MEDIA RELEASE: Friday, August 12, 2011, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, August 16, 2011
9:00 a.m. (Note: Time change)
Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

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

2. DELEGATIONS
   b) Linda Terry, Social Planning Council of Cambridge & North Dumfries, Re: “Put Food in the Budget” Campaign

3. REPORTS – Public Health
   a) PH-11-038, Lyme Disease in Waterloo Region
   b) PH-11-036, Bishop Street Community TCE Public Meeting Update
   c) PH-11-035, Quarterly Charged/Closed Food Premises Report
   d) PH-11-037, Human Papillomavirus Immunization in Waterloo Region
   e) PH-11-018, New Provincial Funding for Public Health Nurses Positions in Support of Priority Populations

REPORTS – Social Services

f) SS-11-030, Early Learning Update (Staff Presentation)
   g) SS-11-031, Early Years System Plan
   h) SS-11-032, Review of Social Assistance in Ontario (Attachments #1 Attachment #2 distributed separately and to Councillors only)
   i) SS-11-033, Homemaking and Nursing Services Program Update

4. INFORMATION/CORRESPONDENCE
   a) Memo: Measuring Board of Health Outcomes as Required by the Ontario Public Health Standards
   b) Memo: On the Teeter Totter: The Challenges and Opportunities for Licensed Child Care in Rural, Northern and Remote Ontario

1018441
c) **Memo**: Ontario Works Caseload: July 2011

d) **Memo**: Child Care Special Needs Resourcing Partnership Recognized for Local Municipal Champions Award

5. **OTHER BUSINESS**

a) Council Enquiries and Requests for Information Tracking List

6. **NEXT MEETING** – Tuesday, September 6, 2011

7. **MOTION TO GO INTO CLOSED SESSION**

THAT a closed meeting of the Administration & Finance Committee be held on Tuesday, August 16, 2011 immediately following the Community Services Committee meeting in the Waterloo County Room in accordance with Section 239 of the *Municipal Act, 2001*, for the purposes of considering the following subject matters:

a) labour relations
b) proposed or pending acquisition of land in the City of Kitchener
c) labour relations and employee negotiations

8. **ADJOURN**
WATERLOO REGION LYME DISEASE GROUP
http://www.waterlooregionlymedisease.org

FOUNDED BY WENDY WOODHALL IN 2010 TO PROVIDE SUPPORT TO FELLOW LYME SUFFERERS AND TO HELP RAISE AWARENESS AND EDUCATION ON THIS RAPIDLY SPREADING INFECTIOUS DISEASE.

INITIATIVES AND EVENTS

MONTHLY SUPPORT MEETINGS HELD AT THE CHURCH OF THE HOLY SAVIOR IN WATERLOO EVERY 2ND TUESDAY OF THE MONTH

TIE A GREEN RIBBON IN THE MONTH OF MAY FOR LYME AWARENESS

A FREE PUBLIC SHOWING OF “UNDER OUR SKIN” THE LYME DISEASE DOCUMENTARY

VOLUNTEERED AND ASSISTED AT THE LITTLE BLACK DRESS (FUNDRAISER AND AWARENESS EVENT) RAISING $18000 FOR CANLYME (CANADIAN LYME DISEASE FOUNDATION)

“WALL OF HOPE” RALLY IN MAY OF 2011 IN WATERLOO TO RAISE AWARENESS AND TO ASK WATERLOO PUBLIC HEALTH FOR ACTION ON THIS DISEASE

LETTER WRITING CAMPAIGN TO MINISTER OF HEALTH DEB MATTHEWS (OVER 1200 LETTERS SENT IN MAY)

ADVOCATE FOR MEDIA COVERAGE ON THE DANGERS OF LYME DISEASE TO THE PUBLIC AND THE DIFFICULTIES FACED BY LYME PATIENTS AND THEIR FAMILY IN RECEIVING PROPER DIAGNOSIS AND TREATMENT
WATERLOO REGION BUSINESS COMMUNITY
RAISING AWARENESS AND FUNDRAISING FOR
LYME DISEASE EVENTS 2011

LITTLE BLACK DRESS EVENT
MAY 2011
HOSTED BY RANDALL AND JUDY BIRD AND THE INVESTORS GROUP OF WATERLOO
400 people enjoyed this spectacular evening. Guests were educated and made aware of the dangers of Lyme disease while raising $18,000 for the Canadian Lyme Disease Foundation.

BUSHWACKER LIP SMACKER
AUGUST 29, 2011
HOSTED BY RYAN GOOD PROPRIETOR OF CHAINSAW
After learning about the difficulties facing Lyme sufferers, Mr. Good has organized this event to help raise awareness of the dangers of Lyme disease and to fundraise for the Canadian Lyme Disease Foundation's goal of building a Research Centre for Lyme disease and other tick-borne diseases.
LYME DISEASE INFORMATION

- Lyme disease is transmitted by the bite of a tick infected with Borrelia burgdorferi and results in a systemic infection similar to syphilis
- Many pathogens can be transmitted by one bite
  - ANAPLASMOSIS, BABESIOSIS, EHRLICHIOSIS, RICKETTSIA ROCKY MOUNTAIN SPOTTED FEVER (RMSF), STARI, TULAREMIA, BARTONELLA AND MANY MORE
- Lyme disease is the fastest growing infectious disease in North America with an estimated 400,000 cases per year in the US
- Lyme disease has been shown in studies to be increasing across Ontario especially in Southern Ontario
- Everyone is at risk especially children (age 2-14 highest risk group)
- Lyme disease can be found everywhere, at parks, in yards, in gardens as ticks are transmitted by birds
- Public awareness, testing and treatment for this disease is poor
- If not caught early Lyme disease becomes chronic and incurable requiring long term treatment much like AIDS does
- A person infected with Lyme disease often becomes totally disabled
- The far reaching effects of this disease on our communities include loss productivity, loss tax revenue, increased medical costs and increased burden on social services
- The Lyme bacteria has been found in semen
  - RECOVERY OF LYME SPIROCHETES BY PCR IN SEMEN SAMPLES OF PREVIOUSLY DIAGNOSED LYME DISEASE PATIENTS
    Dr. Gregory Bach, Do.O., P.C. 2415 North Broad Street, Colmar, PA 18915
- Lyme disease can be passed congenitally
- Tick borne diseases transmitted by blood
  - Transfusion-transmitted tick-borne infections: a cornucopia of threats. Leiby DA, Gill JE. Department of Transmissible Diseases, American Red Cross Holland Laboratory, Rockville, MD 20855, USA. Transfus Med Rev. 2004 Oct;18(4):293-306
INFORMATION ON TESTING

- In Ontario we use a 2-tiered testing system for Lyme disease
- 1st tier is the ELISA test (Enzyme-linked immunosorbent assay)
- 2nd tier is the WESTERN BLOT
- A person must receive a positive on the ELISA to move on to the WESTERN BLOT
- ELISA has been shown in numerous scientific studies to be faulty (references to some studies and a complete study to follow)

IMPORTANT TO NOTE ABOUT THE TESTING IN THE ACUTE FORM OF LYME DISEASE

- It takes a person 4-6 weeks to develop antibodies to the bacteria (this is what the ELISA measures)
- If the person receives antibiotics early in the infection the body often will not mount a strong antibody reaction due to the antibiotics killing the bacteria
- Often the ELISA test will come back negative for said patients early in the infection yet doctors are relying on the test and tell patients that they do not have Lyme disease based on this test yet the person could very well be infected and is now not receiving treatment
REFERENCES ON LYME DISEASE

Scientific Studies on the faultiness of the ELISA test used for testing for Lyme in Ontario


Studies on the spread of Lyme disease throughout Canada and Ontario

1. Birds Disperse Ixodid (Acari: Ixodidae) and Borrelia burgdorferi-Infected Ticks in Canada Authors: Scott, John D.; Fernando, Keerthi; Banerjee, Satyendra N.; Durden, Lance A.; Byrne, Sean K.; Banerjee, Maya; Mann, Robert B.; Morshed, Muhammad G.Source: Journal of Medical Entomology, Volume 38, Number 4, July 2001 , pp. 493-500(8)


3. The rising challenge of Lyme borreliosis in Canada, Canada Communicable Disease Report1 January 2008 •Volume 34 •Number 01 NH Ogden, DPhil, (1), LR Lindsay, PhD, (2), M Morshed, PhD, (3), PN Sockett, PhD, (4), H Artsob, PhD, (2)

Large differences between test strategies for the detection of anti-\textit{Borrelia} antibodies are revealed by comparing eight ELISAs and five immunoblots

C. W. Ang · D. W. Notermans · M. Hommes · A. M. Simoons-Smit · T. Herremans

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Abstract We investigated the influence of assay choice on the results in a two-tier testing algorithm for the detection of anti-\textit{Borrelia} antibodies. Eighty-nine serum samples from clinically well-defined patients were tested in eight different enzyme-linked immunosorbent assay (ELISA) systems based on whole-cell antigens, whole-cell antigens supplemented with VlsE and assays using exclusively recombinant proteins. A subset of samples was tested in five immunoblots: one whole-cell blot, one whole-cell blot supplemented with VlsE and three recombinant blots. The number of IgM- and/or IgG-positive ELISA results in the group of patients suspected of \textit{Borrelia} infection ranged from 34 to 59%. The percentage of positives in cross-reactivity controls ranged from 0 to 38%. Comparison of immunoblots yielded large differences in inter-test agreement and showed, at best, a moderate agreement between tests. Remarkably, some immunoblots gave positive results in samples that had been tested negative by all eight ELISAs. The percentage of positive blots following a positive ELISA result depended heavily on the choice of ELISA–immunoblot combination.

We conclude that the assays used to detect anti-\textit{Borrelia} antibodies have widely divergent sensitivity and specificity. The choice of ELISA–immunoblot combination severely influences the number of positive results, making the exchange of test results between laboratories with different methodologies hazardous.

Introduction

Lyme disease is caused by \textit{Borrelia} spp. In Europe, infection is mostly caused by \textit{B. afzelii} and \textit{B. garinii}, while in the United States, \textit{B. burgdorferi} sensu stricto is the causative agent [1]. Lyme disease manifests in a myriad of clinical ways, including erythema migrans, arthritis, carditis and neuroborreliosis [1]. Extracutaneous Lyme disease requires laboratory confirmation by culture, polymerase chain reaction (PCR) or antibody determination [2, 3]. Culture is only available in a limited number of laboratories, and the value of PCR in the diagnosis of various forms of Lyme disease is of limited use [2, 3]. Therefore, serological assays are the main method used to diagnose extracutaneous forms of Lyme disease.

Current guidelines for the diagnosis of Lyme disease include a two-tier testing algorithm [2, 3]. First, an enzyme-linked immunosorbent assay (ELISA) is performed, followed by the confirmation of positive ELISA results with an immunoblot. This two-step procedure was initiated because first-generation ELISAs for the detection of anti-\textit{Borrelia} antibodies lacked specificity. The inclusion of a second, more specific, serological method made it possible to exclude false-positive ELISA samples [2, 4].

Many diagnostic assays are currently commercially available, and manufacturers have developed them to increase their sensitivity and specificity. During the last decade, assays using a peptide from the sixth invariant region (C6) of the variable major protein-like sequence-expressed (VlsE) of \textit{B. burgdorferi} have been shown to be promising [5, 6]. Laboratories can choose between ELISAs and immunoblots using sonicated whole-cell antigens, whole-cell antigens combined with recombinant antigens (VlsE C6 peptide) and exclusively recombinant antigens. Due to this array of serological tests, there are an almost
ities and specificities are used [7]. May be impossible if tests with widely diverging sensitivities and specificities are used [7].

The aim of the present study was to compare a wide range of ELISA assays and immunoblots, based on either whole-cell or recombinant antigens, for detecting anti-

*Borrelia* antibodies. We also aimed to investigate the influence of assay choice on results in a two-tier testing algorithm (ELISA followed by immunoblot). Therefore, we tested serum samples in eight ELISA systems and five immunoblots, covering the entire spectrum of native and recombinant antigens.

**Patients and methods**

**Patients**

Serum samples were selected from 89 clinically well-defined individuals. Fifty-nine samples were from patients suspected of *Borrelia* infection (skin manifestations, *n*=8; neurological symptoms, *n*=26; arthritic symptoms, *n*=11; ocular symptoms, *n*=4; other, *n*=10). Fourteen samples were from healthy controls and 16 came from patients with a high possibility for cross-reacting antibodies (syphilis patients, *n*=10; *Mycoplasma pneumoniae*-infected patients based on symptoms consistent with *M. pneumoniae* infection and a positive result for anti-*M. pneumoniae* IgM and IgG with a Virion/Serion ELISA, *n*=6).

