowledge, skills, and confidence for talking with their children about sexual health

\(^4\) Currently, the majority of sexual health services are provided to students in grade nine.

\(^5\) Healthy sexuality includes not only the physical aspects of sexual development and reproductive health, but also:
- Valuing one’s own body;
- Developing interpersonal skills to achieve healthy and safe relationships; and
- Interacting with others in a manner that reflects respect and equality.
The strategy was recently endorsed by the seven non-Regional partners involved in its development. The final endorsement required is that of Community Services Committee (Waterloo Region Board of Health).

Next Steps

Over the next few months the strategy will be shared with additional community stakeholders, especially organizations that work with priority populations. These stakeholders will be invited to discuss opportunities for collaboration and to provide input into the implementation of strategy activities.

Strategy implementation will continue to be guided by the existing steering committee with Public Health taking a strong facilitating role. The committee will create a series of working groups (specific to each activity) and a series of work plans for each of the activities identified. The initial focus will be 2012 and 2013 activities.

An evaluation and performance measurement plan will be developed to monitor ongoing progress and success of the strategy. Regular updates will be provided to the Board of Health and all other relevant stakeholders.

ONTARIO PUBLIC HEALTH STANDARDS

This relates to Ontario Public Health Standards requirements #5 and #6 in the Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) standard:

- Requirement #5 states, “The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections and blood-borne infections by:
  - Collaborating with and engaging community partners and priority populations;
  - Mobilizing and promoting access to community resources;
  - Providing skill-building opportunities; and
  - Sharing best practices and evidence.

- Requirement #6 states, “The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services”.

CORPORATE STRATEGIC PLAN:

The Waterloo Region Sexual Health Youth Strategy relates to strategic focus area #4 (Healthy and Inclusive Communities).

FINANCIAL IMPLICATIONS:

The review of sexual health services for youth in Waterloo Region and the development of the Waterloo Region Sexual Health Youth Strategy were completed using existing resources in Public Health’s budget. The need for additional resources will be determined throughout strategy implementation.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
Attachment 1 – Waterloo Region Sexual Health Youth Strategy (Attached as a separate document)

PREPARED BY: Alyshia Cook, Public Health Planner
Chris Harold, Manager, Information and Planning
Lesley Rintche, Manager, Sexual Health and Harm Reduction

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Strategy development led by:
Information and Planning Program
Infectious Diseases, Dental and Sexual Health Division
Region of Waterloo Public Health

With significant contribution from the Waterloo Region Sexual Health Youth Strategy Steering Committee which includes representatives from:

- AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA)
- Developmental Services Resource Centre (Waterloo Region)
- Planned Parenthood Waterloo Region
- Reaching Our Outdoor Friends (ROOF)
- Region of Waterloo Public Health Sexual Health and Harm Reduction Program
- Sexual Assault Support Centre (SASC)
- Waterloo Catholic District School Board (WCDSB)
- Waterloo Region District School Board (WRDSB)

Additional thanks to the approximately 1,800 youth in Waterloo Region who completed surveys and participated in focus groups or other consultations. Their feedback was instrumental in developing the strategy.

For more information on the strategy please contact:
Sexual Health and Harm Reduction Program
Infectious Diseases, Dental and Sexual Health Division
Region of Waterloo Public Health
99 Regina Street South
Waterloo, ON N2J 4V3
519-883-2267
www.regionofwaterloo.ca/ph
Waterloo Region Sexual Health Youth Strategy

Background

In 2010, the Infectious Diseases, Dental and Sexual Health (IDDSH) division of Region of Waterloo Public Health (ROWPH) completed a review of the sexual health services available for secondary students in Waterloo Region\(^1\).

The multi-component review used Region of Waterloo Public Health’s Evidence and Practiced-Based Planning Framework for conducting evaluations, and included:

- a review of literature;
- an environmental scan of existing sexual health services for youth in our community and other jurisdictions;
- an environmental scan of comparator health units; and,
- consultations (survey, focus groups) with students, school board staff, school board administrators, and Public Health nurses who work in schools.

This comprehensive review provided Public Health with information about youth sexual health attitudes and knowledge as well as youth perspectives on sexual health programs and services available to them in Waterloo Region.

Current data shows that the rates of chlamydia\(^2\) in Waterloo Region are steadily increasing (184.7 cases per 100,000 in 2006 to 246.5 cases per 100,000 in 2010) and that most chlamydia infections are found within the 15 to 24 year age group. From 2006-2010, chlamydia cases among males aged 15 to 24 increased 44.2 per cent, while chlamydia cases among females aged 15 to 24 increased 19.2 per cent. Similarly, the highest average number of chlamydia and gonorrhea co-infections was found amongst 15 to 19 year olds (16.4 cases per year from 2006-2010). Furthermore, the teenage pregnancy rate continues to be higher in Waterloo Region than its comparator health regions (e.g. Ottawa, Peel, Durham, Windsor-Essex, Wellington-Dufferin-Guelph, York)\(^3\), and larger geographic areas (e.g. Toronto) (as reported by the Ministry of Health and Long-term Care) and similarly in Ontario as a whole (28.2 per 1,000 and 27.2 per 1,000, respectively)\(^4\).

Students in Waterloo Region identified, through additional focus groups in November and December 2011, that enhancing youth sexual health programming and education in our community is needed. Programming refers to increasing access to sexual health services and support; the potential development of youth positive centres; and the


\(^2\) Chlamydia is a sexually transmitted infection that can be transmitted through unprotected oral, vaginal, and anal sex (Waterloo Region Infectious Disease Status Report: 2006-2010)


\(^4\) Reproductive, Maternal and Infant Health in Waterloo Region: A Health Status Report (January 2012)
creation or awareness of a youth sexual health website that is reliable, interactive, and youth focused.

The findings from the Evidence and Practiced-Based Planning Framework and youth focus groups provide strong support for the development of a Waterloo Region Sexual Health Youth Strategy. This document outlines the strategy and key activities and initiatives to be implemented over the next five years. Several community partners were involved in the development of the strategy and will play an integral role in strategy implementation. Community partners include the Waterloo Region District School Board (WRDSB), Waterloo Catholic District School Board (WCDSB), AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA), Planned Parenthood Waterloo Region, Reaching Our Outdoor Friends (ROOF), Sexual Assault Support Centre, and the Developmental Services Resource Centre (Waterloo Region). Additional community partners will be consulted and invited to participate throughout implementation of the strategy.

**Goals of the Strategy**

1. To promote healthy sexuality\(^5\) (herein referred to as sexual health) among youth in Waterloo Region
2. To provide a comprehensive, strategic direction for youth sexual health education, programs, and services in Waterloo Region for implementation over the next five years

**Strategy Objectives**

**Societal Objectives\(^6\)**

1. To encourage healthy sexual practices\(^1\) among youth in Waterloo Region
2. To increase 1) the number of youth in Waterloo Region who delay the onset of sexual activity and 2) healthy sexual practices among sexually active youth
3. To reduce the incidence and prevalence of sexually transmitted infections, blood-borne infections, and pregnancies among youth in Waterloo Region

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\(^5\) Healthy sexuality includes not only the physical aspects of sexual development and reproductive health, but also:
- Valuing one’s own body;
- Developing interpersonal skills to achieve healthy and safe relationships; and
- Interacting with others in a manner that reflects respect and equality.

\(^6\) Societal objectives are achieved through the work of many sectors of society. No one organization or groups of organizations can be fully responsible for these objectives.
Performance Objectives⁷

1. To ensure the provision of sexual health education, programs, and services for all youth, including priority populations, in Waterloo Region
2. To engage and increase the number of community partners that create supportive environments to promote healthy sexuality and access to sexual health services for youth in Waterloo Region

Target and Priority Populations

The programs and services included in the Waterloo Region Sexual Health Youth Strategy will be targeted towards all youth in Waterloo Region. Female youth aged 15 to 24 years have historically been a priority for sexual health programming and will continue to be a target group. Parents of youth, educators, and professionals will also be targeted as secondary audiences as these individuals play an important role in the healthy development of youth.

For certain priority populations, a universal approach to health promotion will not be effective. In these instances, specialized programs and services will be required. The review of sexual health services for secondary school students in Waterloo Region (June 2010) identified several priority populations. These include groups who are at greater risk for unhealthy sexual behaviours, and/or traditionally do not access sexual health services. These groups include:

- Male youth;
- Youth from households of lower socioeconomic status
- Youth who experience poor parenting⁸;
- Youth who engage in risk taking behaviours such as using drugs or alcohol;
- Youth who are struggling academically;
- LGBTQ youth;
- Youth struggling with low self-esteem⁹; and,
- Immigrant youth.

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⁷ Performance objectives are set out by specific group(s) of people who are accountable for the outcome.
⁹ The lack of feeling loved and accepted by others and the absence of a sense of competence and mastery in performing tasks and solving problems independently (Seligman, Martin E. P. The Optimistic Child. Boston: Houghton Mifflin Co., 1995.).
Strategy Focus Areas

Three areas that the Waterloo Region Sexual Health Youth Strategy will focus on to achieve its goals and objectives over the next five years have been identified. They include access, education, and parents with an emphasis on beginning earlier, continuing later, and technology. All activities will also focus on how to reduce health inequities among population groups.

1. **Access**
   Increase access and reduce or eliminate barriers to sexual health services

2. **Education**
   In collaboration with community partners, enhance youth knowledge, skills, and attitudes about sexual health

3. **Parents**
   Increase parents’ and guardians’ knowledge, skills, and confidence for talking with their children about sexual health

**Begin Earlier**

Explore possibilities of beginning sexual health education and/or provide sexual health services at an earlier time

**Continue Later**

Explore possibilities of ensuring that sexual health services are provided throughout the continuum of youth

**Technology**

Expand our use of technology for delivering sexual health information

**Priority Populations:** All strategy activities and initiatives will consider the needs of priority populations and be age and developmentally appropriate. Targeted services, resources and tools will be developed where possible and appropriate.

**Youth Engagement:** Opportunities for youth involvement in activity development and implementation will be a priority.
## Waterloo Region Sexual Health Youth Strategy Activities

### Action Item 1: Establish or increase youth-centered sexual health services in community settings

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Identify opportunities for collaboration, and to streamline existing sexual health services, between all Sexual Health Youth Strategy partners</td>
<td>X</td>
<td>X</td>
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<td></td>
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<tr>
<td>1.2 Explore opportunities to provide accessible sexual health services to youth in community settings</td>
<td>X</td>
<td>X</td>
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<tr>
<td>1.3 Establish youth-friendly, accessible sexual health services in one community setting (i.e. &quot;co-location of services&quot;) in Waterloo Region (WR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>1.4 Establish youth-friendly, accessible sexual health services in multiple community settings across WR</td>
<td>X</td>
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<tr>
<td>1.5 Encourage health practitioners to discuss healthy sexuality with their young clients; provide resources and supports where appropriate</td>
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### Action Item 2: Enhance youth sexual health services in elementary and secondary schools

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<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2.1 Discuss opportunities to increase the range and type of sexual health services provided in the Waterloo Region District School Board (WRDSB) in keeping with the board's curriculum</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2.2 Discuss opportunities to increase the range and type of sexual health services provided in the Waterloo Catholic District School Board (WCDSB) in keeping with the board's faith perspective</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2.3 Increase sexual health services provided in the WRDSB in keeping with the board's curriculum</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2.4 Increase sexual health services provided in the WCDSB in keeping with the board's faith perspective</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2.5 Increase access to sexual health resource materials for students and teachers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2.6 Discuss opportunities to increase and/or provide sexual health services in private schools in WR</td>
<td>X</td>
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</table>

### Action Item 3: Increase access to sexual health information through technology

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<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>3.1 Develop a youth-friendly, interactive website for youth in WR</td>
<td>X</td>
<td>X</td>
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<tr>
<td>3.2 Provide education to youth on how to critically appraise websites and media for sexual health information (via activities in all action items); refer youth to appropriate websites</td>
<td>X</td>
<td>X</td>
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<tr>
<td>3.3 Design and implement additional technological and media tools to increase youth access to sexual health information</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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</tbody>
</table>

### Action Item 4: Enhance existing sexual health education for secondary school aged youth in school and community settings

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>4.1 Enhance existing sexual health education classes/programs/campaigns/curriculums offered to secondary school aged youth</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4.2 Provide educators and other professionals with training and/or resources to deliver sexual health information to secondary school aged youth</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4.3 Advocate that the Ministry of Education expand the current health and family life curriculums in Ontario school boards</td>
<td>X</td>
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</tbody>
</table>

### Action Item 5: Enhance sexual health education in elementary schools

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>5.1 Advocate that the Ministry of Education expand the health and physical education component of the Ontario curriculum for elementary school students</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5.2 Increase and provide educators and other professionals with training and/or resources to deliver sexual health information to elementary school students</td>
<td>X</td>
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<tr>
<td>5.3 Implement and evaluate a sexual health education pilot project in one WR elementary school</td>
<td>X</td>
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<tr>
<td>5.4 Consider next steps of the sexual health education pilot project based on evaluation results</td>
<td>X</td>
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<tr>
<td>5.5 Explore opportunities to implement the final elementary school sexual health education program to an additional priority school in WR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5.6 Explore opportunities to implement the final elementary school sexual health education program to additional priority schools in WR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5.7 Develop an adaptable youth-friendly, age and developmentally appropriate sexual health information package for distribution to students in grade 7 in WR</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

### Action Item 6: Increase sexual health education targeted to males (schools and community programs)

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>6.1 Create, implement, and evaluate sexual health programs for males</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6.2 Improve/revise the sexual health program for males based on evaluation results</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6.3 Expand successful sexual health programs targeted to males</td>
<td>X</td>
<td>X</td>
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</table>

### Action Item 7: Increase parents’ and guardians’ knowledge, skills, and confidence for talking with their children about sexual health

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<th>2016</th>
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<tbody>
<tr>
<td>7.1 Conduct a situational assessment to determine the sexual health support needs of parents in Waterloo Region and to determine which strategies are effective at increasing parents’ and guardians’ awareness, knowledge, skills, and confidence for talking with their children about sexual health</td>
<td>X</td>
<td>X</td>
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<tr>
<td>7.2 Develop and/or provide tools, resources, and supports for parents and guardians related to talking about sexual health with their children</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7.3 Develop and distribute age and developmentally appropriate guidelines for the provision of sexual health information</td>
<td>X</td>
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***Priority populations and youth engagement are an important consideration in the planning and implementation of the above activities. Every effort will be made to ensure that the activities are inclusive of the identified priority populations found on page 4 of the Waterloo Region Sexual Health Youth Strategy overview document.***
## Appendix A. Focus Area Definitions and Strategic Directions

### 1. Access: Increase Access and Reduce or Eliminate Barriers to Sexual Health Services

<table>
<thead>
<tr>
<th>Definition</th>
<th>Access refers to the availability of sexual health services(^1) and characteristics of the physical and social environment of these services that promotes utilization by youth, including priority populations.</th>
</tr>
</thead>
</table>
| Strategic Directions | By focusing on access, the sexual health youth strategy aims to:  
a) Provide sexual health services to youth in all areas of Waterloo Region, including Kitchener, Waterloo, Cambridge, and regional townships  
b) Provide services in locations and at times that are easily accessible by youth, taking into consideration transportation needs and hours of operation  
c) Provide a range of services that are developmentally relevant and appropriate for all youth, including priority populations  
d) Provide sexual health services in a youth-friendly, non-judgmental environment where youth feel welcome and respected\(^1\)  
e) Offer sexual health services by providers who are candid, open, knowledgeable, relatable, and professional  
f) Use clear language, support all literacy levels and English as a second language  
g) Ensure that youth are aware of the range of services available to them |

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### 2. Education: In Collaboration with Community Partners, Enhance Youth Knowledge, Skills, and Attitudes About Sexual Health

<table>
<thead>
<tr>
<th>Definition</th>
<th>This focus area refers to enhancing sexual health education in schools and in the community through programming that strives to increase knowledge and skills as well as positively influence sexual health attitudes and behaviours of youth.</th>
</tr>
</thead>
</table>
| Strategic Directions | By focusing on education, the sexual health youth strategy aims to:  
a) Support and enhance sexual health education programming for students in elementary/secondary schools  
b) Advocate for the enhancement or adoption of a health curriculum  
c) Support and/or create (in collaboration with youth) school wide and/or community wide healthy sexuality initiatives – youth driven and/or PH health driven  
d) Provide health education to youth as needed  
e) Provide educators and professionals with training to deliver sexual health |

---

\(^1\) Sexual health services include the entire spectrum of strategies that promote healthy sexuality, including sexual health information, education, and resources.
information to youth through resources and teaching strategies  

f) Promote and provide safe and supportive school and community environments for the delivery of sexual health education.  
g) To share information and resources, and expand opportunities for collaboration

<table>
<thead>
<tr>
<th>3. <strong>PARENTS: INCREASE PARENTS’ AND GUARDIANS’ KNOWLEDGE, SKILLS, AND CONFIDENCE FOR TALKING WITH THEIR CHILDREN ABOUT SEXUAL HEALTH</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>Strategic Directions</strong></td>
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<sup>2</sup> The Framework for Action: Youth Sexual Health in Nova Scotia  
### Appendix B. Focus Area Sub-Categories and Strategic Directions

<table>
<thead>
<tr>
<th>4. <strong>BEGIN EARLIER: EXPLORE POSSIBILITIES OF BEGINNING SEXUAL HEALTH EDUCATION AND/OR PROVIDE SEXUAL HEALTH SERVICES AT AN EARLIER TIME</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>Strategic Directions</strong></td>
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<table>
<thead>
<tr>
<th>5. <strong>CONTINUE LATER: EXPLORE POSSIBILITIES OF ENSURING THAT SEXUAL HEALTH EDUCATION IS PROVIDED THROUGHOUT THE CONTINUUM OF YOUTH</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>Strategic Directions</strong></td>
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<tr>
<th>6. <strong>TECHNOLOGY: EXPAND OUR USE OF TECHNOLOGY FOR DELIVERING SEXUAL HEALTH INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
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</tbody>
</table>
| Strategic Directions | By focusing on technology, the sexual health youth strategy aims to:  
|                     | a) Provide education to youth on how to critically appraise websites and media for sexual health information  
|                     | b) Respect youth feedback on their desired technological methods of receiving sexual health information and messages  
|                     | c) Provide sexual health information and messages through a range of media, and tailor the methods to specific populations where appropriate |
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: June 19, 2012  
FILE CODE: A10-20/A35-01  
SUBJECT: RENT SUPPLEMENT PROGRAM REVIEW 2011-2012  

RECOMMENDATION:  

THAT the Regional Municipality of Waterloo endorse the recommendations and proposed actions of the Rent Supplement Program Review 2011-2012 as noted in Report CA-12-006.1/P-12-053.1 Appendix 1, dated June 19, 2012.

SUMMARY:  
NIL  

REPORT:  

In 2011, the Internal Auditor together with the Housing Division initiated a comprehensive Program Review of the Rent Supplement Program (herein referred to as “Program”) to ensure services and operations are managed and delivered effectively and efficiently. Given the growth in the scale of the Rent Supplement Program since the initial transfer of social housing from the provincial government in 2001 to the Region, it was determined to be an opportune time to review the Program. In addition to assessing current functionality of the Program, the review provided an opportunity to identify potential improvements and make recommendations for optimizing service delivery and organizational value while best utilizing resources.

Overall, the review found that the Program is operating reasonably well and has a high level of participant satisfaction. Available funding under multiple Program streams is being maximized to address rent-g geared-to-income housing needs in the Region. Tenants are generally satisfied, and landlords and support agencies are very satisfied with the Program and with the customer service provided by Program Staff. However, the results of the Program Review indicated that there are opportunities for improvement in the following areas:

- Monitoring and reporting on Program metrics is done infrequently
- Goals, objectives and policies are not fully documented
- Certain functional responsibilities could be better allocated
- Some work flows and processes are unnecessarily onerous
- Management of funding envelopes needs to better reflect rising subsidy costs and diminishing federal funding

There are a number of recommendations in the report that will help increase efficiency and effectiveness of the Program. In particular the Program could be improved via the following administrative refinements:
Developing and implementing regular monitoring and reporting
- Updating documentation of the policies, procedures and processes
- Delegating some tasks and sign-off requirements
- Improving the tools and technology used by the Program and maximizing use of electronic forms of communication
- Reducing contract administration where practical
- Formalizing monitoring and financial reporting that better supports strategic decision making with regards to unit allocations and funding sources

The Rent Supplement Program Review report was presented to the Region’s Audit Committee on June 6, 2012, and that report (including minor revisions to address Audit Committee questions and comments) is attached to this report as Appendix 1. The Audit Committee endorsed the recommendations and proposed actions of the Rent Supplement Program Review 2011-2012, subject to certain minor revisions to some of the proposed actions, and it is being recommended that Regional Council endorse these recommendations. Staff will report back to Council on the various stages of implementing the recommendations from this Program Review through the development of an annual reporting process. Staff will track the various implementation actions and report on the actual costs and benefits. The first report should be anticipated by the end of 2012.

CORPORATE STRATEGIC PLAN:

The completion of the study was done in keeping with Focus Area 5.3: Ensure Regional Programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

It is anticipated that the vast majority of the recommendations could be implemented by Housing Department staff in their current role without additional costs, and a consultant has already been retained from the existing budget for the Housing Department to develop the policy manual. A business case would need to be prepared to determine the costs and assess the benefits of any enhancements to the existing RSMS system, as well as for any additional IT staff time and Finance system changes.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

In addition to the staff from the Program who participated in this Program Review staff from Corporate Resources, Legal Services, Finance, and Human Resources were directly involved in this review through interviews or workshops.

ATTACHMENTS:


PREPARED BY:  
David A. Young, Manager, Internal Audit  
Deb Schlichter, Director, Housing

APPROVED BY:  
Michael L. Murray, Chief Administrative Officer  
Rob Horne, Commissioner of Planning, Housing and Community Services
APPENDIX 1


REGION OF WATERLOO

CA-12-006/P-12-053

OFFICE OF THE CHIEF ADMINISTRATOR

Internal Audit

PLANNING, HOUSING, AND COMMUNITY SERVICES

Housing

TO: Chair Tom Galloway and Members of the Audit Committee

DATE: June 6, 2012

FILE CODE: A10-20, A35-01

SUBJECT: RENT SUPPLEMENT PROGRAM REVIEW 2011-2012

RECOMMENDATION:

THAT the Audit Committee endorse the recommendations and proposed actions of the Rent Supplement Program Review 2011-2012 as noted in Report CA-12-006/P-12-053 dated June 6, 2012.

SUMMARY:

In 2011, the Internal Auditor together with the Housing Division initiated a comprehensive Program Review of the Rent Supplement Program (herein referred to as “Program”) to ensure services and operations are managed and delivered effectively and efficiently. Given the growth in the scale of the Rent Supplement Program since the initial transfer of social housing from the provincial government in 2001 to the Region, it was determined to be an opportune time to review the Program. In addition to assessing current functionality of the Program, the review provided an opportunity to identify potential improvements and make recommendations for optimizing service delivery and organizational value while best utilizing resources.

Overall, the review found that the Program is operating reasonably well and has a high level of participant satisfaction. Available funding under multiple Program streams is being maximized to address rent-gared-to-income housing needs in the Region. Tenants are generally satisfied, and landlords and support agencies are very satisfied with the Program and with the customer service provided by Program Staff. However, the results of the Program Review indicated that there are opportunities for improvement in the following areas:

- Monitoring and reporting on Program metrics is done infrequently
- Goals, objectives and policies are not fully documented
- Certain functional responsibilities could be better allocated
- Some work flows and processes are unnecessarily onerous
- Management of funding envelopes needs to better reflect rising subsidy costs and diminishing federal funding

There are a number of recommendations in the report that will help increase efficiency and effectiveness of the Program. In particular the Program could be improved via the following administrative refinements:

- Developing and implementing regular monitoring and reporting
- Updating documentation of the policies, procedures and processes
- Delegating some tasks and sign-off requirements
- Improving the tools and technology used by the Program and maximizing use of electronic forms of communication
- Reducing contract administration where practical
- Formalizing monitoring and financial reporting that better supports strategic decision making with regards to unit allocations and funding sources

REPORT:

Background and Overview of Operations:

The Region of Waterloo operates a Rent Supplement Program which offers eligible applicants rent-g geared-to-income (RGI) accommodation in rental buildings (includes private sector housing units and units in co-ops and non-profit housing) throughout the Region. Using agreements with numerous landlords in the Region, a flexible portfolio of units is maintained to provide rental housing for RGI households. Under these agreements, tenants pay rent based on RGI rules, (not more than 30% of their household income). The Region provides the difference between the tenant’s portion of rent and the negotiated market rent directly to the landlord, thereby ensuring the landlord receives the market share of the rent. Contracted units can be offered directly to eligible households on the centralized waiting list or through support agencies that refer eligible households with special support needs.

With the passing of the Social Housing Reform Act, the provincial government transferred the administration of a range of community (social) housing Programs to Municipal Service Managers in 2001, including the original Rent Supplement Program. With the addition of further rent supplement funding by the Province (221 units) and through the Region’s Affordable Housing Strategy (140 units), the number of rent supplement units being administered by the Region has almost doubled since that time, from 441 units at the time of transfer in 2001 to approximately 800 units in 2012.

A breakdown of units in the Rent Supplement Program is summarized as follows:

<table>
<thead>
<tr>
<th>Rent Supplement Program Components</th>
<th>Funding Source for Rent Supplement Units</th>
<th>Number of Rent Supplement Units</th>
<th>2011 Program Cost</th>
<th>2011 Senior Government Funding</th>
<th>Impact on Net Levy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent Supplement Units as transferred from Province (2001)</td>
<td>• Funding provided by Federal government • Federal funding commitments are expiring and funding is being reduced accordingly. Since 2008 funding has been reduced by $182,058</td>
<td>441 units</td>
<td>$2,157,580</td>
<td>$754,747</td>
<td>$1,402,833</td>
</tr>
<tr>
<td>Strong Communities Rent Supplement (SCRS)</td>
<td>• Funding provided by Provincial government which ends March 31, 2023</td>
<td>221 units: 180 - Regular 41 - Supportive</td>
<td>$1,396,237</td>
<td>$1,250,485</td>
<td>$145,752</td>
</tr>
<tr>
<td>Region of Waterloo’s Affordable Housing Strategy</td>
<td>• Funding provided by Region of Waterloo at $500,000 per year</td>
<td>140 units</td>
<td>$382,541</td>
<td>$0</td>
<td>$382,541</td>
</tr>
</tbody>
</table>
The 2012 budget for the three rent programs listed above approximates $4.4 million. This amount excludes staffing and other indirect operating costs which approximates $370,000 per annum. In 2004, an additional 140 units were approved in order to address the affordable housing strategy. The annual budget for this program is $500,000 and is fully funded through the regional tax levy. Senior government funding for the programs above have been decreasing on an annual basis due to the expiry of federal funding commitments. Since 2008, Federal funding has been reduced by $182,058 while at the same time, rents and utility costs have been escalating, thereby resulting in either a need to reduce the number of units funded or increase tax levy funding to cover the shortfall. Overall, the Region has agreements with approximately 91 landlords who each provide between one and 70 units.

**Purpose of the Program Review:**

Program Reviews are intended to provide an objective assessment of the extent to which a Program is achieving its intended results, the proficiency with which resources are administered, and the manner in which associated risks have been managed. In this case, risk means the activities and events that could potentially prevent Programs from achieving defined goals. Program Reviews support the strategic objective of ensuring that all Regional Programs and services are responsive, efficient, effective, and accountable to the public. In 2011, Internal Audit together with Housing Management determined that a Program Review would be helpful in determining what improvements, if any, could be made to processes supporting the achievement of the Program's objectives.

The Rent Supplement Program Review was selected for a Program Review for the following reasons:

- There has been a growth in the scale of the rent supplement operations and responsibilities since the initial transfer of community (social) housing in 2001.
- It was recommended that a Program Review be completed in 2011-2012 with the purpose of identifying the most effective and efficient way of organizing the Program area and achieving some operational efficiencies.

**Program Review Approach and Methodology**

The approach to the Review focused on addressing the Program Review objectives:

- Assess whether administrative policies and procedures contribute to achieving the Program’s goals and objectives, i.e., is the Program effective and “doing what it is supposed to do”?
- Assess whether the resources used to achieve the Program’s objectives are appropriate to the services being provided, i.e., is the Program operating efficiently and achieving good value for the resources invested;
- Assess whether policies and procedures are in place to assist in complying with applicable legislation and regulations and to ensure continued compliance;
- Assess the risks and interdependencies associated with the Program and evaluate the effectiveness of the Division’s risk management.

The Program Review involved consultation with a range of key Program stakeholders. Participants included:

- Staff - Interviews were conducted with all Program Staff, Management Staff, and related interdivisional staff (Finance and Coordinated Access Staff) regarding all aspects of the review.
- Landlords and Support Agencies - Nine landlords and support agencies were interviewed to obtain information on their experience with the Program and suggested areas for improvement.
- Tenants- Surveys were distributed by mail to 160 tenants regarding tenant’s satisfaction with the Program. Sixty-five tenants (40%) responded to the survey.
- Service Manager Staff from Comparator Municipalities - Staff from three municipalities, Durham, Niagara, and Peel Region, were interviewed to identify alternative organizational models for Program delivery and to identify best practices elsewhere.

In addition to consultations, the Program Review also involved a review of existing documentation, an analysis of service delivery and financial benchmarks and an analysis of business processes involved
in Program delivery. A review of existing measures of Program performance and a risk analysis was also undertaken as part of the Program Review. This review process provided a sufficient basis from which informed opinions could be drawn about the general efficiency and effectiveness of Program delivery. Findings and recommendations have been developed based on this general review, recognizing that implementation of any specific initiative may require more detailed consideration.

**Findings and Discussion of the Report:**

Overall, the review found that the Program is operating reasonably well, and achieving good value for the resources invested. General findings in relation to the Program Review objectives are as follows:

- Available funding under multiple Program streams is being maximized to address rent-g geared-to-income housing needs in the Region.
- The organizational structure and resources appear to be appropriate to achieve the Program’s goals and objectives despite the increased Program portfolio over time.
- Overall, based on the sample interviewed, landlords and support agencies were very satisfied with the Program. The interviews identified some potential areas for improvement, such as streamlining the agreement amendment process, using more electronic forms of communication, and documenting policies and procedures.
- Overall, the results of the tenant survey were generally positive. Tenants expressed a high degree of satisfaction with staff assistance with various processes, and with the various aspects of customer service.
- The scan of comparator municipalities identified that, while it is difficult to make direct comparisons based on Program offerings, (because of differences in levels of service, Program delivery models, and internal structures and budgets), the current Program staff complement appears to be comparable with that of municipalities with similar sized portfolios.

Major findings from the interviews, review of documentation and other practices identified the following:

**Program Management**

- There are opportunities to improve the monitoring and reporting of Program activity to adequately support Program management
- There is no formal reporting on performance indicators, as there are no Provincial, OMBI or internal performance measures established yet.
- Region of Waterloo policies and guidelines for Program management need updating

**Resource Allocation and Technology**

- There are opportunities for the supervisor to delegate additional tasks
- Opportunities exist to more effectively use electronic forms of communication and documentation
- There are excessive sign-off requirements for landlord agreement adjustments
- There are opportunities to better utilize the Rent Supplement Management System (RSMS) as the primary Program management tool
Landlord Approvals and Managing Landlords

- There are opportunities to modify processes with landlords that can reduce administrative burden
- Region of Waterloo policies and guidelines for managing landlord processes need updating

Tenant Selection and Managing Tenants

- The current practice of maintaining the Rent Supplement wait list at the building level obliges added Program administration
- Region of Waterloo policies and guidelines for managing tenant processes need updating
- Manual rent calculations are being done on all tenant files

Financial Management

- Monitoring and assessment of subsidy commitments versus funding envelopes is not being reported frequently enough to support strategic Program management
- The internal transfer of time-critical financial information is done manually
- Policies and guidelines for managing processes with the Finance Department are not well documented
- A number of landlords choose to not be on electronic payment (EFT) and continue to require manual cheque generation

Recommendations and Proposed Actions:

Recommendations for Program improvement have been developed based on the findings identified in the Program Review. The opportunities for improvement focus on specific changes to Program management, resource allocation and technology, managing landlord relationships, managing tenant relationships, and financial management. The recommendations have the potential to refine and enhance the way in which the Rent Supplement Program is managed and delivered.

Based on the findings of the Program Review, twenty recommendations have been put forward for improving efficiency and effectiveness in delivering the Region’s Rent Supplement Program and are listed in Appendix A.

The following is a detailed discussion of recommendations by key functional areas, including rationale for each recommendation.

Program Management

a) Recommendations 1 & 2
Develop and Implement Regular Monitoring Tools and Management Reports Supported by RSMS

One of the key findings of the Program Review was that there are opportunities for improvement to the monitoring and reporting of Program activity to adequately support Program management. Besides the SMAIR (Service Manager’s Annual Information Return) reporting prepared quarterly for the Ministry of Municipal Affairs and Housing (e.g. ‘shares’ report & SMAIR report), which captures information on number of units, rents paid by tenant and subsidy by funding envelope, there is limited monitoring and management reporting on Program activity. There is only ad hoc monitoring and reporting on Program take-up and measuring active units against Program funding envelopes. Likewise, there is limited reporting on projected impacts of funding step-downs to assist with future portfolio planning. This type of reporting is essential for effective Program oversight and management.

Recommendation 1 proposes that there be regular monitoring tools and management reports that
track Program metrics as well as spending compared to funding envelopes. This could include information on unit additions, deletions, unit subtotals, units at market rent, expenditures (surplus/deficit position), units filled, pending, unallocated, agreements up for renewal, and projected funding envelopes. Much of this information is currently captured in RSMS, and Recommendation 2 suggests that RSMS be used to support the monitoring and reporting on Program management.

These recommendations would improve ability to regularly monitor Program activity over time and strategically manage funding while maximizing unit take-up.

Action:

Housing management will research sample reports and tools for monitoring and tracking Program metrics from other Service Manager areas, and work with internal IT staff and Program staff to identify potential modification to RSMS to assist in effective Program oversight and management.

b) Recommendations 3 & 4
Develop and Implement Regular Monitoring of Performance Measures Supported by RSMS

A finding of the review was that there is no formal reporting on performance indicators to spot potential problems or opportunities, and help maintain or drive future improvements to performance. Program indicators, such as take-up rates, arrears for over-payment of subsidy, turnover rates, units at market rent by unit size, average subsidy per unit, and damage expenses are tracked manually, although RSMS appears to have significant monitoring potential. Some Program indicators such as vacancies are tracked, but limited indicators are produced to pinpoint trends and set operational targets. Recommendation 3 proposes that the Program develop, implement and regularly report on these performance measures. For example, vacancy indicators could include total vacancies, average vacant days, total vacancy loss, vacancy rate, leasable units, and turnover rates. Preference would be for reporting to be done on a monthly basis which would be possible using RSMS. Some of the comparator municipalities interviewed as part of this review identified that they used a number of these performance measures. Regular reporting on performance would improve the Program’s ability to measure performance and guide operational policy decisions.

Another finding of the review is that there is limited tracking of tenant statistics. Tracking is generally limited to the report generated for SMAIR purposes. Recommendation 4 suggests that reporting be implemented on tenant trends and tendencies. This would allow the Region to better respond to client needs/issues by supporting operational policy decisions and helping to shape municipal assistance Programs.

Action:

Housing management will include performance indicators in any potential monitoring tools to provide regular reporting on Program performance and tenant statistics.

c) Recommendations 5, 12, 14 & 19
Update Documentation of Policies and Procedures

One of the key findings of the Program Review is that there is an opportunity to improve the Program’s documented policies and procedures. Program staff has significant history administering the Program, so policies and procedures have often been based on past practice. Program staff uses the former Ontario Housing Corporation manual as a point of reference for policy decisions. It has been recommended that policies and procedures be updated to reflect current Regional practices that reflect the actual Program delivery framework, which includes:

- Policies and procedures that support Program management (Recommendation 5)
- Policies and procedures that support Landlord Management (Recommendation 12)
- Policies and procedures that support Tenant Management (Recommendation 14)
• Policies and procedures that support coordination efforts with the Finance Department (Recommendation 19)

The policy manual concurrently being developed for the Housing Programs section provides an opportunity to address this deficiency by replacing the Ontario Housing Corporation policies and procedures with current Regional practices that reflect the actual Program delivery framework.

The benefits of these recommendations include greater clarity and consistency in decision making.

Action:

Housing Management, working with Program staff, will include an update on policies and procedures for this Program in the policy manual currently under development for Housing Programs, to support the consistency of current and ongoing decision making.

Resource Allocation and Technology

d) Recommendation 6
Delegation of Responsibilities

A finding of the review is that Program management is undertaking certain tasks that could be delegated either to other Rent Supplement staff or staff within the Housing Programs area. Examples of these tasks include:

• Researching market rents and affordable rents
• Inspecting units to determine suitability
• Ensuring compliance with property standards, safety codes, and zoning restrictions prior to approving for participation
• Preparing community housing bulletins

Recommendation 6 suggests considering delegating some or all of the aforementioned tasks from Program management to staff. Freeing up this time would enable Program management to focus more on strategic and operational policy issues, thereby helping to improve overall Program efficiency and effectiveness.

Action:

Housing management and staff will identify and implement opportunities to re-organize tasks that could be delegated to Program staff or Housing Program staff, where this will improve overall Program efficiency and effectiveness.

e) Recommendation 7
Increase the Use of Electronic Forms of Communication

A key finding of the review is that there is significant paper documentation used by the Program and there are opportunities to utilize more electronic forms of communication and documentation. Currently, landlords receive agreements and addendums by mail, and are required to sign and return three copies of the document. Some landlords and support agencies receive documentation, such as landlord statements, by email or fax followed by a copy by mail. All formal documentation with tenants is currently done by paper.

Recommendation 7 suggests that the Program maximize use of electronic forms of communication and standard documentation. Electronic contracts are legal and enforceable and can be a secure form of communication. There are opportunities to use electronic correspondence for landlord
agreements, agreement addendums and renewals, new schedules, landlord statements, changes to tenants’ rents, and other documentation such as contact with the landlord regarding a referred applicant or documents of damages. Where a tenant indicates preference for electronic communication, there are opportunities for electronic correspondence with tenants, including letters to tenants informing the tenant of the outcome of the rent calculations and verification from tenants. The use of electronic documentation and communications represents potential for cost savings by limiting the generation of hard copy and duplicate materials while decreasing inefficiencies in processing timeframes.

Action:

Scanning capabilities have already been implemented for safe, secure e-mail transmission of many documents. Housing management will work with internal IT, Finance and Legal staff to identify and implement opportunities to further utilize electronic forms of communication and documentation, where currently paper processes are being used.

f) Recommendations 8 & 9
Implement Changes to the Landlord Agreement Adjustment Process

A finding of the review was that there are excessive sign-off requirements for landlord agreement adjustments. The sign-off requirements involve multiple levels of review, including approval by the Director of Housing. This process precipitates significant paper flow between staff and landlords, obliging the involvement of multiple individuals for even minor changes. For example, the Director of Housing signs off on rent supplement agreement amendments related to any additions or deletions of units or changes to the agreed full monthly rents for Rent Supplement units.

Recommendations 8 and 9 propose that the Region identify and implement an amending process which reduces the frequency of formal Agreement adjustments. For example, it may be possible to use an interim ‘letter of undertaking’ or ‘notice of addendum’ as a means of handling interim adjustments. Ideally this would reduce formal Agreement adjustments to once annually on the Agreement’s anniversary date. This would reduce the need for Director-level sign-offs by delegating authority for interim adjustments to the Manager or Supervisor level, as appropriate. This could improve effectiveness by reducing number of individuals involved, and improve efficiency by reducing volume of paper flow and number of formal agreement modifications that are processed.

Action:

Housing management will identify and implement opportunities to reduce the excessive sign-off requirements for landlord agreement adjustments.

g) Recommendation 10
Enhance the RSMS System to Improve Reporting and Efficiencies in Program Administration

RSMS is a robust information tool that was designed specifically for rent supplement administration and it is integral to managing the day-to-day operations of these Programs. During the review however, it was observed that most but not all units are tracked in RSMS, limiting RSMS’ ability to provide a complete Program perspective. RSMS is also missing some functionality that would be beneficial to the management of the Program. For example, there is a lack of consistent and comprehensive management reports. Further, variance reports for comparing landlord subsidies to previous months are produced manually. Cheque requisitions for monthly landlord payments are also prepared manually to send to Finance.

Recommendation 10 proposes that the Region consider enhancing the existing RSMS system to improve reporting and enhance efficiencies in Program administration. It is suggested all Rent Supplement units be tracked in RSMS to assist with reporting. It is also suggested that standard
management report templates be developed, and that the ability to do ad hoc queries on data also be expanded. It is further suggested that export capability for cheque requisition information be built into the system, as well as the future potential to upload arrears information. These changes would result in improved Program reporting that would in turn support more strategic Program management. The changes would also improve processing timelines for key functions and financial transactions while reducing error potential.

Action:

Not all units are currently tracked in RSMS, due to program delivery decisions, and are not due to any limitations of the RSMS tool. Housing management will work with internal IT staff to enhance the existing RSMS system’s ability to account for all rent supplement units, produce consistent comprehensive management reports, and expand the ability to do ad hoc queries on data. Additional enhancements may also include building into the RSMS system export capability for cheque requisition information and ability to upload arrears information.

Landlord Approvals and Managing Landlords

h) Recommendation 11
Appropriately Scope Landlord Responsibilities to Reduce Contract Administration

A finding of the Program Review was that contract administration is burdensome and there are opportunities to modify processes with landlords that can reduce administrative burden. Some examples of administratively burdensome processes include:

- staff contact the landlord and applicant to confirm whether the applicant has accepted the unit and the landlord has accepted the applicant
- staff call landlords to confirm they received the subsidy repayment from the tenant before reducing the following month’s payment to the landlord
- an addendum is done monthly with each landlord for any change in the units or full rent amount
- the Region is responsible for establishing repayment agreements with tenants in receipt of over-subsidy
- Upon the tenant moving out of the unit, the Region contacts the landlord and gets a detailed tenancy report

Recommendation 11 proposes that the Region identify and implement process changes that reduce contract administration for supplementary duties undertaken by staff while clarifying the scope of responsibilities for landlords. For example, process changes could assign the landlord responsibility for:

- notifying the Region when they have accepted an applicant
- notifying when they have not received the over-subsidy repayment
- providing a detailed tenancy report upon the tenant vacating the unit if there were any issues with the tenancy

Implementing this recommendation would result in improved Program efficiency by reducing or streamlining required interactions with landlords and by ensuring their accountability for providing specific information.