**Methods**

Serum samples were tested in eight different ELISA systems. Three assays were based on sonicated whole-cell antigens (Diacheck/Moran anti-*Borrelia*, VIDAS and Virion/Serion ELISA Classic *Borrelia burgdorferi*), three assays with sonicate whole-cell antigens supplemented with VlsE for IgG anti-*Borrelia* antibodies (Dade Behring Enzygnost Lyme link VlsE, Euroimmun Anti-*Borrelia* plus VlsE ELISA and Genzyme Virotech *Borrelia afzelii*+VlsE ELISA) and two assays using recombinant proteins (ImmuneX C6 Lyme ELISA Kit and Mikrogen recomWell *Borrelia*). A subset of samples from 31 patients suspected of *Borrelia* infection were also tested in five different immunoblots. This group consisted of the following patients: skin manifestations, *n*=3; neurological symptoms, *n*=15; arthritic symptoms, *n*=6; ocular symptoms, *n*=2; other, *n*=5. One whole-cell blot (home-made using *B. afzelii* strain A39 cell sonicate, RIVM), one whole-cell blot supplemented with VlsE (Viramed *Borrelia* “MiQ”+VlsE ViraBlot) and three recombinant blots (Euroimmun Euroline-RN-AT, Mikrogen recom

*Line Borrelia* and Genzyme Virotech *Borrelia Europe Line*). A total of 31 samples were tested in all immunoblots.

Manufacter-suggested cut-off levels and interpretation criteria were used for the ELISAs and immunoblots. Statistical analysis was performed using SPSS version 16.0 (SPSS Inc., Chicago, IL, USA).

**Results**

As expected, there was considerable discordance between the eight ELISAs. We tested 89 samples from patients and controls on all eight ELISAs. Of the complete set of serum samples, 35/89 (39%) were negative in all assays, while 16/89 (18%) were positive in all assays. The remaining 38/89 (43%) samples were positive in one to seven ELISAs.

In the 59 patients that were suspected of *Borrelia* infection, we observed a wide range of positive results, with percentages of positive ELISAs varying between 34 and 61% (Table 1). We did not observe a relation between the fraction of positive results and the nature of antigen used for the ELISA. The specificity of the ELISAs also varied widely. Although we had only small numbers of positive tests in healthy controls, some ELISAs produced up to 38% of positive tests in the cross-reactivity group (syphilis and *M. pneumoniae*-infected patients).

We aggregated results from the IgM and IgG tests and assessed them using a kappa statistic to determine agreement between the ELISAs. The kappa values ranged from 0.41 (moderate agreement) to 0.79 (substantial to good agreement), emphasising the differences between the ELISAs. The choice of antigen does not seem to influence the level of agreement. Even the lowest kappa values were observed between two “whole-cell+VlsE” ELISAs (0.43).

We tested a subset of 31 serum samples from patients suspected of *Borrelia* infection in all five immunoblots. Samples were from patients with positive and negative ELISA results, allowing us to investigate the specificity of the immunoblots. In general, we observed a much lower agreement for the immunoblots than for the ELISAs. Kappa values ranged from 0 (poor agreement) to 0.84 (good agreement), indicating that, for many samples, the outcome of the immunoblot is highly dependent on the choice of manufacturer (Table 3). Inter-blot agreement was disappointingly low for IgM and much higher for IgG (Table 3). Interestingly, recombinant blots did not have a higher agreement than whole-cell blots, and there was limited agreement even between recombinant blots. The highest agreement was for the home-made whole-cell blot with the Mikrogen recombinant blot. Additional analysis on the individual band level revealed similarly poor agreement, even in immunoblots containing recombinant antigens.
When performing eight different ELISAs and five different blots, there are 40 possible ELISA–blot combinations. Thirty-one samples were tested in all 40 combinations. A score of 0 indicates a negative result in all ELISAs and all blots, while a score of 40 indicates a positive result in all ELISAs and all blots. A score between 0 and 40 indicates that not all possible combinations yielded a positive result (i.e. disagreement between various ELISA–blot combinations). Of this small sample cohort, 20/31 (65%) had either a score of 0 or 40, indicating perfect agreement, irrespective of the ELISA–blot combination used. Discordant interpretations were generated in the other 35% of samples.

The influence of assay choice is further illustrated by investigation of the relationship between each ELISA and the fraction of positive blots. Surprisingly, we found anti-Bol{r}relia immunoblot reactivity in samples that were negative in all eight ELISAs. These are samples that normally would not have been tested in immunoblots. Again, this was not dependent on the nature of the antigen used for the immunoblot. For the Euroimmun immunoblot, 4/11 (36%) of the ELISA-negative samples were blot-positive. Some immunoblots also seem to lack sensitivity, since samples that were positive in six to all eight of the tested ELISAs remained negative in all immunoblots. Some of these samples were from Lyme disease patients with a short duration of symptoms, confirming that ELISAs may have a higher sensitivity than immunoblots during the early phase of a Bol{r}relia infection.

For some ELISA–blot combinations, only about half of the ELISA-positive samples could be confirmed by immunoblot (e.g. VIDAS ELISA–Virotech immunoblot, Table 4). The quality of the other ELISAs was so high that the majority of ELISA-positive samples were confirmed with immunoblots (e.g. Diacheck/Moran and Enzygnost ELISAs). When taking into account the lack of specificity of a number of the immunoblots, it is clear that the combination of a non-specific ELISA with a non-specific blot will lead to a high fraction of presumably false-positive test results.

The ELISA test value is the final factor influencing the fraction of positive confirmatory blots. Figure 1 depicts an example—values for the VIDAS and Immunetics C6 Lyme ELISA according to the immunoblot results of a whole-cell blot (home-made) and a recombinant blot (Mil{k}rogen). For the VIDAS–home-made blot combination, it is difficult to indicate a cut-off value for the VIDAS ELISA with a good separation between blot-positives and blot-negatives. When using the Immunetics ELISA as a screening tool, it becomes clear that, irrespective of the blot method used,

<table>
<thead>
<tr>
<th>ELISA manufacturer</th>
<th>Antigen used for ELISA</th>
<th>Number of positive samples (%)</th>
<th>Total number of tested samples</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Patients suspected for Bo</td>
<td></td>
</tr><tr>
<td>l{r}relia infection</td>
<td>Cross-reactivity controls</td>
<td>Healthy controls</td>
<td></td>
</tr>
<tr>
<td>Diacheck/Moran</td>
<td>Whole-cell</td>
<td>20/59 (34%)</td>
<td>2/16 (13%)</td>
</tr>
<tr>
<td>VIDAS</td>
<td>Whole-cell</td>
<td>31/59 (53%)</td>
<td>4/16 (25%)</td>
</tr>
<tr>
<td>Virion/Serion</td>
<td>Whole-cell</td>
<td>24/59 (41%)</td>
<td>1/16 (6%)</td>
</tr>
<tr>
<td>Enzygnost</td>
<td>Whole-cell+VlsE</td>
<td>23/59 (39%)</td>
<td>0/16</td>
</tr>
<tr>
<td>Euroimmun</td>
<td>Whole-cell+VlsE</td>
<td>29/59 (49%)</td>
<td>3/16 (19%)</td>
</tr>
<tr>
<td>Virotech</td>
<td>Whole-cell+VlsE</td>
<td>35/59 (59%)</td>
<td>6/16 (38%)</td>
</tr>
<tr>
<td>Immunetics</td>
<td>Recombinant</td>
<td>22/59 (37%)</td>
<td>0/16</td>
</tr>
<tr>
<td>Mikrogen</td>
<td>Recombinant</td>
<td>24/59 (41%)</td>
<td>3/16 (19%)</td>
</tr>
</tbody>
</table>

Table 2 Agreement between ELISAs for detecting IgM and/or IgG anti-Bol{r}relia antibodies (kappa values)

<table>
<thead>
<tr>
<th>ELISA manufacturer</th>
<th>Antigen used for ELISA</th>
<th>Diacheck/Moran</th>
<th>VIDAS</th>
<th>Virion/Serion</th>
<th>Enzygnost</th>
<th>Euroimmun</th>
<th>Virotech</th>
<th>Immunetics</th>
<th>Mikrogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diacheck/Moran</td>
<td>Whole-cell</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>VIDAS</td>
<td>Whole-cell</td>
<td>0.53</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Virion/Serion</td>
<td>Whole-cell</td>
<td>0.67</td>
<td>0.69</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Enzygnost</td>
<td>Whole-cell+VlsE</td>
<td>0.71</td>
<td>0.62</td>
<td>0.78</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Euroimmun</td>
<td>Whole-cell+VlsE</td>
<td>0.71</td>
<td>0.45</td>
<td>0.56</td>
<td>0.64</td>
<td>0.53</td>
<td>0.34</td>
<td>0.41</td>
<td>-</td>
</tr>
<tr>
<td>Virotech</td>
<td>Whole-cell+VlsE</td>
<td>0.44</td>
<td>0.65</td>
<td>0.57</td>
<td>0.43</td>
<td>0.47</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Immunetics</td>
<td>Recombinant</td>
<td>0.74</td>
<td>0.60</td>
<td>0.64</td>
<td>0.86</td>
<td>0.53</td>
<td>0.41</td>
<td>0.64</td>
<td>-</td>
</tr>
<tr>
<td>Mikrogen</td>
<td>Recombinant</td>
<td>0.79</td>
<td>0.53</td>
<td>0.63</td>
<td>0.68</td>
<td>0.67</td>
<td>0.44</td>
<td>0.65</td>
<td>-</td>
</tr>
</tbody>
</table>
samples with an index $>4$ are almost always blot-positive. These characteristics make it possible to define groups of ELISA-positive serum samples that do not need immunoblot confirmation.

### Discussion

We studied the influence of the choice of detection method on the results of *Borrelia* serology. We found that *Borrelia* ELISAs and immunoblots for detecting anti-*Borrelia* antibodies have widely divergent sensitivity and specificity, and that immunoblots generally show limited agreement. Analysis of a large number of ELISA–immunoblot combinations revealed large differences between various test strategies in a two-tier testing algorithm. Although we only studied a limited number of serum samples, our extensive approach allowed us to draw several conclusion based on our observations.

Theoretically, the use of recombinant antigens should lead to increased specificity and, possibly, increased sensitivity as well. This does not seem to be true for the currently available ELISAs and immunoblots for the detection of anti-*Borrelia* antibodies. We could not find a clear relationship between the fraction of positive tests, the specificity and the nature of the antigen used for the serological tests. ELISAs using sonicated whole-cell antigens can be sensitive and specific, while recombinant ELISAs may lack specificity. Therefore, manufacturer claims for the superior performance of assays using

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### Table 3 Agreement between immunoblots for detecting anti-*Borrelia* antibodies (kappa values)

<table>
<thead>
<tr>
<th>Blot and Ig combined</th>
<th>Blot type</th>
<th>Home-made</th>
<th>Virablot</th>
<th>Euroimmun</th>
<th>Mikrogen</th>
<th>Virotech</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgM and IgG combined</td>
<td>Home-made</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Virablot</td>
<td>Whole-cell+VlsE</td>
<td>0.55</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Euroimmun</td>
<td>Recombinant</td>
<td>0.45</td>
<td>0.24</td>
<td>0.29</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mikrogen</td>
<td>Recombinant</td>
<td>0.66</td>
<td>0.60</td>
<td>0.25</td>
<td>0.55</td>
<td>-</td>
</tr>
<tr>
<td>Virotech</td>
<td>Recombinant</td>
<td>0.20</td>
<td>0.46</td>
<td>0.39</td>
<td>0.34</td>
<td>-</td>
</tr>
</tbody>
</table>

### Table 4 Fractions of blot-confirmed samples for 40 ELISA–immunoblot combinations

<table>
<thead>
<tr>
<th>ELISA manufacturer</th>
<th>Antigen used for ELISA</th>
<th>Number of positive samples in ELISA/total number of samples</th>
<th>Blot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Whole-cell</td>
</tr>
<tr>
<td>Diacheck/Moran</td>
<td>Whole-cell</td>
<td>12/31</td>
<td>11/12 (92%)</td>
</tr>
<tr>
<td>VIDAS</td>
<td>Whole-cell</td>
<td>19/31</td>
<td>11/19 (58%)</td>
</tr>
<tr>
<td>Virion/Serion</td>
<td>Whole-cell</td>
<td>15/31</td>
<td>11/15 (73%)</td>
</tr>
<tr>
<td>Enzygnost</td>
<td>Whole-cell+VlsE</td>
<td>12/31</td>
<td>11/12 (92%)</td>
</tr>
<tr>
<td>Euroimmun</td>
<td>Whole-cell+VlsE</td>
<td>14/31</td>
<td>11/14 (79%)</td>
</tr>
<tr>
<td>Virotech</td>
<td>Whole-cell+VlsE</td>
<td>17/31</td>
<td>11/17 (65%)</td>
</tr>
<tr>
<td>Immunetics</td>
<td>Recombinant</td>
<td>13/31</td>
<td>11/13 (85%)</td>
</tr>
<tr>
<td>Mikrogen</td>
<td>Recombinant</td>
<td>13/31</td>
<td>11/13 (85%)</td>
</tr>
</tbody>
</table>
recombinant antigens for the detection of Borrelia antibodies must be interpreted with caution.