Action:

Housing staff interactions with landlords are critical in order to support compliance with existing agreements. However, Housing management will investigate opportunities to modify administration
processes with Program landlords, which will reduce or streamline interactions while still ensuring the landlords’ accountability for providing specific information.

**Tenant Selection and Managing Tenants**

i) Recommendation 13  
**Consider Moving to a Waiting List Structure at the District Level**

A finding of the review was that the current practice of maintaining the Rent Supplement wait list at the building level rather than the district level obliges added Program administration. Recommendation 13 suggests that the Region, as the Service Manager, consider moving to a waiting list structure where applicant selection is made at the district level rather than by individual building. Using a district approach can provide ample choice for prospective tenants and be more flexible to accommodate Rent Supplement portfolio changes over time. The new flexibilities in wait list administration under the Housing Services Act, which came into effect January 2012, provide an opportune time to re-visit this practice. The current issue with other housing providers not always updating the offer status in the wait list system, resulting in duplicate ‘on-offer’ status in the wait list system could also be re-visited at that time. Benefits of implementing this recommendation include potential for improved Program efficiency as there would be less ongoing administration of the waiting list while still providing sufficient tenant choice.

**Action:**

Program staff will request the Housing Service Manager to re-visit the wait list policy for the Program to consider moving to a policy where applicant selection be made at the district level rather than by individual building, as is the current policy. This policy shift consideration will be included in the housing provider consultations regarding wait list administration policies and procedures, as there are other ramifications such as the number of offers applicants will be allowed to consider.

j) Recommendations 15&16  
**Explore the Opportunity to Develop or Acquire an Automated Rent Calculation Tool**

It was observed during the review that manual rent calculations are being done on all tenant files. Although errors were not present in the files reviewed as part of the Program Review, manual calculations are time consuming and subject to the risk of error. Recommendation 15 proposes that the Region explore the opportunity to develop or acquire an automated rent calculation tool to support the rent calculation process. It is also recommended (Recommendation 16) that if practical, this tool be integrated with the RSMS system. Some Service Managers have deployed tools like this for use by all housing providers in their area to further support consistency.

**Action:**

Housing management will explore with internal IT staff the opportunity to develop or acquire an automated rent calculation tool to support the rent calculation process, and to integrate this tool with the RSMS system.

**Financial Management**

k) Recommendation 17  
**Regularly Monitor and Assess Financial Commitments by Program Stream**
As part of the review, available financial information on Program streams was examined. In comparing subsidy levels and funding envelopes, it was noted that subsidy levels have continued to rise across most Program streams. However, funding envelopes are fixed in the SCRS and municipal Program streams and declining in the case of the commercial Program stream as federal funding steps down. While some unit reductions were identified, it appears that subsidy costs have exceeded funding envelopes in the last few years of operation. To support effective Program management, financial monitoring is critical. Recommendation 17 specifically seeks to ensure that regular, sufficient and timely information is tracked across all Program streams to help support strategic management decisions around committing or retiring units, managing funding envelopes and meeting service level obligations. Implementing this recommendation will help support more effective use of resources and enable improved decision making.

**Action:**

Subsidy levels have increased due to rising market rents, while the tenant rent portion remains unchanged. This, in addition to shrinking or fixed funding streams, explains why program costs have exceeded some funding envelopes. Overall, the program costs do not exceed the approved budget for this program, since some tenants may eventually need little or no subsidy before transitioning out of the program, and there are some unallocated units. Housing management will seek ways to better track subsidy levels on a regular, sufficient and timely basis to support strategic decisions around committing or retiring units and will document measures that are currently in place to manage this program within the approved budget.

l) **Recommendation 18**

**Upload Accounts Payable Data Directly Into RSMS**

It was observed during the review that the internal transfer of time-critical financial information is done manually. Accounts Payable information is manually keyed into the Finance system each month to generate landlord payments. Finance does have intentions to remedy this. However, there is no structured export capability built into RSMS to support the landlord payment process in Finance. Recommendation 18 proposes that as Finance investigates implementation of new systems, Rent Supplement should explore with them opportunities to upload payable reports directly from files generated by the RSMS system. Benefits include improved efficiency in the time/effort required by both Rent Supplement and Finance to generate payments. It would also reduce the risk of error in transposition of payment figures.

**Action:**

Finance staff will investigate the implementation of new systems that will have the structured export capability built into RSMS to support the landlord payment process in Finance, and Housing Management will work with Finance to identify opportunities to upload payable reports directly from RSMS generated files.

m) **Recommendation 20**

**Continue to Encourage Landlords to Use the EFT Payment System**

It was observed during the review that a number of landlords are not on electronic fund transfer (EFT) and continue to require manual cheque generation. Some landlords are still receiving cheques as their method of payment which creates a dual payment system. Coordination of manual cheque distribution with landlords statements is more time consuming and cumbersome. Recommendation 20 suggested that efforts should continue to be made to encourage landlords to use the EFT payment system. EFT is a timelier and secure method of payment which could also enable exchange of landlord statements electronically. Having more landlords using EFT would improve efficiency through reduced timelines in the preparation and payment processes. Another benefit is improved security through the electronic payment process.
Action:

Housing management will require landlords to use the EFT payment system.

**Implementation Considerations**

The implementation of these recommendations will involve a considerable effort on the part of staff. In addition to changes in work processes, implementation will also involve changes to technology, specifically in terms of enhancements to RSMS. Updating documentation of policies and procedures can be supported by the on-going development of the policy manual which is occurring through a parallel initiative. There will be a considerable time commitment required to effectively implement these recommendations, recognizing that some will be more resource intensive than others. In certain instances, implementation will require interaction and support from other departments such as Finance or other areas within the Housing Programs section. The proposed timeline to address all of these recommendations is by the end of 2013.

**Implementation Benefits**

A range of recommendations has been provided to support Program improvements across key functional areas. There are a range of potential benefits to implementing the recommended changes. These include:

- Improved ability to regularly monitor Program activity and measure and report on performance for more strategic Program management
- Greater clarity and consistency in processes and decision making
- Improved effectiveness and efficiency in Program management and delivery
- Reduced risk of error and enhanced consistency in rent calculations
- Reduced risk of error and improved timelines associated with financial transactions
- Improved security through electronic payment process.

While it is difficult to quantify any savings due to efficiencies, at a minimum the recommended changes would maintain a reasonable capacity to continue to deliver the municipally funded units, allow staff more time to focus on maintaining the current high level of customer service, and avoid additional costs in the future.

**Reporting**

Staff will report back to Council on the various stages of implementing the recommendations from this Program Review through the development of an annual reporting process. Staff will track the various implementation actions and report on the actual costs and benefits. The first report should be anticipated by the end of 2012.

**CORPORATE STRATEGIC PLAN:**

The completion of the study was done in keeping with Focus Area 5.3: Ensure Regional Programs and services are efficient and effective and demonstrate accountability to the public.

**FINANCIAL IMPLICATIONS:**

It is anticipated that the vast majority of the recommendations could be implemented by Housing Department staff in their current role without additional costs, and a consultant has already been retained from the existing budget for the Housing Department to develop the policy manual. A business case would need to be prepared to determine the costs and assess the benefits of any enhancements to the existing RSMS system, as well as for any additional IT staff time and Finance
system changes.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

In addition to the staff from the Program who participated in this Program Review staff from Corporate Resources, Legal Services, Finance, and Human Resources were directly involved in this review through interviews or workshops.

ATTACHMENTS:

Appendix A: List of Rent Supplement Program Review (2011-2012) Recommendations

PREPARED BY: David A. Young, Manager, Internal Audit
               Deb Schlichter, Director, Housing

APPROVED BY:  Michael L. Murray, Chief Administrative Officer
               Rob Horne, Commissioner of Planning, Housing and Community Services
Appendix A: List of Rent Supplement Program Review (2011-2012) Recommendations

Based on the findings of the Program Review, twenty recommendations have been put forward for improving efficiency and effectiveness in delivering the Region’s Rent Supplement Program:

1. Develop and implement regular monitoring tools and management reports that:
   - Track key Program metrics
   - Measure committed units versus funding envelopes by Rent Supplement stream
   - Project financial impacts of funding that is forthcoming (federal, provincial and municipal)

2. Maximize use of the RSMS system to support monitoring and reporting on Program management

3. Develop, implement and regularly report on performance measures including:
   - Take-up rates
   - Arrears and over payment of subsidy
   - Vacancy rates
   - Turnover rates
   - Units at market rent by unit size
   - Average subsidy per unit
   - Damages

4. Utilize the RSMS system as the foundational data source to determine tenant trends and tendencies

5. As part of the policy manual process that is underway, update the documentation of policies and procedures that support Program management

6. Consider delegating some/all of the following responsibilities of Program management to Program staff or staff within the Housing Division:
   - Researching market rents and affordable rents
   - Inspecting units to determine suitability
   - Ensuring compliance with property standards, safety codes, and zoning restrictions prior to approving for participation
   - Preparing community housing bulletins

7. Maximize use of electronic forms of communication and standard documentation, especially:
   - Correspondence with landlords regarding agreements, landlord statements, changes to tenants’ rents, and other documentation
   - Correspondence with tenants, including letters to tenants and verification from tenants, where the tenant has indicated this to be the preferred method of communication

8. Delegate authority for some of the Director’s sign-off requirements

9. Identify and implement an amending process which reduces the frequency of formal Agreement adjustments

10. Consider enhancing the existing RSMS system to improve reporting and efficiencies in Program administration by:
    - Tracking all rent supplement units in RSMS
    - Developing standard management report templates
    - Expanding the ability to do ad hoc queries on data
    - Building in export capability for cheque requisition information
    - Enabling future potential to upload arrears information

11. Consider identifying and implementing process changes that reduce supplementary contract administration by appropriately scoping landlord responsibilities to include tasks such as:
    - Notifying the Region when they have accepted an applicant
    - Notifying when they have not received the over-subsidy repayment,
    - Providing a detailed tenancy report upon the tenant vacating the unit if there were any issues with the tenancy

12. As part of the policy manual process that is underway, update the documentation of policies and procedures that support landlord processes

13. As the Service Manager, consider moving to a waiting list structure where applicant selection is made at the district level rather than by individual building
14. As part of the policy manual process that is underway, update the documentation of policies and processes that support tenant processes.

15. Explore the opportunity to develop or acquire an automated rent calculation tool to support the rent calculation process, having regard for any pending RGI reforms that may be implemented.

16. If practical, consider opportunities to integrate the calculation tool with the RSMS system for improved data capture.

17. Regularly monitor and assess financial commitments in each Program stream against available funding envelopes, taking action as necessary to align commitments with resources.

18. As Finance investigates implementation of new systems, Rent Supplement should explore with them opportunities to upload payable reports directly from files generated by the RSMS system.

19. As part of the policy manual process that is underway, update the documentation of policies and procedures that support coordination of efforts with the Finance Department.

20. Efforts should continue to be made to encourage landlords to use the EFT payment system.
REGION OF WATERLOO
PLANNING, HOUSING AND COMMUNITY SERVICES
Community Services

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: June 19, 2012
FILE CODE: R12-90
SUBJECT: JOSEPH SCHNEIDER HAUS AND MCDougall COTTAGE – 2011 OPERATIONS AND 2012 PLANNED INITIATIVES

RECOMMENDATION:

For information

SUMMARY:

This report highlights attendance, volunteer contributions, programs, curatorial activities and capital development at Joseph Schneider Haus in Kitchener and McDougall Cottage in Cambridge. Both sites experienced successful years in 2011, with attendance levels consistent with previous years (Attachment 1). The construction activity due to the wash house may have deterred potential visitors, though it did attract the interest of the press and of the public at large. On the positive side, a rebranded Heart and Hand Festival returned to Schneider Haus and drew a much larger audience than previously. McDougall’s visitation numbers were slightly affected by the intense summer heat but generally remained consistent with other years. Slight fluctuations from year to year at that site reflect participation in one-off opportunities such as Doors Open Waterloo Region and, in 2011, one major event was hosted by the Cottage off-site affecting actual visitors through the Cottage doors.

Planned initiatives for the sites include the completion of the family wash house at Joseph Schneider Haus, the last of the domestic outbuildings to join the historic environs. An interactive spring “Sheep to Shawl” event was planned for the end of May to officially introduce the building to the public. For the balance of the year, activities traditionally centred in the wash house will be gradually integrated into ongoing education and interpretation programming. By year-end the woman’s world of this mid-nineteenth century Pennsylvania-German family farm will finally be authentically interpreted at the Schneider site. At McDougall Cottage, no large-scale projects are anticipated, though the replacement of the shingle roof is pending and parking availability for Cottage clients needs to be addressed. Staff will continue to hone programming and to increase McDougall’s draw through imaginative offerings. The first of a series of policies will be written to guide McDougall’s development in the years to come.

REPORT:

Joseph Schneider Haus

Programs: Curriculum-based Education/ Visiting Cousins/Life-long Learning

Educational opportunities at Joseph Schneider Haus reflect the provincial grade-specific curriculum requirements. There are also unique learning experiences offered in conjunction with short-term gallery exhibits and the Folk Artist-in-Residence (FAIR) program. This past year 5557 students, teachers and accompanying parents participated in one of the 11 core programs or companion gallery program. These learning opportunities are designed to link constructively with the Ministry of
Education curriculum, while at the same time providing an intimate and participatory experience, respectful of the venue as a non-renewable historic resource. The costumed teacher/interpreters that bring alive the life of the Schneider family in the 1850s, offer a unique learning experience that cannot be duplicated in the classroom.

Education attendance did decline relative to 2010. This may be attributed to the absence of an education coordinator for most of the school year, affecting promotional efforts and direct contact with teachers.

On the positive side, primary level programs, Kindergarten and Grades 1, 2, and 3, continued to enjoy great popularity with teachers and students. Kinderreim, Feathered Friends, The Schneider Family and Pioneer Past Times continue to be perennial favorites as does Bulb to Blossom and Bread Matters! at the Grade 5 level.

Demand for the site’s various youth programs increased in 2011 while the Visiting Cousins program remained strong with a long waiting list. Limited to ten registrants, this special program sees the children outfitted in period costume and working with adult staff to learn skills typical of nineteenth century farm children.

In the spirit of life-long learning, a number of informative lectures were presented at Joseph Schneider Haus. The annual Fellows’ Lecture was delivered by the President of the Friends of Joseph Schneider Haus, Karl Kessler. Karl’s presentation “Hands On: Matters of Uncommon Knowledge”, highlighted his recent work documenting local artisans who may be the last to be practising their particular craft or trade in this area.

The Spring Lecture Series, planned in conjunction with 2011 Folk Artist-in-Residence, Contemporary Book Artist Marlene Pomery, provided a comprehensive context for the many book arts that comprise Marlene’s skill set and drew on the expertise of several high profile experts from the world of letters. Marlene set the stage for the series with her “Thee” Tablet to “E” Tablet – Book learning from the past and moving with the future, which was followed on subsequent Wednesdays by other inspiring presentations: “Elegant Catastrophes” – Victorian Book manufacturing and it’s repercussions on the end product with Brian Maloney (Toronto), Ancient East Meets Contemporary West: Japanese Paper in the Book Arts with Nancy Jacobi (Toronto), “Visual Exuberance”: An Exploration of Fraktur with calligrapher, Vicki Peart, (Cayuga) and Mid 19th Century Changes in Bookbinding and Decorative Papers with Betsy Palmer Eldridge (Toronto).

Also for adult learners, Schneider Haus again hosted its popular Backyard Tourist Program series which explored attractions “in our own back yard” by means of bus tours, walks, hikes and more. In the year of a royal wedding, the Backyard Tourists set out to discover “Heritage Royals” within a reachable distance. They spent an afternoon with King Arthur in his court at Camelot recreated at Stratford in 2011, toured the Royal City of Guelph, enjoyed a concert by starlight at Sharon Temple built for a Heavenly King and relished a river boat cruise and museum visit in Port Dover where the fish is king,

Events Programming

Ongoing programming in the historic Haus, the environs and the museum wing continue to consist of a number of major events such as the Quilting Bee and the Heart & Hand Festival offered in combination with theme weekends and minor events such as the Waterloo County Team Crokinole Classic and the Easter Egg Hunt. These offerings are designed to disperse visitor traffic evenly throughout the year and to diversify program offerings. Most events are targeted to families or adults with active seniors becoming an increasingly important audience for museum programming.
In 2011, adult and casual visits increased, largely making up for the decline in education numbers and bringing overall attendance totals in line with previous years.

The **Heart and Hand Festival** returned in 2011 after a year’s pause to accommodate the disruption of the wash house construction and to take the time to re-evaluate past formats and delivery methods. The goal of the Festival has always been to provide an annual outdoor celebration of traditional handcrafts, music and storytelling, one that would raise awareness of these time-honoured traditions and offer the public the unique opportunity to meet practising crafters and tellers first hand.

Heart and Hand was re-branded the festival as a festival of traditional arts, focussing on individual artisans who could best represent their craft or trade. Each was offered an honorarium and encouraged to demonstrate as well as exhibit their art and to offer, where possible, hands-on opportunities to visitors of all ages. A generous ‘Best of Show’ cash award was offered and visiting public voted for a People’s Choice award. A “celebrity panel” consisting of Kitchener Councillor Frank Etherington, Kathryn Storring, Editor of Grand Magazine and David Imrie, Reporter with CTV (Kitchener) served as judges for the ‘Best of Show’ award which was sponsored by Royal LePage Scharf Realty. The “Best of Show” award went to Philippe Elsworthy, Instrument Maker, and the Peoples’ Choice, to Wesley Bates, Wood Engraver.

At the end of the day, opinions concurred that the Festival was a terrific event. The artisan exhibits and demonstrations were wonderful, the visitors were thoroughly engaged and there seemed to be something to interest all members of the families that attended in impressive numbers that day. In fact, visitor numbers for the day more than doubled totals recorded for previous iterations of the event in 2008 and 2009.

In 2011 Joseph Schneider Haus also participated in the second annual Culture Days – a collaborative, grassroots Canada-wide movement to raise the awareness, accessibility, participation and engagement of all Canadians in the arts and cultural life of their communities. Admission was free all weekend and hands-on activities were offered to the visiting public. ‘Trail of the Black Walnut’ was the theme for the weekend which included related activities in the haus and a demonstration of painting/drawing with walnut ink by our Folk Artist-in-Residence Marlene Pomeroy. This year staff invited local guilds to participate in Culture Days and four Guilds attended – Spinners and Weavers, Rug Hookers, Embroiderers and Tole and Decorative Painters.

**Gallery Exhibitions**

Gallery exhibitions designed and presented annually by Schneider Haus staff allow services to be diversified, educational potential to be expanded and new audiences to be attracted. Exhibits also allow staff to partner with individuals and special interest groups to the mutual benefit of all involved. In 2011 six exhibitions were designed and installed by staff in the Museum’s two gallery spaces.

**Willow, Ash Oak & Rye: Traditional Basketry Revisited** - This fascinating exhibit formed an excellent counterpart to the new age baskets of 2010 FAIR Wendy Durfey. Highlighted were the utilitarian baskets for the indigenous peoples, the Pennsylvania-Germans and other cultures that made Ontario their home. This show also examined the properties of the natural materials that basket makers traditionally used in their work such as willow, ash, oak and rye. The exhibit opened in June 2010 and continued to April 2011.

**Between The Covers: The Art of The Book** - Speaking through her work, Folk Artist-in-Residence 2011 Marlene Pomeroy deconstructed the book and examined the many arts it embraces between its covers. The exhibit ran from February 19th to April 26th.
**Grand National: Balancing Act** - The Grand National Quilt Show 2011 was the ninth iteration of this annual exhibition of quilt art and its theme was *Balancing Act*. Some artists chose the representation of a physical act to address the theme, others an environmental dilemma or a personal life crisis. Collectively, though, their artistry made a marvelous impact. With skilful design, dramatic synthesis of colour, texture and form, powerful visual assertion and technical virtuosity they delighted viewers and together successfully addressed the promise of the theme. Quilters from across Canada participated in this extraordinary show which was exhibited in all three display spaces of the Schneider Haus from May 15 to September 11.

**Commissioned!** - This exhibit highlighted the work of 8 past folk-artists in residence and the pieces they were commissioned to create for the Joseph Schneider Haus collections. The exhibit ran through October and November.

**From Inside My Heart: Building Books from the Heart of Italy** - This exhibit followed a contemporary book journey through the heart of Italy. Featuring the book artistry of 2011 Folk Artist-in-Residence, Marlene Pomeroy, these new works were inspired by Marlene’s travels and included books, boxes and banners reflecting the landscape, architecture and colours of Italy. The exhibit opened September 30th and continued to December 24th, 2011.