A two-tier testing algorithm for the detection of anti-Borrelia antibodies is recommended world-wide [2, 3, 6]. However, there are several reasons to reappraise the additional value of an immunoblot confirmatory test in a two-tier testing scheme.

First, the lack of specificity of some immunoblots is counter-intuitive. The immunoblot is used as a confirmatory test, although it can be argued that it is merely a supplemental test due to the inter-dependence of ELISAs and immunoblots [8]. Theoretically, the use of recombinant antigens should allow discrimination between a specific antibody reactivity, cross-reactive antibodies and true anti-Borrelia antibodies [4]. The presence of commercially available immunoblots with low specificity diminishes the value of the immunoblot as a confirmatory test [8]. Furthermore, the two-tier testing scheme was originally proposed to overcome the lack of specificity of Borrelia ELISAs. This study has shown that not all of the newer generation ELISAs using recombinant Borrelia antigens have improved specificity compared to older serological assays [9, 10].

Second, the low level of agreement between the different immunoblots is very disappointing, especially for IgM. This low level of agreement, even at the individual band level, makes it hard to compare immunoblot results from different manufacturers.

Third, a mismatch between immunoblot and ELISA may occur during the early phase of infection. There are numerous examples—from this and other studies—in which patients with early Lyme disease were initially ELISA-positive and blot-negative [11]. In such cases, immunoblot seroconversion can only be documented in a follow-up sample, and, sometimes, even this option is blocked because antibiotic treatment may interfere with the development of the anti-Borrelia antibody response [12]. This is an example of better sensitivity in the ELISAs compared to the immunoblots. Without detailed knowledge of the clinical manifestations and illness duration, reporting these cases as ‘negative’ could lead to erroneous conclusions.

Finally, several groups can be discriminated based on the ELISA value [10]: a ‘high positive’ group exhibiting clinical symptoms consistent with a diagnosis of Lyme disease and which can be reported as ‘positive’ without confirmatory testing, a ‘low positive’ group in which confirmatory testing may be helpful and, lastly, a negative group that does not require any further investigation. We do not advocate abandoning the use of immunoblots to confirm anti-Borrelia antibodies, but we do think that only a selection of samples needs confirmatory blotting. Furthermore, knowledge about the lower sensitivity of immunoblots compared to some of the ELISAs is indispensable in interpreting results.

In conclusion, ELISAs and immunoblots for detecting anti-Borrelia antibodies have widely divergent sensitivity and specificity, and immunoblots for detecting anti-Borrelia antibodies have only limited agreement. Therefore, the choice of ELISA–immunoblot combination severely influ-

\[ \text{Fig. 1 Enzyme-linked immunosorbent assay (ELISA) test values in relation to immunoblot results for the detection of anti-Borrelia antibodies} \]
ences the number of positive results, making the exchange of test results between laboratories with different methodologies hazardous. The widespread availability of more specific and sensitive assays for the detection of anti-
*Borrelia* antibodies will open the way for a reappraisal of the two-tier testing system.

**Acknowledgements** This work has been presented at the 20th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2010), Vienna, Austria, April 2010. The authors would like to acknowledge Stephen Johnston for editing the final manuscript.

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**References**

EDUCATION FOR PHYSICIANS

- Very little is taught about Lyme disease and tick-borne diseases in medical school
- Often a person with Lyme disease is marginalized and ostracised by the medical community due to the lack of knowledge about this disease
- We need to focus on education especially for the GP`s and the ER physicians who will see the Acute Lyme patient when this disease is curable
- We need doctors to treat right away and not be waiting for test results since the window to treat Acute Lyme disease is very narrow
- Presently the College of Physicians and Surgeons of Ontario cannot provide a Lyme Literate Physician anywhere in this province who is trained in how to treat late stage Lyme disease
- Due to the lack of available Lyme Specialists, residents of Ontario are forced to seek medical treatments in the US at their own expense often resulting in bankruptcy and those who can`t seek treatment in the US become increasing disabled and often face death.
Lyme disease is on the increase
Message from the Chief Medical Officer of Health

Ontario is seeing an increase in human cases of Lyme disease and an increase in numbers and range of black-legged ticks, especially in southern Ontario.

Reporting of all cases is critical.

Lyme disease is a preventable disease caused by a *Borrelia burgdorferi* bacterial infection and transmitted through the bite of an infected tick.

In Ontario, the black-legged tick (or deer tick) *Ixodes scapularis* is the sole vector of *B. burgdorferi*. People who spend time outdoors may encounter other tick species, but only the black-legged tick can transmit the Lyme disease bacteria. These ticks are small (3-5 mm) and people often do not realize they have a black-legged tick on them.

**Risk Areas**

The greatest risk of acquiring Lyme disease is found in areas where black-legged ticks carrying the bacteria are endemic (well-established).

The endemic areas in Ontario include:

- Long Point Provincial Park (northwest shore of Lake Erie near Port Rowan)
- Point Pelee National Park (near Leamington)
- Prince Edward Point National Wildlife Area (located at the southeastern tip of Prince Edward County)
- St. Lawrence Islands National Park (near Brockville)
- Rondeau Provincial Park (southeast of Chatham)
- Turkey Point Provincial Park (near Port Rowan)
- Wainfleet Bog Conservation Area (in Port Colborne)

The black-legged tick also feeds on birds and can be transported to almost anywhere in the province; therefore, Lyme disease can be acquired almost anywhere in the province.

When a person is showing signs and symptoms of Lyme disease, health care professionals should consider this diagnosis even if the person is not from, or has not visited, an endemic area.

Persons can come into contact with ticks is from early spring to the end of fall. The ticks can also be active in the winter in areas with no snow and mild temperatures (>4°C).

**Highlights:**

- Since 2005, there has been an increasing trend in the number of Lyme disease cases acquired in Ontario.

**REPORT:**

- Lyme disease is a reportable disease as per O. Reg. 559. Clinically diagnosed Lyme disease, even in the absence of laboratory confirmation, should be reported to your local public health unit.

**TEST:**

- While the probability is low, it is possible to acquire Lyme disease almost anywhere in Ontario. If you suspect Lyme disease, have the patient tested.

**TREAT:**

- Early treatment with appropriate antibiotics is important.

**Information for Clinicians**

**Clinical Presentation**

The incubation period for *B. burgdorferi* is usually one to four weeks after a bite from an infected tick. Early infection is characterized in 70 to 80 per cent of cases by erythema migrans, a skin lesion commonly known as a “bull’s eye rash” (see picture, right).

Other early symptoms include fever, headache, muscle and joint pains, fatigue and stiff neck. Clinical diagnosis can sometimes be difficult as the symptoms can mimic many other diseases.

If left untreated, Lyme disease can progress to an early-disseminated disease with migraines, weakness, multiple skin rashes, painful or stiff joints, cardiac abnormalities and extreme fatigue. If the disease continues, arthritis, along with neurological symptoms such as headaches, dizziness, numbness and paralysis can occur.

(see over)
Lyme Disease is on the increase

Treatment

If treated early with appropriate antibiotics, patients can expect to make a full recovery. People should seek medical attention if symptoms develop within 30 days of suspected tick exposure. If the patient still has the tick, or a health care professional removes it, submit the tick to the local public health unit where it will be sent for identification and Lyme bacteria testing (black-legged ticks only species tested). If the initial infection is not treated, then infection can become difficult to treat and patients may experience joint, heart and neurological symptoms.

Testing

Laboratory testing is used to support the diagnosis of Lyme disease and should be used in conjunction with clinical signs and symptoms. It is up to the attending physician to make the diagnosis and determine treatment. Patients tested during early infection may not have developed antibodies (negative serology) to the bacteria, making detection difficult; therefore, testing patients again in four weeks is recommended. Health Canada-approved blood tests are performed at the Ontario Public Health Laboratory and follow the recommendations of the Canadian Public Health Laboratory Network.

Testing patients for Lyme disease can be requested by writing “Lyme Serology” on the requisition form and providing clinical background.

The Centers for Disease Control and Prevention in the United States and the Public Health Agency of Canada caution health care professionals and the public regarding the use of private laboratories offering Lyme disease testing in the USA. These “for-profit” laboratories may not follow the same testing protocols as most provincial, state and federal laboratories in Canada and the USA.

Removing a Tick

- Using fine-tipped tweezers, carefully grasp the tick as close to the skin as possible. Pull it straight out, gently but firmly.
- Do not squeeze the tick. Squeezing can accidentally introduce Lyme bacteria into the body.
- Do not put anything on the tick, or try to burn the tick off.
- After tick removal, place it in a screw-top bottle (pill vial or film canister) and submit it to your local health unit for identification and testing. Establishing the type of tick will help assess the risk of acquiring Lyme disease.
- It is important to remember where the person most likely acquired the tick. It will help public health workers to identify areas of higher risk.
- Thoroughly cleanse the bite site with rubbing alcohol and/or soap and water.

If the tick is removed soon after its attachment, it will help to prevent infection as not all black-legged ticks are infected. An infected black-legged tick has to be feeding for at least 24 hours before it can transmit the bacteria to the human host.

For Further Information:


Let’s Target Lyme

www.ontario.ca/lyme

www.ontario.ca/lyme
These maps are from the Public Health of Canada – Canadian Communicable Disease Report Jan 2009

The rising challenge of Lyme borreliosis in Canada, Canada Communicable Disease Report 1 January 2008 Volume 34 Number 01

NH Ogden, DPhil, (1), LR Lindsay, PhD, (2), M Morshed, PhD, (3), PN Sockett, PhD, (4), H Artsob, PhD, (2)

http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/dr-rm3401a-eng.php (to view whole doc)

This map is the projected spread of the black legged ticks. You can see that southern Ontario was well covered in 2000 and will be completely covered by 2020.

This map represents the black legged ticks collected by passive surveillance from 1990-2003
EPIDEMIC ACROSS THE WORLD

CDC ESTIMATES OVER 400,000 CASES IN THE US ANNUALLY WITH MOST EPIDEMIC STATES BORDERING WITH CANADA YET HERE IN CANADA PHAC REPORTS CASES IN THE LOW 100`S – WE ARE MISSING CASES DUE TO THE FAULTY TESTING AND LACK OF KNOWLEDGE IN THE MEDICAL FIELD
Some of the Canadian News Coverage on the spread of Lyme disease and lack of treatment options in Canada

- W5 Out of the Wild
  http://www.ctv.ca/CTVNews/WFive/20091113/w5_lyme_091114/

- 16:9
  http://www.globalnews.ca/Lyme+Disease+Lepers/2097103/story.html

- CTV news coverage on Lyme Disease
  http://www.ctv.ca/CTVNews/Health/20090608/lyme_090608/
  http://www.ctv.ca/CTVNews/Health/20090919/lyme_disease_090919/

**Under Our Skin**
http://www.underourskin.com/excerpts
A documentary on the Lyme disease epidemic (this movie was made in the US but dictate what is happening here in Ontario and all across Canada) Clips can be viewed at the website or the whole movie can be viewed on demand through many cable providers. The documentary really shows better than words what is happening with this disease.

**Organizations to get more information about Lyme disease**

- Canadian Lyme Disease Foundation
  www.canlyme.com
  (Has information and research on Lyme disease as well as personal stories of Canadians suffering from Lyme)

- Dr. E. Murakami Centre for Lyme
  www.murakamicentreforlymebc.giving.officelive.com/default.aspx
  (Dr. E Murakami is a Lyme literate Physician from BC who treated thousands of people with Lyme disease. His Centre provides information on Lyme disease and its treatments. He also does seminars and phone consultations with patients and doctors across this country trying to educate about Lyme disease.)

- Lyme disease Association of Ontario (LDAO)
  http://www.lymeontario.org/

- International Lyme disease and Associated Diseases Society (ILADS)
  www.ILADS.com
TO THE LEGISLATIVE ASSEMBLY OF ONTARIO

WHEREAS, the tick-borne illness known as Chronic Lyme Disease, which mimics many catastrophic illnesses, such as Multiple Sclerosis, Crohn's, Alzheimer's, arthritic diabetes, depression, Chronic Fatigue and Fibromyalgia is increasingly endemic in Canada, but the scientifically validated diagnostic tests and treatment choices are currently not available in Ontario, forcing patients to seek these in the USA and Europe;

WHEREAS, the Canadian Medical Association informed the public, governments, and the medical profession in May 30, 2000 edition of their professional journal that Lyme Disease is endemic throughout Canada, particularly in Southern Ontario;

WHEREAS, the Ontario Public Health system and the Ontario Health Insurance Plan currently do not fund those specific tests that accurately serve the process for establishing a clinical diagnosis, but only recognize testing procedures known in the medical literature to provide false negatives 45 to 95% of the time;

WE, THE UNDERSIGNED, petition the legislative assembly of Ontario to request the Minister of Health to direct the Ontario Public Health system and OHIP to include all currently available and scientifically verified tests for Acute and Chronic Lyme diagnosis, to do everything necessary to create public awareness of Lyme Disease in Ontario, and to have internationally developed diagnostic and successful treatment protocols available to patients and physicians.

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DO NOT FAX Please return original signatures to
Bob Bailey, MPP for presentation in the Ontario Legislature
836 Upper Canada Drive, Sarnia ON N7W 1A4
Note: Petitions require original signatures – **photocopies will not be allowed**
To date I have presented to six municipal councils and I am on the agenda of other municipalities in southern Ontario. I am also contacting all the municipalities in the province on this issue. Lambton County, Chatham Kent, Oxford County, Perth County, Middlesex and Huron County have endorsed the petition. Middlesex is reaching out to various advocacy groups that council members are a part of on the public`s behalf on this issue. As well as endorsing the petition the County of Huron has sent a letter to Premier McGuinty asking him for action on “this very distressing disease that is affecting the livelihood of residents in Ontario”. Chatham Kent is sending a letter to the Minister of Health to ask for action. The County of Perth is forwarding their support to their local MP and MPP to inform both the provincial and federal representatives for that area of their concern on this issue on behalf of the citizens that they represent.

My hope is that all municipal governments can lend their clout to this petition. It won`t be long before everyone is affected in one way or another by this insidious disease. In the US this disease is now being called an epidemic by many health officials and its moving North. We need a strong response from our elected officials who are responsible for the public health of all the citizens of Ontario and Canada.

Thank you for taking the time to investigate this very urgent Public health issue.

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

DATE: August 16, 2011

FILE CODE: P21-80

SUBJECT: LYME DISEASE IN WATERLOO REGION

RECOMMENDATION:

THAT the Regional Municipality of Waterloo request that the Office of the Chief Medical Officer of Health of Ontario continue to stay abreast of the evolving science related to Lyme disease and continue providing Public Health Units with the latest evidence-based information and guidance to continuously improve provincial and local Lyme Disease Programs, pursuant to Report PH-11-038, dated August 16, 2011;

AND THAT a copy of this report be sent to the Chief Medical Officer of Health of Ontario.

SUMMARY:

This report provides background information on Lyme disease and the roles and activities of Region of Waterloo Public Health with respect to Lyme disease. It also provides information on Public Health’s communications with the Waterloo Lyme Disease Group. Region of Waterloo Public Health maintains a commitment to monitoring local health trends and reviewing new guidance on Lyme disease from provincial and federal public health authorities. Based on scientific guidance from these sources and taking into consideration feedback from our citizens, we strive to make on-going improvements to our Lyme Disease Program so that it continues to match our community’s needs and level of risk. Specific actions Public Health has undertaken at this time include increased communication and surveillance.

REPORT:

Background

Lyme Disease

Lyme disease is a bacterial infection transmitted to humans and animals when they are bitten by an infected blacklegged tick, also known as a deer tick. The Centers for Disease Control (CDC) in the USA reported in 2009 that there were 29,959 confirmed cases of Lyme disease and 8,509 probable cases, confined mainly to 12 northwestern states.\(^1\) Lyme disease is considerably less prevalent in Canada. For example, over a nine year period (between 2002 and 2010) there were 431 confirmed cases in Ontario and in Waterloo Region there are very few cases reported per year (mostly acquired during travel outside the region).\(^2\)


Diagnosing Lyme Disease

In Ontario, all physicians in Waterloo Region who confirm diagnoses of Lyme disease are required by legislation to report these cases to Region of Waterloo Public Health. Lyme disease can be difficult to diagnose as the symptoms are often similar to other diseases. Lyme disease is primarily a clinical diagnosis made by a physician. The physician uses the patient's symptoms, their potential exposure to ticks and the outcome of diagnostic testing to determine the diagnosis.

Blood testing for Lyme disease in Canada follows a two-step procedure, recommended by the Ministry of Health and Long-Term Care, the Public Health Agency of Canada, the Canadian Public Health Laboratory Network and consistent with recommendations developed by the US Centers for Disease Control (CDC). The sensitive ELISA test is used first to screen the blood sample; then, if results are positive, it is followed up with the Western Blot Test. Although other types of testing for Lyme disease may be available to members of the public through private medical laboratory facilities such as those in the United States, both the CDC and the Public Health Agency of Canada caution against the use of these tests because their reliability and accuracy have not been scientifically validated.

Role of the Public Health Unit

Region of Waterloo Public Health’s primary role as a local Public Health Unit, outlined by the Ontario Public Health Standards, is to better equip residents to protect themselves against Lyme disease through surveillance and health promotion activities. To achieve this, we monitor the number of human cases of Lyme disease, conduct active and passive surveillance of the blacklegged tick which can carry Lyme disease, and undertake public education and awareness activities throughout the Region.

The Ontario Agency for Health Protection and Promotion Public Health Laboratories (Ontario Public Health Lab) conducts serological (blood) testing for Lyme disease and is the provincial expert body for information related to laboratory testing. The College of Physicians and Surgeons of Ontario, the Ontario Medical Association, and medical schools across Ontario are bodies through which physicians are provided education about Lyme disease prevention, diagnosis and treatment. Region of Waterloo Public Health assists with facilitating receipt by local physicians of the latest information and guidelines about Lyme disease from the Ministry of Health and Long-Term Care.

Lyme Disease in Waterloo Region

Overall, Ontario is seeing an increase in human cases of Lyme disease and an increase in the numbers and range of blacklegged ticks. However, in Waterloo Region the number of Lyme disease cases currently remains relatively low at approximately a few cases per year. Our cases are usually acquired through travel to other areas where the blacklegged tick is more prevalent. So far in 2011, there have been 2 confirmed cases of Lyme disease in Waterloo Region, both of which were acquired during travel outside Waterloo Region. Of the 9 ticks submitted by the public to Public Health, only one was a blacklegged tick and it was not positive for Lyme disease.

2011 Lyme Disease Activities in Waterloo Region

Public Health’s Lyme Disease Program is focused on minimizing risk of human exposure to Lyme disease. In 2011, Public Health has: (1) enhanced the Lyme disease section of our
website; (2) released the 2010 Vector-Borne Disease Program Summary which describes surveillance and prevention activities for Lyme Disease; (3) raised awareness among physicians and health practitioners about Lyme disease through a newsletter; (4) raised public awareness about how to protect oneself from Lyme disease through our “Fight the Bite!” Campaign; (5) conducted tick dragging (a surveillance method) in the Waterloo Region in partnership with the Ministry of Health and Long-Term Care; (6) and is monitoring the incidence of Lyme disease in Waterloo Region (ongoing).

Communications with the Waterloo Lyme Disease Group

Since April, 2011 Region of Waterloo Public Health has heard from a group of concerned citizens in the region, called “Waterloo Lyme Disease Group”. We have listened to their concerns and communicated with them through e-mails, telephone calls and a face-to-face meeting. The Group also delivered a letter to Public Health during a rally conducted on May 11, 2011. For concerns this Group raised that were outside our capabilities, we arranged for and facilitated a teleconference between members of this Group and experts from the Ontario Ministry of Health and Long-Term Care and the Ontario Public Health Lab around Lyme disease testing, diagnosis and treatment as well as the provincial Lyme disease public awareness campaign. Roles and responsibilities were also discussed including those of Public Health Units, the Ontario Ministry of Health and Long-Term Care, the Ontario Public Health Lab, and the College of Physicians and Surgeons of Ontario. For issues that fell outside Public Health, we referred Group members to the appropriate bodies to discuss their concerns.

Public Health appreciates this community interest and support for improving our Lyme disease strategies. Public Health recognizes that education of the public around ways to protect themselves against Lyme disease especially if travelling to high risk areas could be enhanced. Taking into consideration the feedback from this Group, Waterloo Region Public Health has moved ahead with and enhanced its 2011 Lyme disease plans. Public Health has: (a) delivered “Fight the Bite!” campaign brochures to every home in Waterloo Region, (b) provided information to physicians throughout Waterloo Region on Lyme disease via our June 2011 “Physician’s Update” newsletter, and (c) stepped up blacklegged tick surveillance by partnering with experts from the Province to conduct “tick dragging” throughout the region. Public Health is also encouraging anyone who has an encounter with a tick to submit it to Public Health for species identification and potentially Lyme disease testing (if it is a blacklegged tick). In addition, we are looking at ways to enhance our communication to the public surrounding tick submission.

Conclusion

Region of Waterloo Public Health is committed to monitoring local health trends and reviewing new guidance on Lyme disease from provincial and federal public health authorities. Based on new information from these sources and taking into consideration feedback from our citizens, we will strive to make on-going improvements to our Lyme Disease Program so that it continues matching our community’s needs and level of risk. Public Health will also continue to inform and update the Board of Health of any new evidence-based information that could improve our Lyme Disease Program.

CORPORATE STRATEGIC PLAN:

Supports: Focus Area 3 - Healthy and Safe Communities and Focus Area 6 – Service Excellence.
FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS:
NIL

PREPARED BY:  Paige Schell, Public Health Planner,  
David Young, Director, Health Protection and Investigation  
Dr. Hsiu-Li Wang, Associate Medical Officer of Health

APPROVED BY:  Dr. Liana Nolan, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: August 16, 2011

FILE CODE: P07-31

SUBJECT: BISHOP STREET COMMUNITY TCE PUBLIC MEETING UPDATE

RECOMMENDATION:

For information.

SUMMARY:

Bishop Street Community Trichloroethylene (TCE) meetings were recently held at Fairview Mennonite Home in Cambridge on June 29th, 2011. These public meetings were hosted by representatives from Northstar Aerospace and General Electric Canada. The purpose was to provide a public update on the TCE remediation efforts in the Bishop Street Community. Government staff who monitor and provide oversight for the remediation process were also in attendance, including representation from Region of Waterloo Public Health, Region of Waterloo Water Services, City of Cambridge, and Ontario Ministry of the Environment.

REPORT:

June 29th, 2011 Public Meeting
Two sessions were scheduled to accommodate residents in the afternoon and evening on June 29th. Approximately 40 residents attended the sessions. Representatives from Northstar Aerospace and General Electric Canada presented results from groundwater and indoor air remediation efforts at and around the 695 Bishop Street property and the 610 Bishop Street property. Time was dedicated after the presentations for residents to ask questions or voice comments. Digital audio recordings of both sessions are being transcribed and will be made available through the Bishop Street Community information Centre (CIC), and at the Preston Library. After the presentations, and Question & Answer segment, the room remained open for another hour so that community members had the opportunity to discuss any additional questions or concerns with representatives of the companies, or staff from the various government agencies present (Region of Waterloo Public Health, Region of Waterloo Water Services, City of Cambridge, and Ontario Ministry of the Environment).

Meeting Highlights

Since groundwater and indoor air remediation began in 2005, significant progress has been made in reducing levels of TCE in the Bishop Street Community. At present, more than 95% of homes have concentrations low enough that they no longer require the active removal of TCE from indoor air (i.e. concentrations are less than 5 μg/m$^3$). Also, more than half of homes have indoor air levels below the Ministry of the Environment’s "no action standard", meaning they do not require either active remediation or annual air testing (i.e. concentrations are less than 0.5 μg/m$^3$).
Indoor Air
The following table shows the number of homes that currently fall into specific indoor air concentration ranges, relative to the “no action standard” of 0.5 μg/m³. To show how indoor air concentrations of TCE have changed over time, the table also shows how many homes fell into each category based on their highest values ever measured.