**Mitts, Muffs & Buffalo Rugs** - For the Schneiders and their Mennonite neighbours, winter was a time for quiet fireside moments, but also for layering on the woollies, bundling the family into the cutter and enjoying a thrilling ride over the snow-packed roads to visit family and friends. This special seasonal exhibition, presented December through March at Joseph Schneider Haus, celebrated how our ancestors so cannily outsmarted the cold of winter.

**Collections and Curatorship**

Joseph Schneider Haus was fortunate to have enriched its collections in 2011 through a number of generous donations. Noteworthy among the donations was a small collection of artifacts that descended from Samuel Bricker including an iron betty lamp and snuff box, a clock given to John & Louisa (Schneider) Troxel as a wedding gift in 1868 and the Troxel family bible. Of great importance for the wash house project was a number of 8 x 8 hand-made hearth bricks from the wash house of the Ralph Wagler family farm near Baden. In total, the Museum accepted 33 artifacts for the collections valuing in excess of $10,000.

Curatorial energies were focussed on the interiors of the wash house and locating appropriate furnishings and equipment that would properly interpret the activities that the building witnessed in the 1850s. Time was also dedicated to inputting the images of the quilts and coverlets photographed the summer of 2010 and updating the digital records. Once the platform for the electronic collections records on the web has been upgraded, the completed textile records will be uploaded. This project forms part of a more extensive initiative that will see records for all artifacts certified as National Treasures under the Cultural Property Import/Export Act made accessible world wide, through the Region’s website.

**Volunteers and Friends of the Schneider Haus**

Volunteers have been an essential element in the success of the Joseph Schneider Haus for almost 30 years. In 2011, JSH volunteers contributed a total of 6,988 hours of their personal time, continuing to perform their regular responsibilities, along with many ‘one-off’ events and envelope stuffing sessions. Volunteers contributed time weekly, participated in monthly committee meetings or assisted with events such as the Quilting Bee, Easter Egg Hunt, Heritage Showcase, Heart & Hand Festival and Culture Days.
The museum’s successful Junior Interpreter Program, which is comprised of a dedicated group of 20 boys and girls between the ages of eight and 17, continues to be an important part of the living history interpretation offered at the museum. Not only do the Junior Interpreters complete their monthly shifts, they also assist at special events throughout the year, such as the Egg Hunt and March Break. The JIs contributed 403 hours in 2011.

Volunteers continue to work at the reception desk, assisting staff with general reception duties, greeting visitors and making gift shop sales. One dedicated individual has volunteered for the last 14 years to assist with collections management projects. The museum is also fortunate to have two retired teacher/librarians who have taken on the task of cataloguing the museum’s library holdings.

The Friends of Joseph Schneider Haus continue to make a significant contribution to the life of the museum. The programs they support and administer annually include the Folk Artist Residency, the Edna Staebler Research Fellowship, the Quilt Block Contest and the Museum Gift Shop. In any given year, however, it is the resident Folk Artist who commits and delivers the greatest number of individual hours to the museum; Contemporary Book Artist, Marlene Pomeroy of Waterloo dedicated over 800 hours of her personal time to museum initiatives in 2011.

Outreach

Staff continues to maintain a commitment to outreach initiatives designed to serve a broader audience of arts and culture supporters. Staff and volunteers participated in the Heritage Showcase in February at Conestoga Mall distributing information about upcoming events and happenings for the Museum. Staff also participated in German Pioneers Day at Kitchener City Hall, a cultural event celebrated during the Oktoberfest festival that highlights the merits and achievements of the Germanic community in the Region of Waterloo. For Children’s Day at the GRT Terminal in August, JSH summer students led craft activities familiar to the Schneider children in the 1850s.

2011 was the fourth year that Joseph Schneider Haus hosted the Local Organic Food Team Co-op Inc. (Loft) as a weekly depot. The Loft Organic Food Box Program grew from the idea of connecting our communities with local, sustainably grown, organic food from family farms in the Perth, Waterloo and Wellington Regions of Southwestern Ontario. Loft boxes or bags were dropped off Thursdays at Joseph Schneider Haus from June to December and a total of 166 individuals picked up their boxes or bags of produce from the Schneider depot.

A second outreach initiative netted an additional audience during the summer months. Visitors from the Region and across Canada once again enjoyed the Grand National Quilt Show, this time hosted by Joseph Schneider Haus in co-operation with a volunteer committee of quilters and fibre artists. The Manager/Curator has co-curated the show in a variety of venues since its inception in 2003.

Planned Initiatives 2012

The primary focus for 2012 is on completing the wash house and integrating it into programming. The education programs in both the historic house and the wash house will be promoted in both School Boards.

McDougall Cottage

The former home of two Scottish families, the McDougalls and the Bairds, McDougall Cottage was built c.1858 from local limestone and colour-matched gray granite. It currently serves as a cultural/interpretation centre, displaying its distinctive architectural features, its pocket-sized gardens and its unique interior landscapes. Distinctive features include its spectacular c.1906 hand-painted friezes and ceilings, beautiful hardwood floors, welcoming kitchen and enclosed back porch.
In March 2011, McDougall Cottage in Cambridge opened for its ninth full year of operation. Public awareness of the site and its programs is consistently growing and the site has an ever-increasing core of regular supporters of the eclectic programs and volunteers to help present them. The Cottage serves as an interpretation centre for the folk and founding culture of Galt/Cambridge and North Dumfries and presents monthly events and activities themed to emphasize the area’s Scottish roots and the contributions of the Scots to the Region of Waterloo. The Cottage is open afternoons, five days a week, from March through December. In 2011, staff welcomed 3,366 visitors to its doors, a number that is consistent with previous years.

Programs and Events

In 2011, McDougall Cottage presented a full program of activities and events for visitors of all ages, highlights of which are described below:

Musician and music historian, piper Robin Aggus, did the honours as McDougall’s inaugural Musician-in-Residence (MIR) hosting a variety of talks and musical events throughout the year. His presentations featured an evening of traditional Scottish music, a musical history of the bagpipes in the Scottish culture, an introduction to pipes from other cultures and a penny whistle workshop just for kids aged 10-15 years. All of these events were based on Robin’s own passion for, and knowledge of, Scotland’s traditional music and its iconic instrument – the bagpipe. His year concluded in March 2012 when he presented a wonderful concert at Café 13 which showcased his piping virtuosity within a musical context provided by the hurdy gurdy, celtic guitar, banjo, bodhran, keyboard and fiddle.

McDougall continues to present a core program of standards within its eclectic one-time offerings in any given year. For example, the Cottage hosts Tartan Teas and Kids in Kilts craft afternoons monthly and our popular kitchen ceilidhs take place the first Thursday of each month. Foodways demonstrations Saturdays in September have become a regular part of our annual programming as has piping down the sun in July, August and September with Jim MacPherson and Pete Galer, who don traditional regalia to charm our guests each Thursday evening. McDougall’s year always concludes with a mid-winter reception entitled Plaid Tidings when friends and neighbors drop by for an evening of singing, seasonal cheer, Scottish foods, refreshments and other merriments, but only for those wearing the plaid!

An exhibition that has become a perennial favourite with quilt artists, quilting aficionados and needle workers and has swelled visitation numbers at the Cottage over the summer months relates to the annual "Wee Quilt Challenge". Our ninth annual competition invited quilters to “do it yourself” which attracted “DIY Plaid” entries from across Canada and Scotland. As is our custom, the Cottage hosted the talented quilters who participated in the 2011 challenge at a special Scottish Tea on May 23rd, mid-week during the Quilt and Fibre Art Festival.

Consistent with the goal of piloting wee series of events at the Cottage, staff hosted a pair of garden lectures in 2011. In May, landscape designer, Hedi Philippi, instructed gardening guests on “Getting the Most from Wee Garden Spaces”. Then in June, Langdon Hall’s head gardener, Heather Riddell, presented on planting “Edible Container Gardens”, bringing samples and recipes for a very tasty gazpacho made from her own edible container garden. A series of three walking tours were well subscribed July through October: Led by McDougall staff, these 1.5 hour tours covered topics such as Galt’s Historic Factory District, the history the Dickson Hill area and the natural history of the Grand River. Two learning opportunities for wannabee fly fishermen were presented at the Cottage with Grand River guide par excellence, best selling author (and comedian), Ian Colin James of London. Ian’s easy-going manner and extensive knowledge of both the sport, and the natural history of the Grand, made his spring lecture an extremely enjoyable and informative one. His fall workshop
introduced experienced fly-fishermen and novices alike, to the tricks and tips for tying that perfect fly that will tempt every fishy friend.

Among stand-alone single-time offerings hosted at the Cottage in 2011 was a lecture by author, Nina Chapple ("A Heritage of Stone") who instructed guests on the wonderful resource that Galt’s historic stone buildings represent within the collective heritage of Ontario architecture. In November, Gregg Vincent encouraged a full-house audience to start their vacation planning. He offered a virtual blister-free “Walk Across Scotland” by sharing with our armchair travellers photos and tales of his own experiences hiking the ‘auld sod’. Two separate afternoons saw demonstrations at the Cottage of spinning on an upright New Zealand wheel and lace making with bobbins, the traditional way. The celebration of May Day found Morris dancers from the Oakville Ale and Sword and the Forest City dance troupe converging in McDougall’s back garden to lead in lively seasonal dances, some of which date back to the Middle Ages. A collection of local musicians provided the spring music and merriment necessary for this traditional event and the highjinks continued well into the evening, long after spring had been thoroughly feted. In November several local musicians came together to present an evening entitled “Welcome Cold November” - an evening of seasonal music and folklore.

Special events in 2011 included the participation by McDougall cottage in Doors Open Waterloo Region on the third Saturday of September. The Cottage was open from 10 a.m. until 5 p.m. offering some 330 visitors the opportunity to tour the site, chat with staff and enjoy a cuppa’. As part of the now-annual celebration of Culture Days across Canada, McDougall Cottage hosted a special event entitled “A Taste of Scotland”. On that September afternoon visitors were invited to sample several of Scotland’s iconic dishes, including haggis and cock-a-leekie soup. lean about the cooking equipment traditionally used to create these tasty treats, learn all about their rich history and take home a recipe or two for their own culinary adventures. McDougall staffers were joined that afternoon by representatives from local food retailers including C'est Cheese Please and Loudon’s Scottish Bakery, who contributed their considerable knowledge and generously offered visitors samples to taste-test. In August, McDougallers had the rare opportunity to preview entertainers “from away” that were bound for the annual Mill Race Festival. The Concert in the garden featured Twegen who accompanied the enchanting British folk musicians, Mary Humphreys and Anahata, delighting the assembled guests and leaving them wanting more.

Volunteers and Friends of McDougall Cottage

The base of support for and awareness of McDougall Cottage is steadily growing; each year more individuals participate in and assist with programming. A volunteer group has been helping with the presentation and adjudication of the Annual Wee Quilt Challenge, now in its seventh year, and a group of more than 25 musicians regularly takes part in the popular kitchen ceilidhs and Scottish music sessions, gathering from as far away as Elora and Burlington. Two pipers from the local community pipe down the sun from the banks of the Grand River each Thursday in July, August and September, reminding Cambridge residents of the presence of McDougall Cottage in the cultural landscape. They received a generous amount of support and attention on each of the evenings and will be repeating their mini-performances this summer.

Our Scotsman-in-the–garden, John Tennant, was assisted again this year by master gardener Irene Thurston and collectively, they contributed more than 340 hours of love and attention to the wee Cottage gardens. Other volunteers have performed a variety of services to advance the programs of the Cottage including photography, special event delivery, demonstrations and gardening.

Toward the end of 2010, a group of supporters who had been active in the focus group discussions that year, decided to form a Friends of McDougall Cottage. This fledgling group began to meet monthly early in 2011. Though small, it is in scale with the Cottage experience itself and it certainly
has the expertise and experience needed to meet its primary mission for the first year; that of guiding the Musician-in-Residence program through its inaugural year. The committee named Piper Robin Aggus as the Cottage’s resident musician and throughout 2011 assisted with the development and delivery of programming and promotional initiatives. The Friends also determined to more clearly define their mission and to undertake further recruitment as their responsibilities grew. Brad McEwen was elected the first chair. The Friends of Joseph Schneider Haus generously donated the full amount for the MIR honorarium to encourage the development of this program that could in time prove to be as vital a part of the cultural scene in Cambridge as the Schneider Haus’ folk art residency is in Kitchener/Waterloo.

Volunteer hours contributed to McDougall programs and services in 2011 exceeded 2,440 hours, surpassing 2010 totals and indicating again that McDougall support continues to grow.

**Planned Initiatives 2012**

In 2012, the staff of McDougall Cottage plans to continue and build on many of its regular events such as A Taste of Scotland, Kids in Kilts, the Musician-in-Residence program, teaching Gaelic and to develop additional programming for students; expand its offering of walking tours; create more intergenerational opportunities for guests and develop more “series-based” programming opportunities.

**Area Municipal Consultation/Coordination**

Staff consult, share information and organize cooperative programming with Area Municipal Community Services staff, as appropriate. This operating report will be distributed to all Area Municipalities.

**CORPORATE STRATEGIC PLAN:**

Supporting initiatives that highlight culture and creativity are directly related to the Growth Management Focus Area 2 and the objective to Promote and enhance arts, culture and heritage.

**FINANCIAL IMPLICATIONS:**

The initiatives listed for 2011 and 2012 are funded through approved budgets administered by Planning, Housing and Community Services.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

Curatorial staff is working with Facilities Management in the design and construction phases of the wash haus project and will continue to do so in 2012.

**ATTACHMENTS:**

Attachment 1 – Joseph Schneider Haus and McDougall Cottage Attendance

**PREPARED BY:**  *Susan Burke*, Manager/Curator

**APPROVED BY:**  *Rob Horne*, Commissioner of Planning, Housing and Community Services
Attachment 1

JOSEPH SCHNEIDER HAUS ATTENDANCE - FIVE-YEAR OVERVIEW

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Education Programs (Schools)

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Youth Programs

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Adult Programs

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* The 2009 attendance spike could be attributed to the year-long closure of Doon Heritage Crossroads for construction of the Waterloo Region Museum.

MCDOUGALL COTTAGE ATTENDANCE – FIVE-YEAR OVERVIEW

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<td>3,598</td>
<td>2,950</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 19, 2012

FILE CODE: D26-40

SUBJECT: HOUSING SERVICES ACT – ONE-DATE CHRONOLOGICAL SYSTEM FOR COORDINATED ACCESS WAITING LIST APPLICATIONS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the proposed implementation of a one-date chronological system for Region of Waterloo’s Community Housing Coordinated Access waiting list applicants;

AND THAT the Regional Municipality of Waterloo approve the proposed amendments to the Housing Programs Administrative Guide policy 6.10 – Placement on Provider Waiting Lists by Access Sites, as identified in Attachment B of Report P-12-083, dated June 19, 2012.

SUMMARY:

The Region of Waterloo assumed full administrative and financial responsibility for Community Housing in 2001. Part of the transfer of administration included the responsibility to maintain and manage local waiting lists for households wanting to apply for Community Housing in Waterloo Region. The Region’s Community Housing Access Centre (CHAC) was established in 2002 as part of the Region’s Housing Division, and is the business area responsible for managing and maintaining the waiting list.

CHAC initially used policies and procedures adopted from previous provincial and local housing authority practices, and guidelines set out in the Social Housing Reform Act (SHRA) 2000 to guide the management of the wait list. Included within these policies and procedures was the current “Placement on Provider Waiting Lists by Access Sites” policy (Attachment A - Placement Policy).

The current Placement Policy identifies the process for placing applicants on individual provider waiting lists through the centralized waiting list. At the time of their initial application, an applicant is provided with an “application date” that is used for each site they select at the time of their application (a chronological date). If an applicant chooses to add additional sites in the future, the date those changes are made becomes the chronological date for the new sites. Applicants will then have a number of chronological dates for various sites throughout the region.

With the introduction of the Housing Services Act 2011 (HSA) (Report P-11-090/SS-11-048) the Region examined all housing-related policies and procedures to bring them in line with the new legislation, and to find and add ways to create efficiencies and improve service delivery. Early in the review process staff highlighted the current Placement Policy as a policy that could be improved through changes to the date-assignment process as it penalized applicants, created unnecessary complexities for CHAC staff, and clouded transparency at the housing provider level.
With the support of the local housing providers and housing support organizations, it is proposed that CHAC move to a one-date chronological system in order to remedy these issues and improve service delivery, efficiency and transparency.

REPORT:

Through the policy review process and subsequent consultation sessions in early 2012 prompted by the implementation of the Housing Services Act 2011, local housing providers, housing support organizations, and Regional housing staff identified the following issues stemming from the current Placement Policy:

- The Policy penalizes applicants by not taking into account family or life circumstances that could affect a household’s need to make new site selections in the future. The new, more appropriate site selections are given a later chronological date than the initial application date.
- It creates inefficiencies and complexities for CHAC staff by adding an additional layer of complexity to wait list management.
- It clouds transparency for housing providers because the multiple chronological dates per applicant can make it appear as though housing providers are ‘skipping over’ applicants.
- As identified through consultation with local housing providers and housing support organizations, these issues could be easily fixed by using a one-date chronological system. The change would simplify and streamline waiting list data, and have positive impacts for applicants, CHAC staff and housing providers.

The change to a one-date chronological system may initially shift some applicants lower on the list for their site selections. However, the one-date chronological system is fairer and more equitable to applicants in the long run as it will align all their site selections with their original application date. The proposed new Placement Policy can be viewed in Attachment B, with a chart outlining the differences between the two policies highlighted in Attachment C.

Next Steps

If approved, CHAC staff will move immediately to start the implementation process for the one-date chronological system. The first step will involve working with the software company that developed the Region’s coordinated access system wait list management platform (Yardi) to implement a platform patch that will synchronize all applicant site selection dates to their initial application date. Following this, CHAC’s summer student will work to validate Yardi’s data synchronization by manually correcting any errors and adjusting applications with unique parameters that cannot be adjusted during the synchronization process. It is expected that the proposed one-date chronological system could be fully implemented by September 1, 2012.

Area Municipal Consultation/Coordination

A copy of this report will be made available to Area Municipalities.

CORPORATE STRATEGIC PLAN:

Council’s Strategic Focus Area Five “Service Excellence” calls for the Region to deliver excellent and responsive services that inspire public trust. Moving to a one-date system is one way to deliver excellent and responsive service for households that require access to Community Housing.
FINANCIAL IMPLICATIONS:

The minimal costs associated with undertaking a switch to a one-date chronological system will be covered under the existing program budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

This report has been shared with Social Services staff.

ATTACHMENTS:

Attachment A - Placement on Provider Waiting Lists by Access Sites Policy - Current
Attachment B - Placement on Provider Waiting Lists by Access Sites Policy - Proposed
Attachment C - Changes between Current Placement Policy and Proposed Placement Policy

PREPARED BY: Carolyn Crozier, Principle Planner, Housing
Sherry White, Supervisor, Community Housing Access Centre
Deb Schlichter, Director of Housing

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
Policy Intent: To identify the process to be used for placing applicants for RGI assistance onto individual provider waiting lists on the centralized waiting list.

Procedural Requirements:
- Building selections identified on the initial application form will receive the applications’ original chronological date.
- Applicants are to be encouraged to make a broad range of selections.
- Where an applicant has refused three (3) offers of suitable housing from the building selections made by them on their application, they will be removed from all waiting lists by changing their application status to “Cancelled”. Applicants may re-apply and will be given a new chronological date as at the date that their new application is deemed complete.
- Applicants may be placed on the waiting list only for the size of units they qualify for under the Region’s occupancy standards.
- Where a change in family composition requires an applicant to make new building selections, for which they were previously unable to apply, the applicant’s original chronological date will be given. Applicants may add or remove building selections by phoning, faxing, e-mailing or mailing the information to an Access Site.
- Where the new housing selections are extensive, it is recommended that the applicant complete and submit a new building selection form to an Access Site.
- No applicant will be placed on a waiting list for housing at the site where a former partner or member of the household, who has separated from the applicant, has been housed under the Special Priority Policy.
- Applicant households reserve the right to appeal any decision relating to Placement on Provider Waiting Lists by an Access Site through the Co-ordinated Access and Income Testing Sub-committee of WRCHAC.

Documentation Requirements:
ROWCAS requires completion of a new building selection form where the changes/additions are extensive.

See Also: Operating Policy and Procedures (Section 5.1 to 5.15), to be updated
Policy Intent: To identify the process to be used for placing applicants for RGI assistance onto individual provider waiting lists on the centralized waiting list.

Procedural Requirements:

• Building selections identified on the initial application form or subsequently added will receive the applications’ original chronological date.

• Exceptions to the above practice will apply for chronological dates assigned to applications for housing under the following waiting list polices:

  5.14 Market Rent Social Housing Residents Requesting RGI Assistance
  5.18 Terminally Ill Priority
  6.7 Processing Requests for Special Priority
  6.8 Processing Requests for Urgent Status by Access Sites
  7.4 Changing the Date of An Application by Access Sites
  7.5 Backdating of Applications by Access Sites

• Applicants are to be encouraged to make a broad range of selections.

• Where an applicant has refused three (3) offers of suitable housing from the building selections made by them on their application, they will be removed from all waiting lists by changing their application status to “Cancelled”. Applicants may re-apply and will be given a new chronological date as at the date that their new application is deemed complete.