<table>
<thead>
<tr>
<th>Number of homes with an indoor air concentration of TCE:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or equal to 0.5 μg/m³</td>
<td></td>
</tr>
<tr>
<td>Greater than 0.5 but less than or equal to 5 μg/m³</td>
<td></td>
</tr>
<tr>
<td>Greater than 5 μg/m³</td>
<td></td>
</tr>
<tr>
<td>Historically: (based on highest values recorded)</td>
<td></td>
</tr>
<tr>
<td>113 homes</td>
<td>638 homes</td>
</tr>
<tr>
<td>220 homes</td>
<td></td>
</tr>
<tr>
<td>305 homes</td>
<td></td>
</tr>
<tr>
<td>638 homes</td>
<td></td>
</tr>
<tr>
<td>Currently: (as of June 17, 2011)</td>
<td></td>
</tr>
<tr>
<td>370 homes</td>
<td>638 homes</td>
</tr>
<tr>
<td>242 homes</td>
<td></td>
</tr>
<tr>
<td>26 homes</td>
<td></td>
</tr>
</tbody>
</table>

Recommended actions for indoor air levels are as follows:

Less than or equal to 0.5 μg/m³: No further action is required for these homes (i.e. no monitoring or indoor air remediation is required).

Greater than 0.5 but less than or equal to 5 μg/m³: Annual indoor air monitoring recommended, while groundwater remediation is on-going.

Greater than 5 μg/m³: It is recommended that homes be assessed for indoor air remediation (i.e. active TCE removal from indoor air) while groundwater remediation is on-going.

The companies are planning to conduct selective indoor air monitoring this summer for 34 homes. The Ministry of the Environment will conduct random “spot checks” for a sub sample of these homes to confirm that the companies’ readings are accurate. Most of the homes included this summer are those with indoor air concentrations greater than 5 μg/m³, as outlined by the above recommendations. The full scale winter indoor air sampling program will be more comprehensive because it includes all consenting homes with indoor air concentrations greater than 0.5 μg/m³. Winter is chosen for the more comprehensive sampling effort because during cold weather indoor air levels of TCE are expected to be at their highest.

Groundwater Remediation
Throughout the Bishop Street neighbourhood, groundwater is being monitored to track changes in TCE concentration over time, and to determine the effectiveness of remediation efforts. Part of the remediation effort involves injecting Potassium permanganate into the groundwater. Potassium permanganate is an oxidizing agent that destroys TCE while breaking down safely.

Overall the TCE concentrations in the ground water have been reduced significantly. For example, the 695 Bishop Street property (i.e. site of former Northstar operations), one of the areas of highest historical levels of TCE in groundwater, has gone from approximately 10,000 to 1,000 μg/L, and the residential area with groundwater concentrations over 1,000 μg/L has been reduced by 98%. Two priority areas remain, under Dyck Park and Bishop Street North, and very specific and targeted remediation efforts for these locations are part of the companies’ current and future action plans. The Ministry of the Environment will continue to work with the companies to evaluate the efficacy of treatment.
The drinking water supplied by the Region of Waterloo to Bishop Street Community residents continues to be safe and unaffected by the contamination in the neighbourhood. The closest regional well (P6), located approximately 750 m south east of the TCE source, is monitored on a monthly basis and there have been no detections of TCE to date.

On-going Priorities for Public Health

- Public Health will continue collaborating with other government agencies to ensure that the environmental remediation process happens as quickly and effectively as possible.
- Public Health will continue communication with residents to help them stay informed and understand what various developments in the remediation process mean for themselves and their families. Routine communication will occur via the “Bishop Street Community Newsletter” developed in conjunction with other government agencies, distributed 1-2 times per year. Public Health staff will also ensure that the website is kept up to date with key resources, and will continue being available to consult with residents. With assistance from the Ontario Agency for Health Protection & Promotion, Public Health will shortly be providing informational resources to local family doctors, so physicians can be better prepared to support patients who have questions about TCE.
- The Ontario Agency for Health Protection & Promotion has now completed an assessment of TCE in the Bishop Street Community, and concluded that “the risks from the TCE contamination in the Bishop Street neighbourhood are not expected to result in an excess of cancers that would be detectable through a community health study” (p.26 of report). Public Health has made this report available to the public via the website and at the Preston Library. This technical report will also be shared with environmental medicine specialists around Waterloo Region, should they receive any referrals from local family doctors.

CORPORATE STRATEGIC PLAN:

- Focus area #3: Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Region of Waterloo, Water Services Department

ATTACHMENTS

NIL

PREPARED BY: Ashley Raeside, Public Health Planner
Chris Komorowski, Manager, Health Protection and Investigation

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: August 16, 2011            FILE CODE: P10-80

SUBJECT: QUARTERLY CHARGED/CLOSED FOOD PREMISES REPORT

RECOMMENDATION:
For information

SUMMARY:
This report is a summary of food premises enforcement activities conducted by Public Health Inspectors in the Health Protection and Investigation Division for the second quarter of 2011.

REPORT:
During the second quarter of 2011, eight establishments were charged under the Health Protection and Promotion Act, Ontario Food Premises Regulation 562 (See Table 1: Food Safety Enforcement Activity)

Food premises charges and closures can be viewed on the Food Premises Inspection Reports website Enforcement Actions Page for a period up to 6 months from the date of the charge or closure. Every food premises charged has the right to a trial and every food premises ordered closed, under the Health Protection and Promotion Act, has the right to an appeal to the Health Services Appeal and Review Board.

CORPORATE STRATEGIC PLAN:
Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health.

FINANCIAL IMPLICATIONS:
This program is delivered within existing resources.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
Table 1: Food Safety Enforcement Activity

PREPARED BY: Chris Komorowski, Manager, Food Safety, Recreational Water Programs and Cambridge & Area Team

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
## Table 1: Food Safety Enforcement Activity

<table>
<thead>
<tr>
<th>Name of establishment</th>
<th>Date of Charges or Closure</th>
<th>Charges or Closure</th>
<th>Total Charge</th>
</tr>
</thead>
</table>
| **Pho Dau Bo** 1051 Victoria Street North Kitchener | Three Provincial Offences Notices issued for infractions observed on April 15, 2011 | Operate food premise maintained in a manner adversely affecting sanitary condition ($120)  
Fail to protect food from contamination or adulteration ($300)  
Operator fail to ensure equipment surface sanitized as necessary ($60) | $480         |
| **Toppers Pizza** 12-324 Highland Road West Kitchener | Two Provincial Offences Notices issued for infractions observed on April 27, 2011 | Operator fail to ensure facility surface sanitized as necessary ($60)  
Operator fail to sanitize utensils after rinsing ($300) | $360         |
| **Andy's Family Restaurant** 8-525 Highland Road West Kitchener | Three Provincial Offences Notices issued for infractions observed on April 27, 2011 | Operator fail to ensure facility surface sanitized as necessary ($60)  
Fail to protect food from contamination or adulteration ($300)  
Operator fail to wash hands before resuming work ($300) | $660         |
| **Kishki Halal Food Market** 200 Highland Road West Kitchener | Establishment issued a Part III Summons on April 28, 2011, with a total of three counts for infractions observed on February 10, 2011 | Count 1: Operating a food premise failing to store food on racks or shelves  
Count 2: Operating a food premise maintained in a manner adversely affecting sanitary condition  
Count 3: Operating a food premise failing to ensure that the surface of equipment and facilities that come in contact with food are washed and sanitized | Pending |
| **Pho Ben Thanh Vietnamese & Thai Restaurant** 1-36 Northfield Drive East Waterloo | Establishment issued a Part III Summons on June 21, 2011, with a total of two counts for infractions observed on June 3, 2011 | Count 1: Operating a food premise maintained in a manner adversely affecting sanitary condition  
Count 2: Operating a food premise while failing to protect food from contamination and adulteration | Pending |
<table>
<thead>
<tr>
<th>Business Name</th>
<th>Offences Notice Details</th>
<th>Offence Description</th>
<th>Fine</th>
</tr>
</thead>
<tbody>
<tr>
<td>America Latina Variety and Deli</td>
<td>Two Provincial Offences Notices issued for infractions observed on June 15, 2011</td>
<td>Use basin other than for handwashing of employees ($120)</td>
<td>$420</td>
</tr>
<tr>
<td>331 B King Street West Kitchener</td>
<td></td>
<td>Fail to protect food from contamination or adulteration ($300)</td>
<td></td>
</tr>
<tr>
<td>Press Box Sports Lounge</td>
<td>Two Provincial Offences Notices issued for infractions observed on June 16, 2011</td>
<td>Operate food premise equipment not constructed to permit maintenance in sanitary condition ($60)</td>
<td>$120</td>
</tr>
<tr>
<td>100 Victoria Street North Kitchener</td>
<td></td>
<td>Fail to clean toilets as often as necessary ($60)</td>
<td></td>
</tr>
<tr>
<td>King Wok</td>
<td>Provincial Offences Notice issued for infractions observed on June 17, 2011</td>
<td>Fail to sanitize multi-service articles after use ($300)</td>
<td>$300</td>
</tr>
</tbody>
</table>
REGION OF WATERLOO
PUBLIC HEALTH
Infectious Diseases, Dental and Sexual Health

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

DATE: August 16, 2011

FILE CODE: P14-20

SUBJECT: HUMAN PAPILLOMAVIRUS IMMUNIZATION IN WATERLOO REGION

RECOMMENDATION:

For information

SUMMARY:

In August 2007, Ontario introduced a voluntary, publicly funded, school-based human papillomavirus (HPV) immunization program using the vaccine Gardasil® for implementation in the 2007-2008 school year. Annually, grade 8 girls are eligible for publicly funded vaccine and the program is locally administered by the province’s 36 public health departments. Outside of the publicly funded program the cost of the vaccine is $150 per dose, with three doses required. The research behind the development of this vaccine and the careful work of the National Advisory Committee on Immunization reinforces the science that tells us that immunization of women between the ages of 9 and 26 will protect them from HPV strains responsible for approximately 70 per cent of cervical cancers. In Canada, cervical cancer is the second most common cancer in Canadian women between the ages of 20 to 44 and world-wide is the second leading cause of years of life lost. The uptake of the vaccine is relatively low (compared to other immunizations) across the province and Waterloo Region is no exception with HPV immunization coverage rates (2007 to 2011) between 42 and 52%. Public Health will be increasing its efforts to promote the vaccine to parents and girls eligible for the vaccine this year.

REPORT:

What is Human Papillomavirus (HPV)?

HPV stands for human papillomavirus. HPV is a family of viruses that are very common and can be spread through sexual activity. HPV is estimated to be one of the most common sexually transmitted infections due to its high prevalence rates and ease of transmission. It is estimated that more than 75% of Canadians will have a sexually transmitted HPV infection at least once in their lifetime and the Society of Obstetricians and Gynaecologists of Canada estimates that ten to 30% of the Canadian adult population is currently infected with HPV. Since HPV is not a reportable infection, Canadian HPV infection rates are estimated based on studies of select populations such as women attending cervical screening, family planning, STI/HIV and university health clinics.

Transmission of HPV

Genital HPV is transmitted from one person to another through vaginal, oral or anal sex or during intimate skin-to-skin contact with someone who is infected. Acquisition of HPV is high following sexual debut (typically measured as the age of ‘first intercourse’) and young women 20 to 24 years
old have the highest rate of cancer causing HPV infection (24%)\textsuperscript{1}. Risk factors for HPV infection include:

- early sexual debut;
- acquiring a new sexual partner;
- having multiple sexual partners;
- having a partner who has had multiple sexual partners; and,
- having sexual partners who are infected with the virus

Other factors associated with an increased risk of HPV infection include current and past tobacco use, previous infection with chlamydia or herpes simplex virus, having immune suppression and having HIV\textsuperscript{2}.

**Local and provincial data on risk factors associated with HPV infection**

As stated above, increased risk of genital HPV transmission is associated with certain risk factors, specifically age of sexual debut and sex with multiple partners. Waterloo Region and provincial data is provided below.

**Age of sexual debut:**
Sexual debut is typically measured as the age of 'first intercourse'. In Waterloo Region (2009) 76.4% of the population aged 15 to 49 years reported having first had sexual intercourse before the age of 20. Within this same population more males than females reported having first had intercourse before age 20. Further, 86.0% of the population within the age group 15-24 reported having first had sexual intercourse before age 20. The percentages for Waterloo Region are fairly consistent with the percentages for Ontario.

This data is important as it highlights the early age at which individuals can be exposed to HPV.

**Multiple partners**
Having multiple sexual partners and having a partner who has had multiple sexual partners are risk factors associated with HPV transmission. In Waterloo Region (2009), 7.1% of the population aged 15 to 49 years reported having two or more sexual partners in the past 12 months. Within this same population 8.2% of males and 5.9% of females reported having two or more sexual partners in the past 12 months. The percentages for Waterloo Region are lower than the provincial percentages.

**Health effects of HPV**

There are over 100 types of human papillomavirus (HPV) and at least 40 HPV types can be spread through sexual activity. HPV types are divided into two groups:

- high risk that can cause cancer (e.g. cervical, penile and anal)
- low risk that cause skin lesions (e.g. genital warts)

HPV-16 and HPV-18 are the most common high risk types and are responsible for 70% of cervical cancers. Virtually all cervical cancers are linked to a persistent, high-risk HPV infection\textsuperscript{6}. In 2008, it is estimated that 500 women in Ontario will be diagnosed with cervical cancer and 150 will die. In fact, the association between HPV and cervical cancer is stronger than the link between tobacco and lung cancer.\textsuperscript{4} Cases of and deaths from cervical cancer have decreased by over 60% in the last 30 years, mostly due to screening using regular Pap tests. However, about 20 to 30% of women are seldom or never screened for cervical cancer.\textsuperscript{12}

Although less frequently discussed, other cancers linked to HPV include anal, vaginal, vulvar, oral, penile, and throat cancers.\textsuperscript{2} Anal cancer is given specific attention due to a strong association with HPV and indications that incidence of this cancer is increasing, particularly among men.
Although cancers of the head and neck are mostly caused by tobacco and alcohol, recent studies show that about 25% of mouth and 35% of throat cancers may be linked to HPV in both men and women. These new studies indicate that HPV-16 specifically is linked to oral cancer. In the oral environment HPV-16 manifests itself primarily in the back (posterior) regions such as the base of the tongue, the oropharynx (the back of the throat in the mouth), the tonsils and the tonsillar pillars.

The two low risk types of HPV responsible for genital warts are HPV-6 and HPV-11. Genital warts usually appear as a small bump or groups of bumps in the genital area. Warts can appear within weeks or months after sexual contact with an infected partner, even if the infected partner has no signs of genital warts. Although usually painless, genital warts may itch and cause a burning sensation and have been linked to loss of fertility and premature ovarian failure. While most HPV infections clear on their own, many individuals with genital warts experience emotional distress along with the stigma associated with having a sexually transmitted infection. The Society of Obstetricians and Gynaecologists of Canada estimates that 2% of sexually active young women have genital warts.

Local and provincial rates of HPV-associated cancers

In Waterloo Region (2002-2007), the age-standardized incidence rate for all HPV-associated cancers including oral cavity and pharynx, anus, anal and anorectum, cervix uteri, vagina, vulva and penis is 16.8 per 100,000 (refer to Attachment 1). This rate is consistent with the provincial rate of 16.9 per 100,000 (refer to Attachment 1). In both Waterloo Region and Ontario oral cavity and pharynx cancer have the highest incidence rate of 8.7 per 100,000 and 9.3 per 100,000 respectively. Cervix uteri cancer has the next highest incidence rate both locally and provincially at 4.5 per 100,000 and 4.0 per 100,000 respectively.

In both Waterloo Region and Ontario, the incidence rates of oral cavity and pharynx cancers are highest for the age group 55 to 64 (31.9 per 100,000 and 27.5 per 100,000 respectively). In contrast, the highest incidence rate for cervix uteri cancer occurs in the age group of 45 to 54 years of age for Waterloo Region (9.7 per 100,000) and in the even lower age group of 35 to 44 provincially (7.0 per 100,000). The incidence of cervix uteri cancers in 35 to 44 year olds highlights the importance of the HPV vaccine for young females.

Reducing Risk of HPV Infection

According to the Canadian Consensus Guidelines on HPV, vaccination may represent the best primary prevention method for HPV. Canadian researchers Rambout et al. (2007) concluded after a systematic review of the literature that among women 15 to 25 not previously infected with vaccine-type HPV strains, HPV vaccination is highly effective in preventing HPV infection and precancerous cervical disease. In January of 2007, the National Advisory Committee on Immunization published a recommendation that all females aged 9 to 13 should receive Gardasil® and that those aged 14 to 26 would benefit from it.

The first preventive vaccine, Gardasil®, was approved by Health Canada in July of 2006 for use in females aged 9 to 26. In 2010, the vaccine was also approved for use in males aged 9 to 26 and females up to 46 years of age. Gardasil® is a quadrivalent vaccine that protects against infection with two high risk types of HPV (16 and 18) and two low risk types (6 and 11). These are the same strains that cause 70% of high risk cancers as well as genital warts.
In August 2007, Ontario introduced a voluntary, publicly funded, school-based human papillomavirus (HPV) immunization program using Gardasil® vaccine for implementation in the 2007-2008 school year. Grade 8 girls are eligible for publicly funded vaccine and the program is locally administered by the province’s 36 public health departments.

Detailed safety data were acquired through clinical trials and the Public Health Agency of Canada concluded that Gardasil® is safe and well tolerated. Minimal adverse reactions following HPV vaccine have been reported to the Public Health Agency of Canada since the introduction of the vaccine. The majority of these adverse reactions have been minor such as injection site reactions.

Other ways for a person to reduce risk of infection include delaying sexual activity, limiting their number of sexual partners and considering their partners' sexual history. Using a condom does not guarantee protection since the virus can be on a part of the body not covered by the condom. As highlighted earlier, a significant proportion of the population had a sexual initiation date before the age of 20. In addition, over 30% of individuals aged 15 to 24 report having multiple sexual partners. These types of activities increase the risk of HPV transmission amongst the population.

**HPV Immunization in Waterloo Region**

Beginning in September 2007, Region of Waterloo Public Health offered the voluntary HPV immunization program to all females enrolled in grade eight. Consent forms and fact sheets on the immunization are provided to grade eight girls prior to clinics offered in the schools, and the immunization is only given to girls whose parent/guardian has consented to having their daughter immunized. Currently all schools with grade eight in both school boards offer this program to their students. Grade eight females attending private schools are also offered the program and in 2010 six schools agreed to offer this program to their students.

In Waterloo Region, coverage rates for the HPV vaccine are lower compared to other immunizations, including vaccines offered as part of the school program (hepatitis B and meningitis C). HPV immunization coverage rates for individuals born in 1994 to 1997 (the birth years immunized as part of the school program since 2007) range from 42% of the grade eight female population to 54% of that population. For the most recent school year (2010-2011) the coverage rate is 52%. Refer to the table below for Waterloo Region’s coverage rate history. The average coverage rates in Waterloo Region are consistent with the Ontario average.

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>School Year</th>
<th>Coverage Rate</th>
<th>Ontario coverage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>2007-2008</td>
<td>42.43%</td>
<td>47.98%</td>
</tr>
<tr>
<td>1995</td>
<td>2008-2009</td>
<td>53.38%</td>
<td>52.46%</td>
</tr>
<tr>
<td>1996</td>
<td>2009-2010</td>
<td></td>
<td>48.35%</td>
</tr>
<tr>
<td>1997</td>
<td>2010-2011</td>
<td></td>
<td>52.05%</td>
</tr>
</tbody>
</table>

While Waterloo Region’s coverage rates are generally consistent with provincial averages, it indicates that up to 50% of eligible grade 8 females are routinely not immunized and therefore not protected against the HPV strains that cause cancers.
Having offered the immunization program for four school years, Region of Waterloo Public Health is better able to identify trends in the local coverage rates. Further, understanding from a literature and practice-based perspective, the reasons parents choose not to immunize their children for HPV will enable Public Health to alter its programming in order to improve the uptake of this important vaccine.

**Barriers to HPV Immunization**

Recent literature\(^{14,15}\) indicates that acceptance of HPV immunization is significantly influenced by whether parents had given their children all childhood recommended vaccines. It appears that overall attitudes to vaccines were predictive of parents having their daughter immunized.

Parents who consented to their having their child vaccinated indicated that vaccine efficacy, advice from a physician and concerns about their daughters health were the main reasons for choosing to have their daughters immunized. Concerns about vaccine safety, a desire to wait until their daughter was older and lack of information were the main reasons for parents choosing to not have their daughters immunized.\(^{15}\) Furthermore, parents with more education were less likely to have their daughters immunized as compared to parents with less education.

Further research by Zimet (2005) concludes that the success of HPV vaccine programs is dependent on an individual’s willingness to accept immunization, parents’ willingness to have their daughters vaccinated and health care providers’ willingness to recommend the HPV vaccine to their patients.

**Next Steps**

The Ontario Ministry of Health and Long-Term Care (MOHLTC) and Public Health Ontario (formerly the Ontario Agency for Health Protection and Promotion) are currently undertaking a comprehensive evaluation of Ontario’s school-based HPV immunization program. It is anticipated that the review will suggest opportunities to improve coverage rates across the province. Suggested policy interventions may include, but are not limited to: expanding coverage to males, and immunizing at an earlier age (similar to other provinces). Public Health will return to Community Services Committee with a follow-up report once the review of the HPV school program is released.

Locally, Region of Waterloo of Public Health will commit to the following in an effort to increase local HPV immunization coverage rates:

- Enhance health communication with parents about:
  - the importance of HPV immunization and the protection it offers against various forms of cancer
  - the general safety and efficacy of the vaccine
  - timing of the vaccine, and the importance of immunizing earlier in the lifespan
- Implement strategies that will support local health care providers, to encourage parents of females eligible for the vaccine to have their children immunized
- Continue to offer catch-up clinics, within the existing provincial parameters, to grade 8 girls who missed receiving the vaccine at school
- Continue to provide health education (to youth) around delaying the age of sexual debut, the importance of condom use and limiting the number of sexual partners

Further, Public Health is committed to conducting local surveillance of cancers caused by HPV strains.
References

7. Canadian Community Health Survey, Cycle 5.1 Sharing File, Extracted July 29, 2011

CORPORATE STRATEGIC PLAN:

Focus Area 3 – Healthy and Safe Communities; and Focus Area 6 – Service Excellence

FINANCIAL IMPLICATIONS:

The HPV school immunization program is operated on a cost recovery basis. Region of Waterloo Public Health is reimbursed $8.50 for each dose given. The program is revenue neutral.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS

Attachment 1: Local and Provincial Rates of HPV-associated Cancers

PREPARED BY: Adele Parkinson, Public Health Planner
Chris Harold, Supervisor, Information and Planning

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

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iii Source: Immunization Record Immunization System (IRIS), 2010, Extracted July 19, 2010 (for data entered as of June 15, 2010). Note: The extraction date was one year after the end of the school year. This is due to a lag in data entry.


## Local and Provincial Rates of HPV-associated Cancers

### Table 1: Five year age-standardized incidence rates of HPV-associated cancers, **Waterloo Region**, 2002-2007

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Age group</th>
<th>Metric</th>
<th>Oral Cavity and Pharynx</th>
<th>Anus, Anal Canal and Anorectum</th>
<th>Cervix Uteri</th>
<th>Vagina</th>
<th>Vulva</th>
<th>Penis</th>
<th>All HPV associated cancer types</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Ages</td>
<td>Count</td>
<td>233</td>
<td>40</td>
<td>116</td>
<td>^</td>
<td>41</td>
<td>10</td>
<td>444</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>8.7 (7.6-9.9)</td>
<td>1.6 (1.3-2.1)</td>
<td>4.5 (3.7-5.4)</td>
<td>^</td>
<td>1.5 (1.1-2.0)</td>
<td>0.4 (0.2-0.7)</td>
<td>16.8 (15.2-18.5)</td>
</tr>
<tr>
<td></td>
<td>&lt;25 years</td>
<td>Count</td>
<td>^</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>^</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>^</td>
<td>0.0 (0.0-0.4)</td>
<td>0.0 (0.0-0.4)</td>
<td>0.0 (0.0-0.4)</td>
<td>0.0 (0.0-0.4)</td>
<td>0.0 (0.0-0.4)</td>
<td>^</td>
</tr>
<tr>
<td></td>
<td>25-34 years</td>
<td>Count</td>
<td>^</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>^</td>
<td>0.0 (0.0-1.0)</td>
<td>5.0 (2.9-7.8)</td>
<td>0.0 (0.0-1.0)</td>
<td>0.0 (0.0-1.0)</td>
<td>0.0 (0.0-1.0)</td>
<td>5.2 (3.1-8.2)</td>
</tr>
<tr>
<td></td>
<td>35-44 years</td>
<td>Count</td>
<td>13</td>
<td>^</td>
<td>31</td>
<td>0</td>
<td>6</td>
<td>^</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>3.2 (1.7-5.5)</td>
<td>^</td>
<td>7.7 (5.2-11.0)</td>
<td>0.0 (0.0-0.9)</td>
<td>1.5 (0.5-3.2)</td>
<td>^</td>
<td>13.1 (9.8-17.1)</td>
</tr>
<tr>
<td></td>
<td>45-54 years</td>
<td>Count</td>
<td>49</td>
<td>^</td>
<td>34</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>14.0 (10.3-18.5)</td>
<td>^</td>
<td>9.7 (6.7-13.6)</td>
<td>0.0 (0.0-1.1)</td>
<td>3.1 (1.6-5.6)</td>
<td>0.0 (0.0-1.1)</td>
<td>28.3 (23.0-34.4)</td>
</tr>
<tr>
<td></td>
<td>55-64 years</td>
<td>Count</td>
<td>74</td>
<td>^</td>
<td>15</td>
<td>15</td>
<td>0</td>
<td>8</td>
<td>^</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>31.9 (25.0-40.1)</td>
<td>6.8 (3.8-11.3)</td>
<td>6.3 (3.5-10.4)</td>
<td>0.0 (0.0-1.6)</td>
<td>3.5 (1.5-6.9)</td>
<td>^</td>
<td>49.9 (41.1-60.0)</td>
</tr>
<tr>
<td></td>
<td>65+ years</td>
<td>Count</td>
<td>94</td>
<td>18</td>
<td>18</td>
<td>^</td>
<td>16</td>
<td>6</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>33.6 (27.1-41.2)</td>
<td>6.5 (3.8-10.3)</td>
<td>6.8 (4.0-10.8)</td>
<td>^</td>
<td>5.4 (3.1-8.9)</td>
<td>1.9 (0.7-4.2)</td>
<td>55.6 (47.1-65.2)</td>
</tr>
</tbody>
</table>

^ Statistic not displayed due to fewer than 6 cases.