• Applicants may be placed on the waiting list only for the size of units they qualify for under the Region’s occupancy standards.

• Where a change in family composition requires an applicant to make new building selections, for which they were previously unable to apply, the applicant's original chronological date will be given. Applicants may add or remove building selections by phoning, faxing, e-mailing or mailing the information to an Access Site.

• Where the new housing selections are extensive, it is recommended that the applicant complete and submit a new building selection form to an Access Site.

• No applicant will be placed on a waiting list for housing at the site where a former partner or member of the household, who has separated from the applicant, has been housed under the Special Priority Policy.

• Applicant households reserve the right to appeal any decision relating to Placement on Provider Waiting Lists by an Access Site through the Co-ordinated Access and Income Testing Sub-committee of WRCHAC.
**Documentation Requirements:**
ROWCAS requires completion of a new building selection form where the changes/additions are extensive.

*See Also: Operating Policy and Procedures* (Section 5.1 to 5.15), to be updated
Attachment C

Changes between the Current Placement Policy and the Proposed Placement Policy

<table>
<thead>
<tr>
<th>Current Placement Policy</th>
<th>Proposed Placement Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Building selections subsequently added to the original application will receive a</td>
<td>•  “Building selections identified on the initial application form or subsequently added</td>
</tr>
<tr>
<td>chronological date corresponding with the date that the new housing selections are</td>
<td>will receive the applications’ original chronological date.</td>
</tr>
<tr>
<td>requested by the applicant through an Access Site.”</td>
<td></td>
</tr>
</tbody>
</table>


TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: June 19, 2012
FILE CODE: L04-20
SUBJECT: REGION OF WATERLOO COMMUNITY HOUSING INC. – COMPLETION OF TRANSFER OF PROPERTIES

RECOMMENDATION:
For Information

SUMMARY:
On May 11, 2011, Regional Council approved the transfer of three community housing properties owned and operated by an independent, municipally controlled, non-profit corporation, namely Region of Waterloo Community Housing Inc. (ROWCHI) to the Regional Municipality of Waterloo. The transfer of the properties was completed in January 2012, and has resulted in a number of operational efficiencies and cost savings. Savings from using debentures to finance the outstanding principal balance of the three mortgages on the ROWCHI properties are estimated to be $927,000. A financial audit of the final year of the ROWCHI’s operations has been completed and the corporation will continue to exist, albeit, as a shell corporation. The Region’s Commissioner of Planning, Housing and Community Services and the Region’s Chief Financial Officer will continue to act in the role of sole directors of the corporation and will maintain its corporate status.

REPORT:
In January 2004, Region of Waterloo Community Housing Inc. (ROWCHI) was created through the merger of two corporations, namely Waterloo Region Non-Profit Housing Corporation (the Non-Profit) and Waterloo Local Housing Corporation (WLHC). The intent of the merger, at that time, was to eliminate duplication in having two housing related corporate entities affiliated with the Regional Municipality. ROWCHI had been governed by an independent Board of Directors, including three members of Regional Council, namely Councillors Wideman, Strickland and Galloway. This Board effectively managed the ROWCHI housing portfolio comprising 132 units of community housing in total at the following addresses:

- 416 Kingscourt Drive, Waterloo
- 144 Forrest Avenue, New Hamburg
- 630 Keats Way, Waterloo

ROWCHI was wholly owned by the Regional Municipality of Waterloo and property operations were managed by Waterloo Region Housing (WRH) staff of the Region of Waterloo Housing Division on a contract basis.
Transfer of Properties

On May 11, 2011, Regional Council endorsed the transfer of the three ROWCHI properties to the Regional Municipality of Waterloo which, at that time, owned and managed 2,590 units of community housing throughout the Region of Waterloo. Earlier, on April 20, 2011, the Board of Directors of ROWCHI approved a resolution to support this recommendation.

The rationale for the transfer was to take advantage of the Region’s ability to refinance the outstanding mortgages associated with the properties with debenture financing. Since all three mortgages had renewal dates in 2011, this was a good time to proceed with the transfer. Based on 10-year debenture rates for an “Aaa” rated municipality, such as the Region of Waterloo, and current and projected mortgage rates for the remaining amortization periods, the savings were estimated to be approximately $517,000 over the remaining amortization period of the mortgages. The 2011 mortgage renewal dates, outstanding balance of each mortgage at that time, and the final mortgage discharge date are shown below.

<table>
<thead>
<tr>
<th>Address</th>
<th>2011 Mortgage Renewal Date</th>
<th>Principal Balance O/s at Renewal</th>
<th>Mortgage Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>416 Kingscourt Place, Waterloo, ON</td>
<td>September 1, 2011</td>
<td>$1,945,471</td>
<td>August 2023</td>
</tr>
<tr>
<td>144 Forrest Ave., New Hamburg, ON</td>
<td>June 1, 2011</td>
<td>$1,932,976</td>
<td>September 2025</td>
</tr>
<tr>
<td>630 Keatsway Drive, Waterloo, ON</td>
<td>September 1, 2011</td>
<td>$2,785,553</td>
<td>February 2027</td>
</tr>
</tbody>
</table>

The principal balances to be refinanced, totalling $6,664,000, were included in the Region’s 2011 fall debenture issue. That debenture issued occurred in November 2011 and resulted in the lowest rates achieved in the history of long-term borrowing by the Region in capital markets. The principal balances were refinanced over ten years at an all-in cost of 2.85%. The initial estimate of savings from debenture financing was $517,000 over the remaining mortgage amortization terms (through February 2027). The actual savings will be $927,000 due to the low rates realized in the 2011 debenture issue.

In January of 2012, the operations of the three community housing properties were formally transferred to the Region of Waterloo without any impact to the tenants of the properties. Legal title of the three properties has also been transferred to the Region of Waterloo and the properties continue to be managed by Regional staff from Waterloo Region Housing.

The transfer of properties has also resulted in cost reductions due to the elimination of corporate specific costs such as Directors and Officers Insurance and independent audit fees and efficiencies including reduced time requirements for Housing, Finance, Legal and Council Administration staff and the streamlining of some functions at WRH. Savings related to maintenance contracts are also expected.

ROWCHI will continue as a shell corporation without any assets with two directors, namely the Region’s Commissioner of Planning, Housing and Community Services and the Region’s Chief Financial Officer. At this time, it is not contemplated that the shell corporation will be required to perform an active role in managing community housing, however if such a need arises, this corporation could be used for such a purpose. There are no ongoing costs with maintaining the active status of the corporation and it could potentially play a role in the future in either assuming ownership of existing housing stock or undertaking the development of new community housing should the requirements of a funding program offered by either the provincial/federal government or other factors favour the use of an independent corporation. Any re-activation of the status of the corporation would be subject to further consideration and approval of Regional Council.
Year End Finances

At its final Board meeting on August 25, 2011, the Board of Directors approved the audited financial statements of ROWCHI for the fiscal year ending on December 31, 2010. As in past years, an audit of the corporation’s financial statements was undertaken by Deloitte and Touche LLP. The audit for the corporation for the year ended December 31, 2011 has been conducted and the ROWCHI financial statements have been consolidated into the Region’s financial statements for the year ended December 31, 2011. The audit report determined that the financial statements for the final year of ROWCHI’s operations fairly represented the financial position of the corporation. Key financial aspects of the corporation, as at the time of its transfer to the Region, are as follows:

- 2011 operating surplus earned for the year is $7,653;
- Accumulated surplus to December 31, 2011 is $144,640;
- Balance of capital reserve fund at December 31, 2011 is $609,556.

The accumulated surplus and capital reserve fund from ROWCHI have now been consolidated in the Region’s Housing Reserve Fund. These funds will be used to address future capital work required to maintain the properties and comply with safety and building codes.

Going forward, the Region’s Chief Financial Officer and Commissioner of Planning, Housing and Community Services will complete an annual resolution to maintain the current status of the corporation, albeit the corporation will have no further formal role being inactive and without any assets or operations.

CORPORATE STRATEGIC PLAN:

Focus Area 4 of the Corporate Strategic Plan includes the goal of improving choice and access to affordable housing in rural and urban settings. Focus Area 5 includes the goal of ensuring all Regional programs and services are responsive, efficient, effective and accountable to the public.

FINANCIAL IMPLICATIONS:

The savings from using debentures to finance the outstanding principal balance of the three mortgages on the ROWCHI properties are estimated to be $927,000 over what would have been the remaining mortgage amortization terms (through February 2027). These savings are $410,000 higher than the estimate of $517,000 due to the low rates for the 2011 debenture issue. In addition, corporate specific costs such as Directors and Officers Insurance and independent audit fees will be eliminated and savings related to maintenance contracts are expected. Finally, the transfer has resulted in other efficiencies including reduced staff time for Housing, Finance, Legal and Council Administration staff and the streamlining of some functions at WRH. Savings have been recognized in the approved 2012 budgets for the various housing programs. Any further savings to be realized will be factored into the 2013 budget.

OTHER DEPARTMENT CONSULTATION/CONCURRENCE: NIL

ATTACHMENTS: NIL

PREPARED BY: Jeff Schelling, Solicitor (Corporate)  
               Deb Schlichter, Director of Housing  
               Angela Hinchberger, Director of Financial Services, Treasury and Tax Policy

APPROVED BY: Debra Arnold, Director of Legal Services and Regional Solicitor  
              Rob Horne, Commissioner of Planning, Housing and Community Services  
              Craig Dyer, Chief Financial Officer
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 19, 2012

FILE CODE: S09-01

SUBJECT: DELIVERY OF EMPLOYMENT PLACEMENT AND DEVELOPMENT SERVICES

RECOMMENDATION:

THAT the Regional Municipality of Waterloo not renew its contracts for employment placement with Lutherwood and the KW Multicultural Centre effective December 31, 2012;

AND THAT all Employment Placement & Development Services be provided through internal programming within Employment and Income Support, Social Services;

AND FURTHER THAT an additional 2 full time equivalent positions be approved effective January 1, 2013 for Employment and Income Support as outlined in report SS-12-024, dated June 19, 2012.

SUMMARY:

Currently, the Region has two Employment Ontario (EO) funded staff positions devoting a significant part of their time to employment development and placement, as required under the agreement with the Ministry of Training, Colleges and Universities. This service cannot be contracted out. They have met with success and are working towards the Employment Ontario targets.

At the same time staff refer Ontario Works participants not in Employment Ontario to both Lutherwood and the KW Multicultural Centre for employment placement services. These services are provided through contracts with Employment Placement vendors on a yearly basis. In 2011 they successfully placed 290 individuals into employment.

Staff is recommending that all employment placement and development services be delivered internally to provide a more effective and efficient service.

REPORT:

1.0 Background

As Ontario Works delivery agents Consolidated Municipal Services Managers must provide an employment placement service. Since its inception in 1999, Employment & Income Support (E&IS), Social Services has contracted out employment placement services for Ontario Works participants. These services are provided by two community agencies, Lutherwood and the K-W Multicultural Centre, formally Working for Work. Although the E&IS division did develop and run a parallel program for a limited time it was subsequently decided to rely exclusively upon outside vendors.
In 2010 the Region entered into an agreement with the Ministry of Training, Colleges and Universities to directly provide employment services as part of the Ministry’s Employment Ontario network of service providers. As a condition the Region must directly deliver its own employment placement program (see Information Memorandum S09-01 dated 8 May 2012). This is done utilizing up to 80% of 2 full time staff positions. This agreement runs to March 31, 2013 and it is eligible for renewal for the fiscal year 2013-2014.

2.0 Rationale

A number of considerations have led staff to the recommendation to consolidate all employment placement and development services within Employment and Income Support, Social Services.

- The Region must deliver these services as an Employment Ontario Service provider
- The Employment Ontario staff positions cannot be as effective given the split responsibilities, adversely impacting the achievement of program targets and successful outcomes for program participants
- By delivering employment placement and development services internally across the two program areas there is greater potential to integrate our Employment Ontario and Ontario Works services and better support clients in finding employment, as staff would have a deeper pool of candidates from which to draw and enhanced flexibility in working with potential employers
- Staff with a focused responsibility for employment placement and development will be able to market programs and job ready participants more effectively

Staff is bringing this report forward now to give the agencies affected by this recommendation (if approved) sufficient lead time to plan for the end of contracts.

CORPORATE STRATEGIC PLAN:

This report supports the Region’s Corporate Strategic Plan 2011-2014 Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust; Strategic Objective 5.1.3 (To) ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

The approved 2012 Operating budget includes a provision of $298,000 for employment placement and development programs. If approved, the cost of 2 full time equivalent positions will be approximately $175,000 per annum. There will be one-time costs to equip staff with the tools to perform their jobs such as laptop computer technology and communication devices. Savings, estimated to be $123,000, can be reinvested to support participants in Employment Related expenses such as transportation and course costs. These funds will partially offset the loss of supports as a result of the Province’s reduction in cost sharing of discretionary benefits for 2013.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Employment and Income Support has consulted with and will seek the support of both Finance and Human Resources. Legal Services has been consulted with regard to current agreements with external vendors.
ATTACHMENTS

Nil

PREPARED BY: Graeme Fisken, Manager Employment Services
               David Dirks, Director, Employment and Income Support

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

DATE: June 19, 2012

FILE CODE: S04-20

SUBJECT: CHILDREN’S SERVICES PURCHASE OF SERVICE AGREEMENT FOR RECREATION PROGRAMS

RECOMMENDATION:

THAT the Regional Municipality enter into a Memorandum of Understanding with the Waterloo Region District School Board for delivery of Youth Development Programs for 8 – 12 year old children as outlined in report SS-12-025;

AND THAT the Regional Municipality amend service agreements with KW YMCA, YMCA of Cambridge, KW YWCA, YWCA of Cambridge, Jacob Hespeler Child Care Centre, Creative Beginnings Child Care Centre and Conestoga College as outlined in report SS-12-025 dated June 19, 2012.

SUMMARY:

This report provides background and context to establish agreements for the provision of before and after school programs for school aged children. These new programs called Youth Development Programs will be administered by Waterloo Region District School Board and operated by third party providers directly in schools. The availability of additional programs for school age children is a welcome addition to licensed child care settings and ensures availability of regulated programs for children.

REPORT:

1.0 Background

The implementation of full day kindergarten in the Province of Ontario has created significant changes to licensed early learning and child care. Local School Boards are now mandated to deliver a full day kindergarten program for all four and five year old children and when demand exists also offer before and after school care. In Waterloo Region both English boards have been offering before and after school care for 4-7 year old children at full day kindergarten schools. Delivery of the program at each school is reviewed annually and is offered if sufficient demand exists. Interest in before and after school care has shown a steady increase in year three of the five-year initiative.

For the 2011-2012 school years before and after school care was provided at 11 schools in Waterloo Region for approximately 200 children. In the 2012-2013 school years, registrations for before and after school care have increased to over 1600 children and will be offered in 33 schools this September.
The Early Learning Policy Framework provided school boards an ability to offer before and after school programs for children up to the age of 12 years. The Waterloo Region District School Board (WRDSB) in consultation with Children’s Services and licensed Early Learning and Child Care operators developed a delivery model for before and after school programs for children aged 8 – 12 years of age using a recreation focus. Recreation programs are operated outside of the legislative requirements of the Day Nurseries Act and provide more flexibility around program delivery and staffing. This fall the WRDSB will be offering recreation programs called, Youth Development Programs for children between the ages of 8-12 years. Parents have a choice of registering their children for the before school program, after school program or selecting both options. Parents pay a fee for their child to participate in the program. The programs will be operated through third party agreements with existing local service providers. Eight operators have been selected through a Request For Proposal (RFP) process, Children’s Services staff participated in the development of the RFP to ensure requirements for fee subsidy agreements were met as well as in final the selection process.

2.0 Recreation Programs and Fee Subsidy

In 2000, amendments were made to the Ministry of Tourism and Recreation Act that further defined recreation programs for children 6-12 years of age and set criteria for fee subsidy. These changes allow for placement of subsidy eligible children in approved recreation programs. To date, the Region of Waterloo has three purchase of service agreements with recreation programs for provision of summer camps for 6-12 year old children.

To be eligible for fee subsidy agreements, recreation programs must meet specific criteria such as;

- Registration with Ontario Campers Association or HIGH FIVE quality assurance processes;
- Operate during non school hours;
- Meet minimal operational standards such as; insurance, policy & procedural documentation;
- Following the established curriculum determined by WRDSB; and
- Proof of financial accountability measures.

The Youth Development Program developed by the WRDSB is the first of its kind for Waterloo Region and is being followed with interest by other areas of the Province. The Youth Development Program approach through WRDSB meets all the criteria listed in the legislation. The program will be delivered by third party operators and incorporates a focus on; physical activity, social & emotional health, creativity and choice. Monitoring for program delivery, fee structures and operational compliance will rest with WRDSB. To ensure that monitoring and compliance is maintained, staff will establish a memorandum of understanding with WRDSB who will provide verification that each operator is in compliance on an annual basis. This approach will ensure consistent service delivery across all schools and maintains program standards. The Youth Development Program created by WRDSB provides a new option for families of school aged children for before and after school activities on a fee for service basis and meets a significant need in our community.

3.0 Selection & Implementation Process

WRDSB has selected eight organizations through a request for proposal process. Seven of the organizations currently have purchase of service agreements with the Region of Waterloo for provision of licensed child care on behalf of subsidy eligible families. A specific set of criteria must be met in order to operate as a Recreation program under the Ministry of Tourism and
Recreation Act. For third party operators who provide these services under Recreation status an addendum to the current purchase of service agreement will be added. This will allow staff to place 8-12 year old children in Recreation-Youth Development Programs offered at public schools. In September 2012 this program will be available in 25 schools in Waterloo Region. Parent fees set by the third party operators and school bell times cause rate differentials as noted in the following chart.

<table>
<thead>
<tr>
<th>Operator</th>
<th>School Name</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>KW YWCA</td>
<td>Mary Johnson P.S.  Southridge P.S.  Sandowne P.S.  Abraham Erb P.S.</td>
<td>Before School $8.00  After School $14.00  Non-Instructional Day $39.50</td>
</tr>
<tr>
<td>YWCA of Cambridge</td>
<td>Ryerson P.S.</td>
<td>Before School $7.50  After School $9.60  Non-Instructional Day $36.80</td>
</tr>
<tr>
<td>KW YMCA</td>
<td>J.W. Gerth P.S.  Franklin P.S.  Lester B. Pearson P.S.  Forest Hill P.S.  Lincoln Heights P.S.  Pioneer Park P.S.  Trillium P.S.</td>
<td>Before School $8.00  After School $12.00  Non-Instructional Day $38.00</td>
</tr>
<tr>
<td>YMCA of Cambridge</td>
<td>Elgin  Ayr P.S.  Cedar Creek P.S.  Highland P.S.  Stewart Avenue P.S.  Moffat Creek P.S.</td>
<td>Before School $8.00  After School $12.00  Non-Instructional Day $38.00</td>
</tr>
<tr>
<td>Jacob Hespeler Child Care Centre</td>
<td>Bridgeport P.S.  Hespeler P.S.  Millen Woods P.S.  Centennial P.S.</td>
<td>Before School $9.00  After School $13.00  Non-Instructional Day $35.00</td>
</tr>
<tr>
<td>Creative Beginnings Child Care Centre</td>
<td>Sir Adam Beck P.S.  Baden P.S.</td>
<td>Before School $6.85  After School $14.75  Non-Instructional Day $28.75</td>
</tr>
<tr>
<td>Conestoga College</td>
<td>Driftwood Park P.S.</td>
<td>Before School $8.00  After School $14.00  Non-Instructional Day $39.00</td>
</tr>
</tbody>
</table>
The eighth operator, Blair Road Neighbourhood Association, does not currently meet all of the criteria required to meet the recreation designation for entering into a purchase of service agreement. WRDSB and Children’s Services staff will work with this program to formalize their structure in preparation for entry into a purchase of service agreement in 2013.

4.0 Availability

The implementation of the Youth Development Program for 8-12 year old children is a welcome addition to licensed early learning and child care spaces. Limited availability of spaces through licensed child care has meant that many families have not been able to access regulated programs for their children. Families often report resorting to informal arrangements with friends and neighbours due to lack of options. WRDSB also requires that operators expand availability of services as demand increases, meaning that families will not be placed on waiting lists. Availability of fee subsidy will ensure that families who require assistance with the fees will be able to access these programs for their children. Seven of the eight operators selected to deliver the programs are also child care operators, expansion to this new service provides a new option for operators to offset the impact experienced from loss of 4 and 5 year old children as full day kindergarten is phased in.

CORPORATE STRATEGIC PLAN:

This report addresses the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The 2012 Purchase of Service budget totals $14,400,000.00. Costs associated with placing subsidy eligible families in Youth Development Programs will be accommodated within the existing fee subsidy budget. Expenditures are monitored on a monthly basis to ensure expenditures do not exceed budget levels.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The assistance of Legal services and Finance are required to establish agreements and monitor expenditures.