### Table 2: Five year age-standardized incidence rates of HPV-associated cancers, **Ontario**, 2002-2007

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Age group</th>
<th>Metric</th>
<th>Oral Cavity and Pharynx</th>
<th>Anus, Anal Canal and Anorectum</th>
<th>Cervix Uteri</th>
<th>Vagina</th>
<th>Vulva</th>
<th>Penis</th>
<th>All HPV associated cancer types</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Ages</td>
<td>Count</td>
<td>6,870</td>
<td>1336</td>
<td>2702</td>
<td>266</td>
<td>851</td>
<td>241</td>
<td>12,266</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>9.3 (9.1-9.5)</td>
<td>1.8 (1.7-1.9)</td>
<td>4.0 (3.9-4.2)</td>
<td>0.4 (0.3-0.4)</td>
<td>1.1 (1.0-1.2)</td>
<td>0.3 (0.3-0.4)</td>
<td>16.9 (16.6-17.2)</td>
</tr>
<tr>
<td></td>
<td>&lt;25 years</td>
<td>Count</td>
<td>83</td>
<td>^</td>
<td>42</td>
<td>^</td>
<td>^</td>
<td>0</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>0.4 (0.3-0.5)</td>
<td>^</td>
<td>0.2 (0.1-0.3)</td>
<td>^</td>
<td>^</td>
<td>0.0 (0.0-0.0)</td>
<td>0.7 (0.6-0.8)</td>
</tr>
<tr>
<td></td>
<td>25-34 years</td>
<td>Count</td>
<td>131</td>
<td>10</td>
<td>408</td>
<td>^</td>
<td>13</td>
<td>^</td>
<td>571</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>1.5 (1.3-1.8)</td>
<td>0.1 (0.1-0.2)</td>
<td>4.8 (4.3-5.2)</td>
<td>^</td>
<td>0.2 (0.1-0.3)</td>
<td>^</td>
<td>6.7 (6.1-7.2)</td>
</tr>
<tr>
<td></td>
<td>35-44 years</td>
<td>Count</td>
<td>479</td>
<td>102</td>
<td>718</td>
<td>19</td>
<td>76</td>
<td>10</td>
<td>1,404</td>
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<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>4.6 (4.2-5.0)</td>
<td>1.0 (0.8-1.2)</td>
<td>7.0 (6.5-7.6)</td>
<td>0.2 (0.1-0.3)</td>
<td>0.7 (0.6-0.9)</td>
<td>0.1 (0.0-0.2)</td>
<td>13.5 (12.8-14.3)</td>
</tr>
<tr>
<td></td>
<td>45-54 years</td>
<td>Count</td>
<td>1,297</td>
<td>274</td>
<td>626</td>
<td>36</td>
<td>136</td>
<td>31</td>
<td>2,400</td>
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<td>Rate (CI)</td>
<td>13.9 (13.1-14.6)</td>
<td>2.9 (2.6-3.3)</td>
<td>6.8 (6.2-7.3)</td>
<td>0.4 (0.3-0.5)</td>
<td>1.5 (1.2-1.7)</td>
<td>0.3 (0.2-0.5)</td>
<td>25.7 (24.7-26.8)</td>
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<tr>
<td></td>
<td>55-64 years</td>
<td>Count</td>
<td>1,794</td>
<td>308</td>
<td>404</td>
<td>56</td>
<td>130</td>
<td>56</td>
<td>2,748</td>
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<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>27.5 (26.2-28.8)</td>
<td>4.7 (4.2-5.3)</td>
<td>6.1 (5.5-6.8)</td>
<td>0.9 (0.7-1.1)</td>
<td>2.0 (1.7-2.4)</td>
<td>0.9 (0.7-1.1)</td>
<td>42.1 (40.5-43.7)</td>
</tr>
<tr>
<td></td>
<td>65+ years</td>
<td>Count</td>
<td>3,086</td>
<td>639</td>
<td>504</td>
<td>148</td>
<td>491</td>
<td>140</td>
<td>5,008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate (CI)</td>
<td>37.6 (36.3-38.9)</td>
<td>7.7 (7.1-8.4)</td>
<td>6.2 (5.6-6.7)</td>
<td>1.8 (1.5-2.1)</td>
<td>5.6 (5.1-6.2)</td>
<td>1.7 (1.4-2.0)</td>
<td>60.6 (58.9-62.3)</td>
</tr>
</tbody>
</table>

^ Statistic not displayed due to fewer than 6 cases.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: August 16, 2011 FILE CODE: F11-30

SUBJECT: NEW PROVINCIAL FUNDING FOR PUBLIC HEALTH NURSES POSITIONS IN SUPPORT OF PRIORITY POPULATIONS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the funding strategy for 2.0 Full Time Equivalent Public Health Nurses to support priority populations impacted by the determinants of health, as outlined in report PH-11-018;

AND THAT a 1.0 full time equivalent position be removed from the Public Health Department’s cost shared complement effective January 1, 2012.

SUMMARY:

The Ministry of Health & Long Term Care has approved new base funding of $170,040 to support the creation of two new Full Time Equivalent (FTE) public health nursing positions as part of the 9,000 Nurses Commitment, a key component of the province’s health human resources strategy. The funds must be used to provide enhanced supports to address the program and service needs of priority populations, including priority populations impacted most negatively by the determinants of health in the health unit area.

In order to access the funding, two new full time nursing positions must be created within the health unit. The report recommends a funding strategy for Council’s consideration. If approved, the recommendation will result in a 1.0 FTE reduction in the Public Health Department’s cost shared complement and levy savings of $15,125.

REPORT:

The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. These factors are referred to as the determinants of health and together they play a key role in determining the health status of the population as a whole. Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario.

Correspondence (Appendix A attached) has been received from the Ministry of Health & Long-Term Care confirming 100% provincial funding for the recruitment of Public Health Nurse positions with a goal of supporting priority populations impacted by determinants of health. The funding is provided as part of the 9,000 Nurses Commitment which is a component of the province’s health human resources strategy known as HealthForceOntario. The initiative also aligns with Ontario’s Poverty Reduction Strategy and the Ministry’s Mental Health and Addictions Strategy.

Each board of health in Ontario has received the same funding level for the two public health
nursing positions. The provincial public health nurses funding is expected to:

- Enhance the local capacity to address the social determinants of health by recruiting PHNs with specific knowledge and expertise.
- Enhance supports to address the program and service needs of specific priority populations impacted most negatively by the social determinants of health.
- Enhance public health nursing capacity in Ontario’s 36 boards of health.

In order to access the funding, the equivalent of 2.0 additional Full Time Equivalent Nurses must be hired within the Health Unit.

The province’s stipulation that the funding is intended to “address the program and service needs of specific and sometimes hard-to-reach populations impacted most negatively by the determinants of health in the health unit area” provides significant flexibility to Public Health Units regarding the use of the resources. Region of Waterloo Public Health’s departmental leadership team has identified the areas of Harm Reduction and One Stop Access for these of the Public Health Nurse positions and the related provincial funding.

In the area of Harm Reduction the position will work with community and corporate partners to implement community based harm reduction initiatives related to problematic substance use.

In the area of One Stop Access, the position will work with community partners and priority population representatives to implement strategies to meet the service needs of sometimes hard-to-reach families with young children who face barriers to accessing universally available services such as early childhood development screening and consultation with a Public Health Nurse about factors that can impact their child’s healthy development.

While the availability of the new funds and positions will enable foundational work already completed locally to move forward, it is important to note that the funding allocation provided by the province ($170,040) for the two public health nursing positions is not sufficient to cover the salary and benefit cost for nurses hired at top of grid for Waterloo Region Public Health. In a recent survey, all 23 of 35 other health units who responded indicated that the provincial funds were insufficient to pay for two PHN’s at the top of the grid in their organization. Subsequent discussions and follow-up with provincial representatives have confirmed that in order to access any of the funding, 2.0 additional FTE’s in nursing hours must be added to the Health Unit’s complement i.e. 2.0 or nothing.

A funding strategy and recommendation that would allow Region of Waterloo Public Health to access the funding from the province is provided below in the Financial Implications Section of this report.

CORPORATE STRATEGIC PLAN:

The provincial funding for the recruitment of Public Health Nurse positions with a goal of supporting priority populations impacted by determinants of health is consistent with the Corporate Strategic Plan in the following areas:

- Healthy and Safe Communities: Support safe and caring communities that enhance all aspects of health – specifically 4.2.1 of the draft corporate strategic plan 2011-2014. To provide harm reduction and prevention programming for substance misuse.
- Human Services: Promote quality of life and create opportunities for residents to develop to their full potential.
- Service Excellence: Foster a culture of citizen/customer service that is responsive to community needs.
FINANCIAL IMPLICATIONS:

In anticipation of the provincial funding approval, a budget issue paper was included in the Region’s 2011 budget process; the approved 2011 base budget includes 2.0 FTE Public Health Nurses with a levy impact of zero. However, the funding that has now been confirmed by the province ($170,040) is insufficient to cover the full cost of two positions. The 2011 shortfall is approximately $33,000. Ministry staff have clarified that in order to access the new provincial funding, there is a requirement to increase the health unit’s nursing complement by 2.0 FTE’s; there is no flexibility in this regard.

In order to access the provincial funding for the public health nurses, it is proposed that cost shared resources associated with 1.0 FTE in the Public Health Department in the area of harm reduction be accessed. This position is currently filled temporarily and will be vacant at the end of the year. These resources, which were approved in the 2010 Operating Budget, were used to temporarily employ a Public Health Planner to conduct locally driven research and needs assessments that would inform future harm reduction programming. A nursing outreach position of the type being proposed is in fact what was envisioned with the original proposal, as approved by Regional Council, for the cost shared harm reduction position. By utilizing a portion of the department’s existing cost shared resources allocated to this position in combination with the new provincial funding, sufficient funds would be available to fund 2.0 new Full Time Public Health Nurses at the top of the grid. As a result of the 75% / 25% cost sharing ratio in place for Public Health, the $33,000 shortfall will be funded $24,750 by the Province and $8,250 through the property tax levy. The 1.0 Full Time Equivalent position and the remaining cost shared resources associated with the salary and benefit costs would then be removed from the Public Health Department’s cost shared base budget.

The following chart summarizes the financial impact of the proposed funding strategy:

<table>
<thead>
<tr>
<th></th>
<th>$ Impact</th>
<th>FTE Impact</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Cost - 2.0 FTE Public Health Nurses</td>
<td>$203,040</td>
<td>FTE’s approved as part of 2011 Operating Budget</td>
<td></td>
</tr>
<tr>
<td>New Provincial Funding</td>
<td>170,040</td>
<td>See Appendix A</td>
<td></td>
</tr>
<tr>
<td>Portion of costs to be funded within cost shared budget</td>
<td>$33,000</td>
<td>To be funded 75/25 basis</td>
<td></td>
</tr>
<tr>
<td>Less: Reduction of cost shared budget by eliminating 2010 harm reduction position</td>
<td>(93,500)</td>
<td>(1.0) Funded on a 75/25 basis</td>
<td></td>
</tr>
<tr>
<td>Net Reduction – Cost shared budget</td>
<td>($60,500)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Savings to Region of Waterloo Property Tax Savings</td>
<td>($15,125)</td>
<td>(1.0) Will form part of 2012 Operating Budget</td>
<td></td>
</tr>
</tbody>
</table>

If approved, the net effect of this strategy would be a reduction of 1.0 FTE in the cost shared Public Health budget and a reduction of $60,500 gross and a $15,125 to the property tax levy. The adjustments would be included in the 2012 Base Budget process. The Region’s share of the 2.0 FTE Public Health Nurses will be $8,250 (25% of $33,000). In future years, the cost shared public health budget would continue to top up the provincial funding to cover the cost of the 2.0 FTE dedicated to social determinants of health programming.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Human Resource Department staff will be involved in the selection and recruitment of the 2 additional Public Health Nursing positions.