ATTACHMENTS

NIL

PREPARED BY: Judi Neufeld, Manager, Early Learning Program  
               Candace Goudy, Manager, Child Care Administration  
               Nancy Dickieson, Director, Children’s Services

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

DATE: June 19, 2012

FILE CODE: S04-20

SUBJECT: CHILDREN’S SERVICES REQUEST FOR APPROVAL TO ENTER INTO A FEE SUBSIDY PURCHASE OF SERVICE AGREEMENT

RECOMMENDATION:

THAT the Regional Municipality enter into a Fee Subsidy Service Agreement effective September 1, 2012 with the YMCA of Cambridge, head office located at 161 Roger Street, Waterloo ON N2J 1B1 as outlined in report SS-12-027, dated June 19, 2012.

<table>
<thead>
<tr>
<th>YMCA of Cambridge</th>
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</thead>
<tbody>
<tr>
<td>Age Group</td>
</tr>
<tr>
<td>Toddler</td>
</tr>
<tr>
<td>Toddler</td>
</tr>
<tr>
<td>Pre-School</td>
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<tr>
<td>Pre-School</td>
</tr>
</tbody>
</table>

SUMMARY:

NIL

REPORT: The Region currently purchases subsidized childcare spaces from 126 licensed early learning and childcare programs. As identified in the Child Care Service Plan, and the current Funding Policy, staff continues to work towards establishing agreements with all licensed child care programs in the Region to support choice for subsidy eligible families with a wide range of requirements including special needs placements.

The YMCA of Cambridge incorporated as a non-profit organization in 1913. The YMCA of Cambridge will open a licensed childcare program at Moffat Creek Public School located at 710 Myers Road Cambridge, Ontario. The centres license is for 52 spaces of which there are 20 toddler spaces, 32 preschool spaces, and will operate 12 months of the year starting effective September 1, 2012.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: Corporate Strategic Objective 4.5 to work collaboratively with the community to support the development of services for children.
FINANCIAL IMPLICATIONS:

New agreements and rates are funded from within the Children’s Services Division’s 2012 budget allocation for fee subsidy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The implementation of Fee Subsidy Agreements requires the assistance of Financial and Legal Services Staff.

ATTACHMENTS

NIL

PREPARED BY:  Candace Goudy, Manager, Child Care Administration
               Nancy Dickieson, Director, Children’s Services

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

DATE: June 19, 2012

FILE CODE: S09-20

SUBJECT: FUNERAL RATES FOR ONTARIO WORKS AND LOW INCOME INDIVIDUALS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve a revised rate for funerals of $2,830 plus applicable taxes effective January 1, 2012;

AND THAT funeral rates be included in the discretionary benefits review as outlined in report SS-12-028, dated June 19, 2012.

SUMMARY:

The 2012 Budget approved a phase-in of rates for Funeral Services during 2012 – 2014. The implementation of the new rates was subject to the completion of a Memorandum of Understanding between the Region and the Funeral Directors.

As reported in SS-12-019 (May 8, 2012), the proposed 2012-13 Provincial Budget, as of July 1, 2012, will cap the cost of discretionary benefits, including funerals, at $10.00 per case for the combined Ontario Works (OW) and Ontario Disability Support Program (ODSP) caseload. Based on 2011 figures, this will result in an annual shortfall of $3.8 million. At its meeting of May 16, 2012, Regional Council approved the continuation of the Discretionary Benefits program for 2012, with the resulting over expenditure to be funded from the 2012 Regional surplus.

As the cost of funerals is part of the Discretionary Benefits program, and the funding of this program has been unexpectedly changed by the Province, the Memorandum of Understanding has not been completed. Funeral Directors have been paid at the 2011 approved rate of $2,775.

It is recommended that Council approve a rate increase of 2% (to $2,830) effective January 1, 2012. Funeral rates will be included in the overall discussion on Discretionary Benefits that will form part of the 2013 Budget deliberations. As the Memorandum of Understanding with the Funeral Directors has not been approved by Council, a motion of reconsideration of the 2012 Budget resolution dealing with Funeral rates is not required.

REPORT:

Background

Funeral costs for Ontario Works recipients are a discretionary benefit under the Ontario Works Act. These costs are cost shared with the Province (in 2012 82.8/17.2 Provincial/Municipal) and are subject to uploading. There was no Provincial cap on the funeral expenditures that would be cost shared with the Province. In addition to the Ontario Works program, the Region also funds funerals for persons with low income at 100% Regional cost. Fees provided to Funeral Directors are the same for both programs.
Effective July 1, 2012, the Province of Ontario proposes to cap all discretionary benefits at $10.00 per case based on the total OW and Ontario Disability Support Program caseload in the Region. As reported in SS-12-019 (May 8, 2012) this will result in a projected shortfall of $1.6 million in 2012 and a total of $3.8 million on an annualized basis.

**2012 Budget**

As part of the 2012 Operating Budget, Regional Council approved the following with respect to funerals:

THAT the Regional Municipality of Waterloo approve a phased-in approach to increasing funeral rates, subject to Council approval of a Memorandum of Understanding with the Region of Waterloo Funeral Directors to establish the service standards for funerals undertaken under the agreement;

AND THAT the Memorandum of Understanding reflect a phase-in of funeral rates over a three-year period as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>$3,500</td>
<td>$4,500</td>
<td>$5,545</td>
</tr>
<tr>
<td>Memorial</td>
<td>$2,300</td>
<td>$3,000</td>
<td>$3,695</td>
</tr>
<tr>
<td>Cremation</td>
<td>$1,500</td>
<td>$1,900</td>
<td>$2,325</td>
</tr>
</tbody>
</table>

AND FURTHER THAT the phased-in funeral rates shall become effective upon completion of the Memorandum of Understanding.

The Regional cost of these rates was projected to be $12,005 in 2012, $54,331 in 2013 and $51,323 in 2014. The 2012 cost was included in the Region’s operating budget.

Regional staff has met with representatives of the Funeral Directors to develop a Memorandum of Understanding, but work on this has ceased as a result of the implications arising from the 2012-13 Provincial Budget. The Region has continued to pay for funeral services at the 2011 rate of $2,775.

**Recommendation**

As reported in SS-12-019 (May 8, 2012), the Province of Ontario intends as of July 1, 2012 to cap the cost of all discretionary benefits at $10.00 per combined OW and ODSP caseload. Based on 2011 expenditures, this change will result in a $1.6 million shortfall in 2012 and $3.8 million on an annualized basis.

Staff is in the process of reviewing the Discretionary Benefits program and preparing options for Regional Council’s consideration as part of the 2013 Budget process.

Regional staff has reviewed the changes resulting from the Provincial budget with representatives of the Funeral Directors and outlined three options for consideration:

1. Retain the original Council approval and reduce other benefits provided to social assistance recipients.

2. Approve a 2% rate increase as of January 1, 2012 and reduce services provided to social assistance recipients to a level that corresponds with the funding provided.

3. Approve a 2% rate increase as of January 1, 2012 and include funeral rates as part of the 2013 budget discussion.

Staff is recommending the third option. Attached is correspondence from the funeral directors indicating their support of the staff approach.
CORPORATE STRATEGIC PLAN:

The provision of funerals to those with low income and social assistance recipients addresses Focus Area 4: (To) foster healthy, safe, inclusive and caring communities of Council's 2011-2014 Strategic Focus.

FINANCIAL IMPLICATIONS:

The 2012 Operating Budget included a provision of $208,352 to fund the Region’s share of funerals for social assistance recipients and persons with low income. Included in this amount was $16,445 for increased rates to Funeral Directors.

To the end of May, a total of 84 funerals (61 cost shared and 23 low income) have been funded at a total cost of $214,665.63 including burial and cremation costs and net of recoveries from Canada Pension Plan and other sources. In 2011, 83 funerals were funded for the same time period. The Region’s share of this expenditure is $88,119.89. A 2% rate increase to January 1, 2012 would result in a retroactive payment of $4,964 (net regional cost $1,932). The cost of a 2% rate adjustment would be accommodated within the overall Discretionary Benefits budget.

As a result of the changes in the discretionary benefits program becoming effective July 1, 2012, it is estimated that there will be a shortfall of $1.6 million in 2012. This projection did not include a provision for higher funeral rates.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has assisted in the development of this report and discussions with the Funeral Directors.

In consultation with the Regional Clerk’s Office, since the Memorandum of Understanding has not been approved by Regional Council, a motion of reconsideration of the 2012 Budget resolution dealing with Funeral rates is not required and changes to the 2012 Funeral rate can be made by resolution. However, if Committee wishes, it can proceed with a motion of reconsideration on this matter.

ATTACHMENTS

A - Letter from the Funeral Directors

PREPARED BY: David Dirks, Director of Employment and Income Support

APPROVED BY: Michael Schuster, Commissioner of Social Services
ATTACHMENT A

June 6, 2012

David Dirks
Director
Social Services
Employment and Income Support

Dear David and Lee,

Thank you for meeting with Rob and I and sharing with us the effect the Province’s new cost sharing formula will have on your current discretionary budget, (specifically funerals funded by the Region of Waterloo) and the 2013 budget process.

As we look at the challenges under this new cost sharing formula we remain committed to providing a service that will be sensitive to the cultural diversity of the people in our Region. After hearing from different delegations, Council made a decision to support a Phased in Approach as presented by staff to the members of the Community Services Committee. We believe that decision supported our collective goals.

The playing field has changed, that is clear. We would meet again with the representatives from the Community Services Committee to again discuss opportunities to work together to serve those families who’s funerals are funded through the Region of Waterloo. As we move forward to more discussion we would like to see a 2% retroactive increase to January 1, 2012.

We would anticipate council to review the results of these future meetings in the 2013 budget process.

Sincerely, on behalf of Region of Waterloo Funeral Directors,

Rob Wintonyk

Henry Walser
REGION OF WATERLOO
SOCIAL SERVICES
Children’s Services

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

DATE: June 19, 2012

FILE CODE: S04-20

SUBJECT: CHANGES TO CHILD CARE RATE STRUCTURES

RECOMMENDATION:

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 remove the Pre-School (<3.75 hours) and Toddler (<3.75 hours) rates for Children’s Services Division effective July 1, 2012 as outlined in Report SS-12-030 dated June 19, 2012.

SUMMARY:

NIL

REPORT:

In an effort to streamline rates and simplify processes staff are recommending some changes to the rate structures for our directly operated Children’s Centres.

1.0 Directly Operated Children’s Centres

The five directly operated Children’s Centres have a set rate schedule that families pay based on the hours of care required. The current rate structure provides for a category of care that provides for a minimum rate which has minimal usage. Two rates are seldom used by families and also pose some challenges to the financial viability of the centres when used. Staff, propose elimination of two care categories effective July 1, 2012. At the present time only two families are billed at the current rate and they will be grandfathered until they finish using care later this year. The proposed fee schedule also includes a 2% rate increase that was approved as part of the 2012 budget process. The rate changes come into effect September 1, 2012. Families will be notified of this change.
1.1 Current Rate Schedule

<table>
<thead>
<tr>
<th>CODE</th>
<th>CATEGORY</th>
<th>FIVE DAYS</th>
<th>FOUR DAYS</th>
<th>THREE DAYS</th>
<th>ONE DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>Toddler (6 + hrs)</td>
<td>$216.25</td>
<td>$173.00</td>
<td>$129.75</td>
<td>$43.25</td>
</tr>
<tr>
<td>bb</td>
<td>Toddler (&lt;5.75 hrs)</td>
<td>$165.50</td>
<td>$132.40</td>
<td>$99.30</td>
<td>$33.10</td>
</tr>
<tr>
<td>cc</td>
<td>Toddler (&lt;3.75 hrs)</td>
<td>$130.25</td>
<td>$104.20</td>
<td>$78.15</td>
<td>$26.05</td>
</tr>
<tr>
<td>F</td>
<td>Preschool (6+ hrs)</td>
<td>$200.50</td>
<td>$160.00</td>
<td>$120.30</td>
<td>$40.10</td>
</tr>
<tr>
<td>L</td>
<td>Preschool (&lt;5.75 hrs)</td>
<td>$151.00</td>
<td>$120.80</td>
<td>$90.60</td>
<td>$30.20</td>
</tr>
<tr>
<td>N</td>
<td>Preschool (&lt;3.75 hrs)</td>
<td>$118.75</td>
<td>$95.00</td>
<td>$71.25</td>
<td>$23.75</td>
</tr>
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</table>

1.2 Modified Rates (effective September 1, 2012)

<table>
<thead>
<tr>
<th>CODE</th>
<th>CATEGORY</th>
<th>FIVE DAYS</th>
<th>FOUR DAYS</th>
<th>THREE DAYS</th>
<th>ONE DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Infant (6 + hrs)</td>
<td>$325.00</td>
<td>$260.00</td>
<td>$195.00</td>
<td>$65.00</td>
</tr>
<tr>
<td>T</td>
<td>Toddler (6 + hrs)</td>
<td>$220.75</td>
<td>$176.60</td>
<td>$132.45</td>
<td>$44.15</td>
</tr>
<tr>
<td>bb</td>
<td>Toddler (&lt;5.75 hrs)</td>
<td>$168.75</td>
<td>$135.00</td>
<td>$101.25</td>
<td>$33.75</td>
</tr>
<tr>
<td>F</td>
<td>Preschool (6+ hrs)</td>
<td>$204.50</td>
<td>$163.60</td>
<td>$122.70</td>
<td>$40.90</td>
</tr>
<tr>
<td>L</td>
<td>Preschool (&lt;5.75 hrs)</td>
<td>$154.00</td>
<td>$123.20</td>
<td>$92.40</td>
<td>$30.80</td>
</tr>
</tbody>
</table>

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Corporate Strategic Objective 4.5 to work collaboratively with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The rates for directly operated centres were approved as part of the 2012 Operating Budget. The two rates recommended for elimination are seldom used and will not have a material financial impact.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The assistance of Finance is required to monitor expenditures, revenue and track payments to caregivers.

ATTACHMENTS

NIL

PREPARED BY: Linda Bird, Manager, Children’s Centres
Nancy Dickieson, Director, Children’s Services

APPROVED BY: Michael Schuster, Commissioner, Social Services
MEMORANDUM

To:       Chair Sean Strickland and Members of the Community Services Committee
From:     Bill Wilson, Chair, WRCPC Violence Prevention Plan Implementation Committee
Date:     June 19, 2012
Subject:  FROM ONE SYSTEM TO ANOTHER: CROSSOVER CHILDREN IN WATERLOO REGION
File No.:  C11-50

In 2006, as part of the Human Services Plan, Waterloo Region Crime Prevention Council adopted a Violence Prevention Plan. Annually, in support of this plan, the Crime Prevention Council conducts research focused upon identifying and recommending solutions to the local root causes of violence. Six goal areas have been identified for the next six years. The previous report spoke to gaps in services for victims and offenders of violent crime. The role of WRCPC is both to provide the research to inform community deliberations about solutions and to facilitate and monitor a process for implementation of recommendations.

Over the past year our research has focused upon finding ways to reduce the number of crossover children within Waterloo Region. Crossover children refer to teenagers who are in the care of the child welfare system and charged with a criminal offence. Though crossover children represent less than 1% of the children within Waterloo Region, they represent approximately 20% of youth who are involved in the probation system. The academic literature shows crossover children are more likely to become repeat offenders which can result in formidable public expenses. Interventions to reduce the number of crossover children can substantially reduce violence in our community and in turn the burden of human and financial cost.

The attached report, From One System to Another: Crossover Children in Waterloo Region, outlines what the academic literature says about crossover children, what is currently taking place to support these children in our community and, finally, five recommendations to improve outcomes related to crossover children.

Recommendations:
1) Reduce the stigma attached to youth at-risk
2) Minimize the number of moves children in care experience
3) Increase the number of kinship placements and kinship relationships for children in care
4) Decrease the use of group home placements
5) Eliminate recidivism among crossover children

Over the next year the Waterloo Region Crime Prevention Council will work with local agencies to implement projects and processes designed to meet these goals.
From One System to Another
Crossover Children in Waterloo Region
From One System to Another: Crossover Children in Waterloo Region

Anthony Piscitelli  Supervisor Planning & Research, Waterloo Region Crime Prevention Council
Kayla Follett  Master of Social Work Student, Wilfrid Laurier University

With Support from:
Karen Spencer  Director of Client Services, Family and Children’s Services of Waterloo Region
Michael Voisin  Student Researcher, Waterloo Region Crime Prevention Council
Nadine Bengert  Bachelor of Social Work Student, University of Waterloo
Jessica Hutchison  Coordinator Community Development and Research, Waterloo Region Crime Prevention Council
Maureen Murphy  Senior Coordinator for Youth Justice Programs, John Howard Society of Waterloo Wellington
Julie Thompson  Director of Programs, Community Justice Initiatives
VPPIC  The Violence Prevention Plan Implementation Committee of WRCPC
AGORE Committee  The Advisory Group on Research & Evaluation of WRCPC
JAG  The Justice Advisory Group

Published by the Waterloo Region Crime Prevention Council.
May 2012

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Accessible formats available upon request.
Region of Waterloo Document Number 1052554
For more information please contact Anthony Piscitelli at apiscitelli@regionofwaterloo.ca
Executive Summary:

Children living in the care of the child welfare system have a higher likelihood of justice system involvement in comparison to children living with their biological parents. They are also more likely to become repeat offenders. Crossover children are defined as youth living in the care of the child welfare system who are subsequently charged with a criminal offence; they “cross over” from one system (child welfare) to the other (youth justice). A review of the literature identified six risk factors which increase the likelihood that a youth in contact with the child welfare system, will cross over into the justice system and become a “crossover child”.

Those risk factors are:
- Multiple moves once in care,
- Being placed in a group home,
- Facing mental health issues,
- Facing substance use issues,
- Exposure to maltreatment for long periods of time, and
- Being a male.

If these risk factors culminate in a contact with the justice system, crossover children face a number of possible negative long term outcomes, such as a lifetime of continued re-offending.

This report is in accordance with the Waterloo Region Crime Prevention Council’s commitment to reducing violence in the Waterloo Region. By focusing on children who crossover, the report summarizes current practices in the area and explores new interventions. The new interventions aim to reduce the number of crossover children and the severity of their involvement with the justice system. This report, in line with current literature, supports early interventions that focus on supporting parents, addressing mental health and addiction issues, and preventing exposure to maltreatment.

In Waterloo Region, children in the care of Family and Children’s Services are considerably over represented in the criminal justice system. This report is the result of much collaborative work from local community organizations, such as the Waterloo Region Crime Prevention Council and Family and Children’s Services of Waterloo Region. The report proposes recommendations aimed at primary, secondary and tertiary prevention.

Recommendations

**Primary Prevention**
1) Reduce the stigma attached to youth at-risk

**Secondary Prevention**
2) Minimize the number of moves children in care experience
3) Increase the number of kinship placements and kinship relationships for children in care

**Tertiary Prevention**
4) Decrease the use of group home placements
5) Eliminate recidivism among crossover children
Introduction

The Waterloo Region Crime Prevention Council (WRCPC) is committed to reducing violence within Waterloo Region. With this goal in mind the council has created a sub-committee, the Violence Prevention Plan Implementation committee (VPPIC), and tasked it with the goal of developing interventions to reduce violence over a forty year time frame. One of the main priorities of the VPPIC is to conduct locally focused violence prevention research. These projects are designed to lead to practical solutions to be implemented within Waterloo Region.

Forty years is a long planning horizon which provides opportunities to focus upon interventions that will create lasting changes. Many projects focusing on children and youth do not have an immediate impact on crime rates but over the long term they can substantially reduce incidents of violence in the community.

This report focuses upon improving services and outcomes for one group of youth, called ‘crossover children’. Crossover children refer to teenagers who are in the care of the child welfare system and are charged with a criminal offence (Herz & Ryan, 2008). Creating new interventions focusing on crossover children will create a renewed sense of hope among these youth. This will assist in the short term by improving outcomes related to mental health, attachment and substance use issues. In the long term it will reduce offending and help these youth become contributing members of society.

Process

Developing interventions recommended in this report involved multiple partners and multiple steps. Firstly, the Violence Prevention Plan Implementation Committee (VPPIC), a sub-committee of the WRCPC, met to develop a basic plan for the project. This committee served as a steering group discussing the project multiple times throughout the research and planning process. A meeting was held with two staff members of Family and Children’s Services of Waterloo Region (F&CS) – the Manager of Research, Planning and Quality Improvement and the Senior Service Manager. This meeting solidified F&CS’ interest in the project. Next, a presentation was given to the Justice Advisory Group (JAG), a local committee which is comprised of multiple agencies and organizations involved in the youth justice system including police, the courts and F&CS. This meeting led to another meeting with staff from F&CS. The meeting was held with the Youth Court Worker and the Child and Youth Services Supervisor. A presentation was then made to another sub-committee of the WRCPC, the Advisory Group on Research and Evaluation (AGORE). This committee provided input into the research process and reviewed this final report.

Each of these many meetings was used to gain insights into practices taking place in Waterloo Region and to guide the literature review. This report primarily summarizes these practices and the literature review, concluding with a number of possible recommended options.

1 The Senior Service Manager is also a member of the VPPIC.
Literature Review

The literature review was conducted using a life course theory perspective. This theory encompasses onset, duration, desistance, continuity of offending, trajectories, and the risk and protective factors which all vary across the life course of an individual. It is important for children to develop proper internal controls and to learn social rules, as failing to do so can lead to behavioural challenges which can lead to crime. According to life course theory, traditional delinquency experiences in youth predict crime in adulthood (Williams & McShane, 2004). Life course theory also argues that informal social control is important. According to this theory, various forms of social bonding change the propensity to commit crime over time. For example, an individual with strong ties to employed peers will be less likely to commit crimes than an individual with peers who face behavioural challenges. Similarly, a youth with strong family ties will be less likely to commit crimes than an individual with weak family ties. Life course theory therefore, predicts a high likelihood of youth involved in the child welfare system also becoming involved in the criminal justice system.

Children in care, as predicted, are much more likely to become involved in the criminal justice system (Haapasalo, 2000; Finley, 2003; Herz, Ryan & Bilchik, 2010; Yampolskaya, Armstrong & McNeish, 2011; Ward, Day, Devc, Sun, Rosenthal & Duchesne, 2011; Farineau & McWey, 2011) and are more likely to become repeat offenders (Cottle, Lee & Heilbrun, 2001; Ryan, Hernadez, & Herz, 2007; Moffitt, 1993; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010; Herz, Ryan & Bilchik, 2010). They are at greater risk of engaging in antisocial behaviour in adolescence and adulthood than those who have not been placed in care (Corrado, Freedman & Blatier, 2011). Behaviour putting youth at risk of conflict with the law and justice system involvement also tends to start earlier than among youth not in care (Alltucker, Bullis, Close & Yovanoff, 2006). Delinquent behaviour and crimes by youth in the child welfare system are more likely to lead to charges. In a British Columbia study, children in care were nearly seven times more likely to be charged with criminal offences than children not in care (Corrado, Freedman & Blatier, 2011, p 109).

This section will begin by exploring what causes an increased likelihood that a child growing up in care will become involved in the youth justice system. It will then examine the long term outcomes for crossover children. Finally, it will conclude by showing how to prevent children from becoming crossover children.

The risk factors leading to an increased likelihood that an individual in the care of the child welfare system will become involved in the criminal justice system have been thoroughly explored in the literature. Protective factors which decrease or mitigate risk factors have also been explored. Six risk or protective factors, as demonstrated below, have been identified: multiple moves once in care, being placed in a group home, facing mental health issues, facing substance use issues, exposure to maltreatment for long periods of time and being a male. However, what is most evident is the lack of a direct causal relationship between being placed in the care of family and children's service agencies and involvement in the justice system (Finley, 2003; Haapasalo, 2000; Alltucker, Bullis, Close & Yovanoff, 2006). Instead, it has been argued that, “children suffering from histories and trauma and attachment disruptions are predisposed to behaviour problems” leading to difficulties in residential placements (Finley, 2003, 5). Group home staff members are then challenged to manage these difficult behaviours leading to involvement in the justice system (Finley, 2003). It is important to note that these placements likely actually improve outcomes for the children, but the past traumas are so severe that the system cannot fully mitigate their impact (Huefner, Handwerk, Ringle & Field, 2009; Jonson-Reid & Barth, 2000).
One specific practice within the child welfare system has been noted to make outcomes worse for children. This issue is related to moves within the system. The likelihood of involvement in the justice system increases among children with multiple moves in the child welfare system (Haapasalo, 2000; Finlay 2003; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010). Finley (2003), the chief advocate in Ontario for child and family services, expanded on this theme using information gathered from interviews with five crossover youth. She found the negative impact of multiple placement leads to a sense of loss causing further attachment issues among crossover youth. In addition, Finley (2003) found four additional themes related to the child welfare system. First, she found that the youth faced trauma leaving home, all the youth thought they were happiest when living with their family of origin. This even included youth who left their home because of abuse. The second theme she noted was that the relationship with child welfare workers was extremely important to the youth. Youth found it disruptive to have multiple workers and the relationship with workers was mixed, some seen as positive and others negative. The youth noted that when there was a lack of responsiveness by a worker they acted out. Her third theme focused upon turning points. The youth all talked about turning points like being asked to leave or leaving the home. In these difficult moments the youth wished they had more support. Finley's last theme was that group homes were gateways to custody. The group homes were seen as a bad environment even by the teens. They all talked about wanting out of the group homes but they felt because of their age that getting into foster care was hopeless. Some of the teens talked about acting out as a mechanism of leaving the group home feeling that the juvenile justice system was a better place to be. Finley (2003) demonstrated bleak outcomes for teens that end up in group homes. Other academic literature validates this outlook.

Ryan, Marshall, Herz and Hernandez (2008) performed a comprehensive study using police reported arrests to compare youth in group home placements to youth in foster placements. The results showed that being placed in a group home predicted arrests. In addition, being male was an important factor as was being a victim of prior physical abuse. Particularly troubling is that only 25% of the sample ever lived in a group home but 40% of the arrests occurred while individuals were in a group home setting. Ryan et al argue that this presents two, non-mutually exclusive, possible causes of these arrests: 1) peer contagion and/or 2) group home policies. This caused them to ask two poignant questions: “are youth actively seeking peers who share similar beliefs and attitudes with regard to aggression, delinquency and crime (selection association) or is the peer group developing similar attitudes over time as a result of frequent contact and limited supervision (reciprocal association)” (Ryan et al, 2008, p. 1096). Their second question focused on threats within the group home. This is particularly relevant as more youth in a group home are charged with making threats compared to youth in non-group home placements. They asked: “Are verbal threats more likely to occur in group settings or does the response to a threat vary between group home staff and foster parents?” (Ryan et al, 2008, p. 1096). They were not able to answer these questions with their data, but either possibility does not negate the main finding that teens in group homes face a higher risk of arrest. Ryan et al (2008), however, concluded their study noting that their results may face limitations due to the over reliance on police reported data.

The limitations in the previous study were answered by a study by Farineau and McWey (2011). They similarly compared group home results to children in foster care, but instead of using police data they relied upon self reported delinquency and caregiver reported delinquency. In the Farineau and McWey’s (2011) study comparing adolescents in group homes to those in foster care, they found that it was living in a group home, with lack of closeness to the primary caregiver and participation in three or more structured activities per week, which predicted delinquency (Farineau & McWey, 2011). Adolescents who reported closeness to their caregiver had the lowest self reported and caregiver reported delinquency scores. This suggests, according to Farineau and McWey (2011), that “involvement in extra-curricular activities could not counter the negative consequences of weakened relationships with caregivers” (p. 986). Unfortunately, living in a group home is not the only risk factor for justice system involvement among children in care.
Children in care facing mental health issues are much more likely than children without mental health issues to become involved in the criminal justice system (Johnson-Reid, 2002; Corrado, Freedman & Blatier, 2011). This is a particular concern as nearly 2/3 (65%) of children in care diagnosed with mental disorders, compared to less than 1/6 of children not in care (Corrado, Freedman & Blatier, 2011, p102). Mental health issues include, but are not limited to, attention deficit disorder, attention deficit hyperactivity disorder, oppositional defiant disorder and neuropsychological conditions like fetal alcohol spectrum disorder (MacRae, Bertrand, Paetsch & Hornick, 2011). In one study nearly three quarters (72%) of children in care involved in the criminal justice system had educational special needs as a result of intense behavioural problems or serious mental illness. Alongside issues of mental health issues, substance use issues among children in care also increases the risk of justice system involvement (Johnson-Reid, 2002).

Finally, the issue of maltreatment warrants consideration. The older a child is at time of placement in the child welfare system the greater the likelihood of involvement with the justice system (Haapasalo, 2000; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010; Yampolskaya, Armstrong & McNeish, 2011). This may be explained by the amount of exposure to maltreatment these children face before coming into care. Yampolskaya, Armstrong and McNeish (2011) showed that male children who have been maltreated for long periods of time and end up in care are at high risk of involvement in the justice system. Their definition of maltreatment includes physical abuse, sexual abuse, neglect and emotional abuse, with children who experienced sexual abuse being at the highest risk of justice system involvement.

This review has identified six factors that increase the likelihood that a youth in contact with the child welfare system will become a crossover child. These factors are:

- Multiple moves once in care,
- Being placed in a group home,
- Facing mental health issues,
- Facing substance use issues,
- Exposure to maltreatment for long periods of time, and
- Being a male.

If these risk factors culminate in a contact with the justice system, crossover children face a number of possible negative long term outcomes.

Most people commit some delinquent acts in adolescence (Moffitt, 1993). In other words, even if they are not caught by the justice system most youths commit acts which violate the law. Sociologists and criminologists generally categorize youth who commit delinquent acts into two groups; life course persistent and adolescence-limited. Life course persistent individuals keep engaging in criminal acts their whole life, whereas adolescence-limited youth stop engaging in criminal acts as they get older (Moffitt, 1993). Life course persistent individuals differ in a number of key ways. They tend to start offending much earlier potentially as young as three, they are more likely to face neuropsychological impairments, they have lower academic skills, and they have difficulty with relationships. Studies predict about 5 to 10 percent of juvenile offenders will become persistent life course offenders (Cottle, Lee & Heilbrun, 2001; Moffitt, 1993; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010; Yampolskaya, Armstrong & McNeish, 2011). However, the numbers are much higher for crossover youth.
Ryan, Hernadez, and Herz, (2007) found three trajectories for children leaving care: non-offenders, early onset desisters and chronic offenders. Non-offenders did not commit any crimes, early onset desisters stopped committing crimes by about age 18 and chronic offenders continued committing crimes well into adulthood. The non-offender group was the most common, with 52 percent of study participants. Next were chronic offenders, with 27 percent, followed by desisters at 21 percent. The adolescents without any arrests while involved in the child welfare system were most likely to end up in the non-offenders group. Only 5% of the non-offenders group had any arrests. The study found the desisters group arrests peaked at age 18, and their offending is generally restricted to minor offences. The chronic offenders tended to be involved with the justice system while in the child welfare system. Their first arrests came earlier than that of other children. Chronic offenders also tended to have school enrolment issues, and they were the most likely to experience placement instability (Ryan, Hernadez, & Herz, 2007). Therefore, the early onset desisters can be seen as equivalent to adolescent limited offenders and the chronic offenders as similar to life course persistent offenders. In addition, the majority of crossover youth repeat offenders suffer from mental health issues and/or substance use issues (Herz, Ryan & Bilchik, 2010). Once involved in this chronic offender group the long-term outcomes are bleak. Particularly troubling is research showing crossover youth are more likely to abuse or neglect their own children (Colman, Mitchell-Herzfeld, Kim & Shady, 2010).

Despite these negative long term consequences for crossover youth there is little literature on what interventions can be used to prevent children from becoming crossover children. Ryan, Hernadez, and Herz’s (2007) research showed that there is a group of children in the child welfare system that is likely to turn into chronic offenders. However, they found “there are no established standards for how best to serve this crossover population” (Ryan, Hernadez, & Herz, 2007, p. 90). The findings discussed below show some minor exceptions.

Before exploring specific intervention options a few general recommendations for reform are worth noting. Krinsky (2010) a former federal prosecutor from Los Angeles, California, argues four primary reforms are needed to ensure that foster care is not a breeding ground for the justice system. Some of these reforms are applicable to the Canadian context as well. First, efforts to combat juvenile crime must address the needs of youth in foster care. This can be done by addressing mental health needs of youth in care, providing supports for teens as they leave care, and providing more flexibility in funding to keep families intact. Secondly, there is a need to prioritize investments in proven early interventions. The third reform is to revisit the inflexibility in sentencing youth. This is less applicable to Canada, but given the recent passing of Bill C-10 this may become an important issue in the future. Bill C-10 provides mandatory minimum sentences for a number of criminal offences which will make it more difficult to divert young offenders from juvenile detention facilities to alternative sanctions. Finally, the fourth and final recommendation is to end the stigma associated with the image of youth at risk, and change perceptions of youth under the care and supervision of family and children service agencies.

Other authors have also made general recommendations to improve services for crossover children. Typically these recommendations have been mentioned at the end of studies reviewing the root causes of crossover children. For example, Ryan, Hernadez, and Herz (2007) suggest “...it seems worthwhile for child welfare agencies to consider identifying children and adolescents struggling in school settings (early identification, that is) and developing strategies to improve academic engagement” (p. 91). In contrast, Farineau and McWey’s (2011) focus on social control and suggests that “promoting an adolescent’s social control by working to improve their relationship with their caregiver may improve behavioural outcomes” (p. 967).
Jack’s Troubled Career

Jack’s Troubled Career by H. Philip Hepworth first appeared in the Prevention newsletter produced by the National Crime Prevention Centre. It is an account of the financial costs to society of one young person in trouble. Although the story is fictional, it is an effective example, showing how difficulties early in life can escalate to serious problem with the law. The story uses accurate numbers which represent conservative costs to various government systems.

In the first ten years of Jack’s life he is exposed to child abuse and family dysfunction has difficulty relating to peers, does poorly in school, and goes through multiple placements in different foster homes. Before Jack turns 12 he has already come in contact with the police for his misbehaviour at school and in the community. His first charge comes at the age of 12. For the next five years he is regularly in contact with the justice system having a total of seven appearances in youth court. During these six years Jack spends time in group homes and open custody facilities, and ultimately in a secure custody facility. Jack is released from custody by the age of 18 and soon after his girlfriend becomes pregnant. The story ends emphasizing the likelihood of the cycle continuing with Jack’s child.

In 1997 when the story was written the total spent on Jack to age 18 was $511,500. Taking this number and inflating it using the Bank of Canada inflation calculator, equates to $686,741 in 2012. This amount only includes the cost to the justice system and the child welfare system. It does not include the cost of pain and suffering his offences inflict on others.

This story is not suggesting that the child welfare system does not help children. Instead, it points to the importance of investing in early interventions. Over 75% of the expenses associated with Jack’s troubled career occur once he has become involved in the justice system. If some of this spending was redirected toward early interventions, which succeeds in preventing child abuse, criminal involvement and recidivism the long term benefit to society would be enormous.

A study by Platt (2009) on juvenile offenders but not specifically examining crossover children is worth citing. Platt’s (2009) study examining protective factors that reduce recidivism for juveniles exiting prison found living with relatives was related to reduced recidivism. Conversely pro-social peers, school and participation in extra curricular activities did not reduce recidivism. Similarly, finding family members of foster children can provide emotional supports for children in care even if it does not lead to legal permanency (Malm & Allen, 2011). This could help to reduce recidivism or instances of crossover children. Finally, it is worth noting Glisson and Hemmelgarn (1998) found child welfare agency organizational climate was positively related to outcomes for children in care.
The literature did, as previously mentioned, find interventions worth exploring. These interventions will be reviewed below. However, there is one intervention that did not work which merits mention. Abrams, Shannon and Sangalang (2008) evaluated a Transitional Living Program for crossover youth and non-crossover youth. Youth spent six weeks upon release in a transitional program that gradually increased their time spent in home settings. The results did not find a statistically significant impact for the program on recidivism. Instead, age at arrest and number of prior arrests predicted reoffending (Abrams, Shannon & Sangalang, 2008). Fortunately, other interventions have been found in the literature to be effective or promising at reducing recidivism or preventing kids in care from becoming crossover children.

A brief recap of this section will be provided before reviewing the local context. The section began by showing that children in care are much more likely to become involved in the justice system (Haapasalo, 2000; Finley, 2003; Herz, Ryan & Bilchik, 2010; Yampolskaya, Armstrong & McNeish, 2011; Ward, Day, Devc, Sun, Rosenthal & Duchesne, 2011; Farineau & McWey, 2011). Once involved in the justice system they are at a high risk of becoming repeat offenders (Cottle, Lee & Heilbrun, 2001; Ryan, Hernandez, & Herz, 2007; Moffitt, 1993; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010; Herz, Ryan & Bilchik, 2010). Children in care become involved in the justice system at a higher percentage than other children primarily due to the issues associated with their requirement to be placed in care (Finley, 2003). Once in care a number of other factors can predict their likelihood of justice system involvement. These include multiple moves once in care, being placed in a group home, mental health issues, substance use issues, exposure to maltreatment for long periods of time and being male. Unfortunately, once a youth becomes involved in a group home or the justice system few interventions have been proven to decrease the likelihood of long term justice system involvement.

Local Context

Within Waterloo Region, Youth Justice Services took a snapshot of children in Kitchener and Waterloo who were on probation as of July 19, 2010. There were a total of 389 children aged 12 to 18 on probation. From this group 49 (13%) were living in Family and Children's Services custody and a further 17 (4%) youth were involved with F&CS (Salmen, 2010). Putting these numbers in context, in October 2011 there were 560 children in care in Waterloo Region (Wood, 2011, p. B1) and over 125,000 children and youth under the age of 19 live in Waterloo Region ("2006 Census Bulletin 2", n.d.). This means that less than 1% of the children are involved with F&CS. Yet, F&CS clients make up 17% of youth on probation. Clearly, a disproportionate number of children in care are becoming involved in the youth justice system.

These results clearly demonstrate children in the care of Family and Children’s Services within Waterloo Region are over represented in the criminal justice system. According to Finley (2003), part of the reason for higher re-offending among crossover youth compared to other youths at risk for coming into conflict with the law may be found in group home settings. She found children living in group homes may get in trouble with the law for things that they would not get in trouble for outside of a group home. For example, if a youth misses a court mandated curfew, group home staff members are very likely to notify the police, whereas if a child living at home with his or her parents they are less likely to report the breach. This is an issue that has been identified as a local priority and has been improved upon. However, discussion with staff members at F&CS suggests more work may still be warranted in this area.

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2 This represents a 10% increase in children in care since April 2011 (Wood, 2011, p. B2)
# of Youth in Waterloo Region

Youth involved with F&CS

Youth involved with Probation & Parole

Youth involved with F&CS AND Probation & Parole

RATIO 1:50
Current Intervention in Waterloo Region

Waterloo Region also has a number of projects that may help to reduce the likelihood of a child in care becoming a crossover child. Recently Waterloo Region Family and Children’s Services hired staff to focus on finding family connections and dealing with attachment issues among children in care. F&CS also offers plenty of programming for children in care, such as the peer mentoring program.

Once a child has had contact with police within Waterloo Region a number of programs are offered by the John Howard Society of Waterloo Wellington and Community Justice Initiatives to assist the youth. These programs are available for all youth, including those who are within the care of F&CS.

The following programs are offered by the John Howard Society. Extra judicial measures provides workshops for youth who have not been charged but have been diverted by police to learn more about the effects of their offending behaviour. Extrajudicial sanctions is a process of diversion from the courts according to qualifiers the Crown Attorney decides upon. Expanded extrajudicial sanctions is a more intensive court diversion program, involving a partnership with Community Justice Initiatives for youth having problems in their home environment. These three programs provide opportunities for youth to take responsibility for their actions and make amends to the victims and the broader community. The Attendance Centre Program is an alternative to custody for youth who have been convicted of their crimes. The program is often recommended in court or referred by the young person’s probation officer. It focuses upon developing cognitive skills and reinforcing positive values to create responsible behaviour. Youth develop stronger problem solving skills and learn to apply critical reasoning and consequential thinking in their everyday lives. Youth who have anger issues are also enrolled in 16 sessions on anger management This course of study and discussion helps youth learn ways to recognize, manage and express anger appropriately.

Community Justice Initiatives delivers three programs related to crossover youth. The first is called Family Group Decision Making (FGDM). Through FGDM families involved with F&CS are offered a culturally-sensitive process engaging family, extended family and friends to collaboratively develop a permanent care plan for their child or children. The plan addresses the safety concerns of F&CS but seeks to retain and strengthen family relationships with the hope that the child or children can remain in the family. The second is the Youth Victim Offender Reconciliation Program. This program is for youth aged 12-17 who have committed an offence and take responsibility for their actions. In the program, the youth are encouraged to agree to a restitution agreement with the complainant and to restore the complainant’s losses. Finally, Community Justice Initiatives has recently introduced the Back Home Project to assist youth as they exit custodial institutions.

Children in care make up less than 1% of the population of Waterloo Region yet they make up more than 10% of the youth involved in the justice system (Salmen, 2010). This issue has not gone unnoticed, and Waterloo Region agencies have developed a number of programs to assist children in care and children in the justice system. Some of these programs, such as Family Group Decision Making (FGDM) at Community Justice Initiatives, have been designed to interact with the criminal justice system and Family and Children’s Services of Waterloo Region. There are still additional opportunities to improve on Waterloo Region’s services for crossover children. The next section will outline some promising interventions worthy of consideration.
Family and Children’s Services of Waterloo Region’s Role

Family and Children’s Services of Waterloo Region recognizes the need for all children and youth to have a secure attachment to a primary caregiver. The vast majority of the children and youth served by Family and Children’s Services remain in the care of their families. The agency offers a number of parenting and children’s programming throughout Waterloo Region. Many of the programs are offered in partnership with community agencies such as: The John Howard Society; Mosaic Counselling and Family Services; Women’s Crisis Services of Waterloo Region, The House of Friendship; Ontario Early Year’s Centres and various other Community Centres and local agencies.

In 2009, through a Ministry of Children and Youth Services grant, the agency began a project focused on building knowledge of attachment and trauma responses in children and caregivers. In partnership with Wilfrid Laurier University, Kitchener Waterloo Counselling Services and the Reach Out Centre for Kids, Family and Children’s Services began a project to enhance the understanding of the impact of trauma and attachment disorders on children who have been placed in foster or kinship care. Another important component of the project is to improve our understanding of the impact of inter-generational trauma and attachment histories for parents and the impact this has on their parenting. Early results of this research indicate that understanding and focusing on trauma and attachment work results in parents feeling more supported by agency staff and improved engagement with the agency. In addition, foster parents increased their level of understanding of children and youth behaviour and placement moves for children in care decreased.

This report highlights the benefit for youth who are connected to relatives in reducing recidivism. Family and Children’s Services understands the benefits of placing children with relatives. Children placed with family experience a sense of continuity in their lives, they have a more secure attachment to their caregivers and improved self-esteem. In 2010, the agency created a Kinship Service team specializing in assessing and supporting relatives to care for children unable to live with their parents. In 2011, the agency introduced two new positions devoted to finding family for children who are not able to live with their biological parents. Family Finders also assist youth who are Crown Wards to build family connections that will become life-long and enduring supportive relationships for the youth, even if the youth cannot live with their relatives.

Family and Children’s Services provides a number of supports and services to children in care to assist them to meet their educational goals and reach their full potential. For example, a number of programs are offered to children and youth focused on building assets – these programs offer opportunities to build social skills, learn about music, arts, and sports all while having fun. Several initiatives are aimed at education. For example, two educational consultants help advocate for children and youth in the school system and assist the agency to develop collaborative working relationships with our local Boards of Education. A tutoring program is offered to children and youth which involves tutors working directly with the classroom teacher and at times in the classroom setting. Last year through the support of the agency’s Foundation 32 youth who are Crown Wards were supported with scholarships to assist them in completing post-secondary education. Once a youth in care receives a scholarship, the Foundation commits to annual financial assistance until the youth has completed their program.
Interventions in the Academic Literature

In 2009, the Ontario Government reviewed policies related to adoption. They released the report *Raising Expectations* (2009) which made a number of relevant recommendations. First the report calls for families to be recruited for older Crown wards and Crown wards with special needs. This would be done by “Develop[ing] a focused program to find families for older Crown wards and Crown wards with special needs.” (emphasis in original) (Raising expectations, 2009, p. 12). Once Crown wards were adopted, the report suggested support needs to be provided to adoptive families by providing them with referrals to community-based services alongside post-adoption subsidies. This entire report should then be monitored by the provincial government to ensure the recommended target of doubling the number of Crown wards adopted is met, and to review outcomes for youths who are not adopted.

While this approach is pursued provincially, Waterloo Region has the opportunity to begin local initiatives to complement the work being done at a provincial level. This report found seven projects in the academic literature that could be applicable in Waterloo Region.

1) Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is an intervention designed to assist children in the child protective system that have been in trouble with the law or at risk of contact with the justice system. The treatment program assists children to return to live with their biological parents.

Youth in the MTFC program are placed with trained foster parents while the youth's biological parents participate in family therapy. The child's placement is used to set boundaries. The children's biological families are also taught how to set appropriate boundaries allowing the children to return home. Eventually the youth joins the family therapy sessions. While the biological parents are improving their parenting skills the youth are closely supervised with clear rules in place at home, in the community and at school. This intensive supervision limits foster parents to one or two children at a time. One of the keys to this program's success is that it shields children from other youth in group homes who are facing behavioural challenges and brings them into contact with less troubled youth (Chamberlain & Reid, 1998). Applying MTFC to Waterloo Region would require a substantive effort. Foster care families would need to be recruited to assist children with behavioural concerns, extensive training would need to be provided up-front to these families, and finally on-going supports would be required once children were placed in their temporary care. However, despite these expenses, a cost benefit analysis has shown this program to significantly reduce recidivism (Chamberlain & Reid, 1998). The savings associated with the decreases in offending are significant enough to more than offset the costs of the program (Aos, Phipps, Barnoski & Lieb, 2001, Osher et al, 2003).

2) Teaching Family Model

The Teaching Family Model is an intervention designed for children at-risk of justice system involvement including children in the foster care system. It is similar to the MTFC program. The Teaching-Family Model involves carefully selected Teaching Parents, (usually married couples). Teaching parents are provided approximately forty hours of in-depth training before initiation into the program. They then live in a family style living environment with approximately six to eight youths. Over the nine months the children are living in the residence there is an emphasis on family living and developing skills. The teaching parents also interact with the youth's biological parents, their teachers and other support networks.

The Teaching Family Model has less start up costs than MTFC. Therefore this model may be more feasible for introduction into Waterloo Region.
3) **Stop-Gap Model**

The Stop-Gap Model is a short term (90 day to 1 year) intervention focusing on children aged 6 to 17 with behaviour issues. This model envisions group care as a short term intervention focused upon helping the youth discharge to a less intensive community treatment. The program is designed to stop a youth's disruptive actions and prepare the youth for a lower level community based treatment. Children working in this model go through three levels of intervention 1) Environment based (i.e., academic intervention and social skills) 2) Discharge related (i.e., intensive case management) and 3) Intensive interventions (i.e., support planning). The program offers a parent and child component. However, the Stop-Gap Model has limited evaluations (James, 2011). If this program is offered in Waterloo Region it would be worthwhile to conduct a pilot project with an evaluation component to determine the effectiveness of the model.

4) **Aggression Replacement Training**

Aggression replacement training (ART) focuses upon cognitive-behavioural issues in a group setting. Juvenile offenders are placed in ART with the goal to improve their behaviour. The program has not been explicitly applied to crossover youth but instead it is offered to offending youth generally. ART has three components to the intervention: anger control, skill streaming and moral reasoning. Anger control helps participants identify their triggers and learn to control their reactions; skill streaming teaches social skills and moral reasoning teaches the youth how to work through conflicts. The program has been shown to reduce recidivism in a cost effective manner (Aos et al, 2001; Osher, Quinn, Poirier & Rutherford, 2003).

Waterloo Region programs are likely already incorporating elements of ART. The emphasis on anger reduction and moral reasoning skills are already featured in the extra judicial measures and extra judicial sanctions programs offered by the John Howard Society of Waterloo Wellington.

5) **Positive Peer Culture**

The Positive Peer Culture program is for troubled youth aged 12 to 17. The program is not specifically for children in care but it is applicable to a residential setting. Typically the program involves groups of 8 to 12 youths who meet five times a week over six to nine months. The program relies upon four components: 1) Building group responsibility 2) Regular group meetings; 3) Service learning; and 4) Teamwork skill development. The program does not have a parent component and it has been suggested that it may be less applicable for children in the justice system who have faced maltreatment as children (James, 2011). If the Positive Peer Culture program is adopted in Waterloo Region it may be worthwhile to apply the program to children in the justice system generally while reserving some spots for children who are Crown wards of F&CS.

6) **Sanctuary ® Model**

The Sanctuary Model is designed to assist children in care that have experienced trauma. The model begins by building shared goals among treatment staff. The model includes 12 specific sessions focused upon safety, emotional management, loss and future. In addition, twice daily community meetings are a key program component. Evaluations are limited and the program does not include a parenting component (James, 2011). F&CS may benefit from exploring this model for ideas without adopting it in its entirety.
7) Multi-Systemic Therapy

Multi-Systemic Therapy (MST) is an intensive clinical intervention designed to work with families, with a focus on the youth at risk. MST aims to address the factors that directly cause and maintain severe antisocial behaviour in youth and their families, such as chronic violence and substance abuse among young offenders (Aos, Phipps, Barnoski, Lieb, 2001). “MST is delivered in an intensive, individualized manner to meet each family's unique needs as they relate to child psychopathology, peer relational problems, academic performance, neighbourhood characteristics, family functioning, and support available to the family system” (Schoenwald et al., 2003b, cited in Ellis, Weiss, Han & Gallop, 2010, p. 858). Therapeutic work is based in the home, school, and/or community setting, over a period of 3 to 5 months, where caregivers are considered to be essential agents of change. There are nine principles that guide assessment and treatment, such as: understanding the youth's social ecology, focusing on systemic strengths, and promoting long-term maintenance of the positive change (Ellis et. al, 2010). MST has a strong research base. Studies have shown promising results in preserving the family unit when working with youth at risk and their families; it is said to be an effective alternative to out-of-home placements (Ogden, Halliday-Boykins, 2004; Henggeler, Melton & Smith, 1992). However Littell (2008), in synthesizing the research, argues that its effectiveness is debatable.

Recommendations

The purpose of this report is to explore new interventions to support youth in the child welfare system and their families within Waterloo Region. The goal is to reduce the number of children that cross over from Family and Children Services to youth justice systems and to reduce the severity and number of delinquent activities. Successfully meeting this goal will require the work of F&CS as well as other local agencies and community volunteers. The scope of this report does not allow for recommendations of specific programs to address these issues. However, the evidence outlined should be used to justify a continued focus on early interventions to improve outcomes for children. These interventions should focus on supporting parents, addressing mental health and addiction issues, and preventing exposure to maltreatment. The five recommendations focus on targets at the primary, secondary and tertiary level to improve the care of youth at the highest risk of becoming crossover children. Primary preventions focus upon individuals who face risk factors which lead to an increased likelihood of becoming a crossover child. Secondary preventions target individuals facing risk factors for an increased likelihood of becoming a crossover child. Finally, tertiary preventions occur once someone has become a crossover child. These recommendations present goals that if achieved will reduce the number of crossover children and ensure those children who do cross over do not become repeatedly involved in the justice system. Below each recommendation is a brief write up of how Waterloo Region can work to meet the goals set out in the recommendations.

Primary Prevention

1) Reduce the stigma attached to youth at-risk

Having a caring and dependable adult in a youth's life is a strong protective factor against delinquent behaviour. Building a Waterloo Region culture where all teens are treated with respect by adults will develop an expectation amongst children that they should become productive adults. To this end, a campaign will be introduced to end stigma that is currently associated with at-risk youth and to encourage adults to become involved in the lives of all children. In 2002 the WRCPIC introduced the Look Deeper Campaign with a similar goal to reduce stigma. Ten years later is an appropriate time to revisit this project. To encourage adult involvement, a continuum of participation
will be introduced and encouraged. At one end of the continuum is the idea that all children should be treated as individuals with the potential to do good deeds regardless of their behaviour. In other words, adults will be encouraged to focus on separating youths’ actions from youth as individuals. The other end of this continuum will call on adults to become active in the lives of children in their community. Many different forums of activity will be encouraged including becoming a Big Brother or Big Sister, volunteering as a mentor or becoming a foster parent. This work will be led by the WRCPC through the Violence Prevention Implementation Committee. It will be built on the Look Deeper Campaign by bringing a number of community partners together to help craft messaging and to provide logistical and financial support.

Secondary Prevention

2) Minimize the number of moves children in care experience

Once a child is in care, multiple changes in residence are a significant risk factor for criminal justice system involvement. F&CS recognizes this risk and is working to reduce the number of residential moves. In addition, they have been working with local school boards to reduce the number of changes in schools children in care experience. By providing a stable school for children in care, continuing these efforts should help to reduce the number of crossover children in Waterloo Region.

3) Increase the number of kinship placements and kinship relationships for children in care

F&CS has begun an innovative Family Finder program to assist children in care to make contact with family members. Sometimes this contact can lead to a placement and permanency for the child. While other times it, builds a beneficial relationship with a caring adult. This program is extremely promising and should continue as it is expected to improve outcomes for F&CS children, youth and families.

Tertiary Prevention

4) Decrease the use of group home placements

The literature identified two projects, the Multidimensional Treatment Foster Care and the Teaching Family Model, designed as alternatives to group home placements. In addition, F&CS previously ran a pilot program called the “Langford Model”, which was a staff run group home alternative. The Langford Model ended due to cost considerations however Multidimensional Treatment Foster Care and the Teaching Family Model are both seen as cost effective alternatives to group homes. Exploring cost effective alternatives to group homes is one way F&CS could reduce their use. Alternatively group home placements can be prevented by ensuring a number of options exist for placing children before a group home becomes necessary.

5) Eliminate recidivism among crossover children

The academic literature suggests five programs, the Stop-Gap Model, Aggression Replacement Training, Positive Peer Culture, the Sanctuary + Model and Multi-Systemic Therapy, which may prevent crossover children from becoming repeatedly involved in criminal acts. Current programming offered to group home and crossover children should be reviewed with an eye for opportunities to improve existing programming or to implement one of the programs suggested by the literature. During this review a focus should be placed on assessing the degree to which mental health issues are being addressed for crossover children. In addition, an examination should be conducted to ensure that children living in care are not repeatedly ending up back in court for minor breaches of their conditions.
Conclusion

Child welfare systems have been criticized as slow to adopt evidence-based knowledge (James, 2011). However, Family and Children’s Services of Waterloo Region and other Waterloo Region agencies have placed an emphasis on using research and evidence to guide local practice. This report is a continuation of this approach.

Crossover children represent a significant challenge and opportunity for Waterloo Region. Kids in care are disproportionately involved in the local justice system (Salmen, 2010). Youth in care, who become involved in the justice system, present a challenge as they are at a high risk of recidivism (Cottle, Lee & Heilbrun, 2001; Ryan, Hernandez, & Herz, 2007; Moffitt, 1993; Ward, Day, Bevc, Sun, Rosenthal & Duchesne, 2010; Herz, Ryan & Bilchik, 2010). Therefore addressing the issues faced by crossover children represents a significant opportunity to reduce long term rates of crime and violence within Waterloo Region.

References


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

From: Sharlene Sedgwick Walsh, Director Healthy Living
       Carol Perkins, RN, Public Health Nurse, Injury & Substance Misuse Prevention

Subject: Municipal Alcohol Policy

File No: P13-01

As part of the Ontario Public Health Standards, Public Health is required to “work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment,” with respect to alcohol use. For the past several years, Public Health has supported our local municipalities with the creation and review/maintenance of their Municipal Alcohol Policies (MAP’s). MAP’s help municipalities and event organizers follow liquor license regulations, minimize the number/severity of alcohol-related problems and liability issues, while also ensuring the safety and enjoyment of event participants.

In 2011, a number of changes were introduced to the Liquor License Act (LLA) pertaining to the Special Occasion Permit (SOP) program and liquor sales licensees. The changes to the liquor law may spark issues and public inquiries of municipal MAP’s and may warrant a re-examination of liability and safety concerns for events held on municipal property. Public Health staff have worked with public health professionals from across the province to develop resources for municipalities so they can better understand the changes to the liquor law and support them, as necessary, to re-examine liability and safety concerns for events held on municipal property.

Staff in each of our Municipalities has been invited to attend a meeting on June 28th from 9:30 am – noon with a representative from the Alcohol and Gaming Commission of Ontario. This meeting will be an opportunity to ask questions about the changes to the legislation as well as to learn from each other regarding current prevention strategies used to reduce the risk of violence and injury at municipally owned facilities. Public Health staff would also like to extend the invitation to members of Community Services Committee should you be interested in learning more about the changes needed to ensure that each Municipal Alcohol Policy meets the needs of the municipality and the residents it serves.

If you wish to attend the meeting, on June 28th, it will be held at 99 Regina Street South, Waterloo in room 409 and is scheduled to begin at 9:30. Please RSVP to dcollins@regionofwaterloo.ca or by calling 519-883-2004 ext 2253, by June 26, 2012.
This memo provides an update on new programs that will soon be implemented through the Investment in Affordable Housing for Ontario (IAH) program.

In July 2011, the senior levels of government announced a New Framework for Affordable Housing 2011-2014 that will invest $1.4 billion across Canada to address ongoing housing needs. This was followed in August 2011 by the Province releasing details on the Investment in Affordable Housing for Ontario Program (IAH), which will provide $480.6 million for the creation and repair of affordable housing in Ontario over four years. The Region of Waterloo’s notional allocation for IAH was $12.8 million.

In February 2012, Regional Council approved the IAH Program Delivery and Fiscal Plan (PDFP), which identifies which programs will be delivered and how much of the notional allocation will go toward each of the selected components (see Report P-12-017). The Council-approved PDFP included the following components:

- New affordable rental and supportive housing supply: $10,325,000
- Housing Allowance (to extend existing program): $200,000
- Housing Allowance (THAWS): $273,000
- Ontario Renovates: $1,600,000
- Service Manager administration fees: $442,659
- TOTAL: $12,840,659

Ontario Renovates Program Update

The Ontario Renovates component began in Year 2 of the IAH program (April 1, 2012 – March 31, 2013) and is intended to give Service Managers the opportunity to deliver a program to target renovation and rehabilitation projects that address local needs. This replaces the Canada Mortgage and Housing Corporation’s (CMHC) suite of rehabilitation programs, including the Residential Rehabilitation Assistance Program (RRAP), which ended March 31, 2012.
Based on CMHC’s information of local RRAP usage over the past three years, and local needs, the Ontario Renovates program in Waterloo Region will focus on two primary areas:

- To improve living conditions for lower income homeowners through repairs, improvements and modifications.
- To increase accessibility for lower income persons with disabilities through modifications and adaptations.

The program guidelines, including eligibility requirements, household income levels, eligible repairs and modifications, and funding levels have been developed. The goal is to roll out this new program by the end of June 2012. An average of $25,000 can be provided per unit to repair homes to minimum acceptable standards and improve accessibility. It should be noted that funding made available under this component cannot be used to repair existing Community Housing as defined under the Housing Services Act, 2011.

**Temporary Housing Assistance with Supports (THAWS) Program Update**

The Council-approved PDFP recommendation included an allocation of $273,000 of the IAH funding for a targeted five-year Housing Allowance program for approximately 15 units, in partnership with local support agencies. Experiences through the delivery of the current Housing Allowance program have identified that some high need target groups in need of supports to maintain housing would benefit from this type of program, such as those experiencing persistent homelessness, federally sentenced women being released from custody, mental health consumers and individuals waiting release from hospital.

Support agencies would be responsible for delivering the program and any approved agency would need to have a viable exit strategy. Some households will move on from these units within a few years, and others will be able to access other affordable housing options within a five-year time frame. It is expected that 15 individuals or families will be assisted by this program at one time. The minimum level of support to be provided is three hours per week per individual or family.

An Expression of Interest (EOI 2012-04) has been issued for support agencies to deliver the Temporary Housing Assistance with Supports (THAWS) program. The funding will be available over five years to cover partial rent costs for individuals and families receiving supports to maintain housing from local support agencies. EOI 2012-04 was advertised in the Friday, June 8 edition of The Record, on the Region of Waterloo website and the Ontario Public Buyers Association website, and circulated to support agencies and networks. An information session for the EOI will be held on June 29, and the deadline for submitting proposals is July 12 (for more details see: [http://www.regionofwaterloo.ca/en/doingBusiness/bidsquotestenders.asp](http://www.regionofwaterloo.ca/en/doingBusiness/bidsquotestenders.asp)). A report will be brought to Community Services Committee with the recommended agency or agencies to deliver the THAWS program.
MEMORANDUM

To: Chair Sean Strickland and Members of Community Services Committee
From: David Dirks, Director, Employment and Income Support
Copies: Michael Schuster, Commissioner, Social Services
File No.: S09-80
Subject: ONTARIO WORKS CASELOAD: MAY 2012

This memorandum is provided as information for members of Council. Employment & Income Support, Social Services with Finance monitors the Ontario Works (OW) caseload on a monthly basis. Below is a chart summarizing the caseload at the end of May 2012 with comparisons to the months of April 2012 and May 2011 as well as September 2008.

Very briefly,

- The OW caseload at May 2012 was: 8,905
- The increase from April 2012 was: 140 +1.6%
- The increase from May 2011 was: 160 +1.8%
- The increase from September 2008 was: 2,613 +42%
- Waterloo Region unemployment rate for May 2012 was: 6.8%
- Waterloo Region unemployment rate for May 2011 was: 7.3%

Ontario Works Caseload and Unemployment Rate

May 2012
Ontario Works Caseload

<table>
<thead>
<tr>
<th>May 2012</th>
<th>April 2012</th>
<th>May 2011</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,905</td>
<td>8,765</td>
<td>8,745</td>
<td>1.6%</td>
<td>1.8%</td>
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Unemployment Rates – Seasonally Adjusted*

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<thead>
<tr>
<th></th>
<th>May 2012</th>
<th>April 2012</th>
<th>May 2011</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
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</thead>
<tbody>
<tr>
<td>Province</td>
<td>7.8</td>
<td>7.8</td>
<td>7.9</td>
<td>0</td>
<td>(1.3%)</td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>6.8</td>
<td>6.6</td>
<td>7.3</td>
<td>3.0%</td>
<td>(6.8%)</td>
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*As revised by Statistics Canada

This increase almost completely reverses the decrease in April. The number of intake applications in May also increased from April. The caseload is again above the level for which additional staff has been approved and is 42% higher than the outset of the recession in September 2008. Staff are concerned that this rise has occurred at this time of the year, when seasonal employment might reasonably result in a caseload decline. Staff will monitor the situation and report back to Council.

The provision of social assistance supports the Region’s 2011-2014 Corporate Strategic Focus Area 4: Healthy and Inclusive Communities, (to) foster healthy, safe, inclusive and caring communities.

If you have any questions or comments or for further information, please contact David Dirks, Director, Employment and Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
### COUNCIL ENQUIRIES AND REQUESTS FOR INFORMATION

#### COMMUNITY SERVICES COMMITTEE

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
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<tbody>
<tr>
<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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<tr>
<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>
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