Finance Department staff were consulted in the preparation of this report.

ATTACHMENTS

Appendix A: Ministry of Health and Long Term Care Funding Letter, Dated March 8, 2011

Appendix B: Project Description and Timelines

PREPARED BY: Anne Schlorff, Director, Central Resources

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

Mr. Ken Seiling  
Chair  
Waterloo Board of Health  
150 Frederick St., 1st Floor  
Kitchener ON N2G 4J3

Dear Mr. Seiling,

I am pleased to inform you that Region of Waterloo, Public Health has been approved to receive new base funding of up to $170,040 (at 100%) starting January 1, 2011, to support two new Full-Time Equivalent (FTE) public health nursing positions. This investment is part of the 9,000 Nurses Commitment, a key component of the province’s health human resources strategy, HealthForceOntario.

These Public Health Nurses are to help support priority populations impacted by determinants of health. Addressing the determinants of health is a key requirement of the Ontario Public Health Standards. This initiative also aligns with Ontario’s Poverty Reduction Strategy, the Ministry’s Mental Health and Addictions Strategy, and supports nursing recruitment/retention in the province.

In a subsequent letter, Ms. Allison J. Stuart, Assistant Deputy Minister, Public Health Division, Ministry of Health and Long-Term Care, will be writing to Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health, with the accountability and administrative details regarding this funding.

The ministry wishes to take this opportunity to thank you for your continued commitment and dedication to promoting healthy living, preventing illness, injury and disease in your health unit area.

Sincerely,

Deb Matthews  
Minister

c: Gerry Martiniuk, MPP, Cambridge  
Hon. John Milloy, MPP, Kitchener Centre
APPENDIX B

Project Description and Timelines

9,000 Nurses Commitment
The 9,000 Nurses Commitment is a workforce stabilization strategy that forms the cornerstone of Ontario’s Comprehensive Nursing Strategy. This government platform commitment is a key component of the province’s health human resources strategy, HealthForceOntario, which aims to ensure that Ontario has the right number and mix of qualified health care professionals now, and in the future.

Stabilizing the nursing workforce improves access to quality and safe care thereby contributing to improved patient outcomes and reducing the burden of illness and associated costs on the health care system. In addition, long-term savings and cost avoidance may be realized through the stabilization of the nursing workforce as turnover, overtime, and losses may be reduced.

The recipient is required to adhere to the 9,000 Nurses Funding Accountability Principles as follows:

- Funding from the 9,000 Nurses Commitment must be used for the creation of additional hours of nursing service (full-time equivalents);
- Boards of Health must commit to maintaining baseline nurse staffing levels and creating new nursing full-time equivalents (FTEs) above this baseline;
- Boards of Health will be required to report financial and statistical data to the ministry on various outcomes;
- Funding is for nursing salaries/benefits only and cannot be used to support operating or education costs; and
- Boards of Health must commit to maintenance of, and gains towards, the 70% full-time employment target for nurses.

Public Health Nurses (Priority Populations)
The two new Public Health Nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of specific, and sometimes hard-to-reach, populations impacted most negatively by the determinants of health in their health unit area. These unique priority populations require targeted support and interventions and could include, but are not limited to: Aboriginal/First Nation populations, Francophone populations, low income families, or vulnerable populations affected by bed bug infestations. Public Health Nurses dedicated to working with unique priority populations will support Boards of Health in tackling the negative health impacts on those populations more aggressively and provide enhanced supports to, for example:

- Support the development of enhanced relationships with identified priority populations which requires substantial time, expertise and capacity to develop in order to maximize the effectiveness of public health programs and services in meeting their needs;
- Support the development of partnerships with other service providers and agencies within and outside of the health system.

Addressing the determinants of health is a key requirement of the Ontario Public Health Standards, which state that “population health outcomes are often influenced disproportionately by sub-populations who experience inequities in health status and comparatively less control over factors and conditions that promote, protect, or sustain their health”. This initiative also aligns with Ontario’s Poverty Reduction Strategy and the Ministry’s Mental Health and Addictions Strategy.
Recruitment of the two Public Health Nurses must consider the following:
- Applicant must be a registered nurse.
- Applicant must have, or be committed to obtaining, the qualifications of a public health nurse as specified under the Health Protection and Promotion Act.
- Boards of Health are encouraged to accept applicants that have experience that reflects an understanding of the priority population’s values, cultural beliefs, and social norms.
- Boards of Health are encouraged to accept applicants that have the knowledge and skills required to work with priority populations as identified by population health assessment and surveillance activities consistent with the Ontario Public Health Standards requirements.

Timelines

2 PHN FTEs will be created and implemented starting January 1, 2011 and sustained for funding year 2012 and beyond.

Funding and Reporting

Funding is being provided to support a salary and benefit level of up to $85,020 per FTE. Benefits should not exceed 24% of salary.

Funding is subject to the 2010 Program-Based Grants Terms and Conditions. Proof of employment of each new FTE must be provided to the Ministry of Health and Long-Term Care before new base funding can be flowed.

Further to Section 18 of the 2010 Program-Based Grants Terms and Conditions, the Ministry of Health and Long-Term Care (MOHLTC) requires that the Board of Health also prepare and submit to the MOHLTC the following reports, at the following times:

For 2011 and all subsequent funding years

<table>
<thead>
<tr>
<th>Name of Report</th>
<th>For the Period Of</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequent Project Report for 2011</td>
<td>April 1 to December 31, 2011</td>
<td>January 31, 2012</td>
</tr>
<tr>
<td>Project Report for Subsequent Funding Years</td>
<td>January 1 to December 31</td>
<td>January 31 of each subsequent funding year</td>
</tr>
</tbody>
</table>

Other reports, as specified from time to time, by the Province upon reasonable notice.

Report Details
Initial/Annual Project Report (for each Funding Year) to Include:
- Number of Public Health Nurses and FTEs.
- Key achievements and activities related to the Public Health Nurses.
- The impact of the Public Health Nurses on priority populations through the provision of programs and services.
c: Elizabeth Witmer, MPP, Kitchener-Waterloo
   Leeanna Pendergast, MPP, Kitchener-Conestoga
   Dr. Liana Nolan, Medical Officer of Health, Region of Waterloo, Public Health
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: August 16, 2011

FILE CODE: S04-20

SUBJECT: EARLY LEARNING UPDATE

RECOMMENDATION:

For Information

SUMMARY:

This report provides an update on the implementation of the Provincial Early Learning framework which is creating significant change for service providers of early learning and care. An overview of the current impacts, transitional planning and service system planning with the early learning and child care system is outlined.

REPORT:

1.0 Background

On October 27, 2009, the Community Services Committee was provided with an information report on With Our Best Future in Mind Implementing Early Learning in Ontario, SS-09-056. This document, commissioned by the Premier of Ontario and written by special advisor, Dr. Charles Pascal outlines a vision of broad sweeping changes to early learning and child care for the Province of Ontario. The plan as outlined in SS-09-056 would restructure the delivery of services for children from 0-12 years of age and has four key areas of focus:

- Full day Early Learning Program for 4 & 5 year olds
- Before, after school and summer programs for 6 to 12 year olds
- Quality programs delivered through Best Start Child and Family Centres
- Enhanced Parental Leave by 2020

In October 2009, Premier McGuinty announced that Ontario was proceeding with implementation of the new Early Learning Policy Framework in a phased approach. The first focus area was on the development of a continuum of early learning and care under the newly formed Early Learning and Care Division of the Ministry of Education. School boards assumed responsibility for full day kindergarten (FDK) for 4 and 5 year olds with an option of before and after school care for 6 to 12 year olds. The municipality retained responsibility for licensed early learning and child care programs primarily for children from birth to four years of age.

The implementation of the early learning framework creates significant change for service providers of early learning and care. Education, licensed early learning and care are impacted most significantly as well as other community services targeted at four and five year old children. The degree of change that will be required cannot be fully predicted until later phases of implementation are reached. Once fully implemented every four and five year old in Ontario will have access to a full day early learning program in their school.
2.0 Full Day Early Learning Kindergarten

Full day early learning kindergarten (FDK) classrooms operate on all school days from 9:00 am to 3:00 pm with the option of extended hours from 7:00 am to 9:00 am and 3:00 pm to 6:00 pm respectively. Parents would have the option of choosing the extended hours on a fee for service basis. Each of the local Boards of Education are responsible for the development and operation of FDK. Each FDK classroom is staffed by a teaching team of an elementary school Teacher and a registered Early Childhood Educator. The teaching team is required to apply a new Provincial curriculum with play based learning as the core.

Implementation of FDK will be staged in five phases. In September 2010 fifteen percent of all elementary schools in Waterloo Region offered FDK. The chart below provides a summary of the dates for each phase, number of schools and estimated number of children.

Table 1. Full Day Kindergarten and Extended Day Implementation

<table>
<thead>
<tr>
<th>Phase</th>
<th>School Year</th>
<th>Percentage</th>
<th># of Schools</th>
<th># of Classrooms</th>
<th># of JK/SK Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2010-2011</td>
<td>15%</td>
<td>21</td>
<td>67</td>
<td>1,603</td>
</tr>
<tr>
<td>2</td>
<td>2011-2012</td>
<td>5%</td>
<td>8</td>
<td>25*</td>
<td>659*</td>
</tr>
<tr>
<td>3</td>
<td>2012-2013</td>
<td>29%</td>
<td>38</td>
<td>125*</td>
<td>3,152*</td>
</tr>
<tr>
<td>4</td>
<td>2013-2014</td>
<td>25%</td>
<td>37</td>
<td>118*</td>
<td>3,037*</td>
</tr>
<tr>
<td>5</td>
<td>2014-2015</td>
<td>26%</td>
<td>33</td>
<td>122*</td>
<td>3,144*</td>
</tr>
</tbody>
</table>

* = estimate

In addition to FDK school boards will also offer before and after school care when there is sufficient demand for four and five year olds. In phase one (2010/2011) four school sites offered before and after school care for 4 to 7 year olds. In phase two, (2011/2012) the Waterloo Catholic District School Board (WCDSB) will be offering before and after school care at four schools and the Waterloo Region District School Board (WRDSB) will be offering before and after school care at eight sites for a total of twelve in Waterloo Region. These programs will provide before and/or after school care for an estimated 200 children four years of age up to seven years of age.

The Region has fee subsidy agreements with both the WCDSB and WRDSB that ensure subsidy eligible families have access to before and after school programs.

The two francophone boards, Conseil scolaire de district catholique Centre-Sud and Conseil scolaire de district du Centre-Sud-Ouest have licensed early learning and child care programs collocated within their schools and for the time being will continue to operate with this model.
3.0 Municipal Role as Consolidated Municipal Service Manager

The Provincial vision identifies Consolidated Municipal Service Managers, (CMSM's) in the role of planning, developing and administering local Early Years Service Plans as well as the system development of the Early Learning Policy Framework.

The Early Learning Policy Framework lists four key responsibilities for CMSM's;

- Local service planning for a child and family system for children from birth to age twelve
- Consolidated planning, management, funding and regulation of Best Start Child and Family Centres
- Integrated early learning and child care for children from birth to age 3.8 years
- Continued municipal funding contribution

4.0 Local Service Planning

Partnerships with Boards of Education

Staff work closely with local boards of education staff to support the implementation and roll out of full day kindergarten; as well as before and after school programs. Under new Provincial guidelines boards of education and municipalities are strongly encouraged to work together in joint planning for delivery of services in all aspects of early learning and care. In Waterloo Region a strong partnership allows for joint planning, coordination of business practices and implementation processes. Continued working relationships will be important to ensure coordination of services across the age spectrum as additional phases of this initiative roll out.

Licensed Early Learning and Child Care Sector

The implementation of full day kindergarten and extended day options offered in school settings means that the current demand for licensed early learning and child care will be addressed through the school boards and will no longer be a service target for ELCC operators. By phase three when 49% of schools in Waterloo Region implement full day kindergarten all ELCC operators will begin to feel a significant reduction in the demand for programs for four and five year olds.

![Distribution of Waterloo Region Licensed Early Learning and Child Care Spaces](image)

Figure 1: Distribution of Waterloo Region Licensed Early Learning and Child Care Spaces*

Figure 1 shows the current breakdown of licensed spaces in Waterloo Region by age category. Currently 1,698 of the total 9,283 licensed spaces in Waterloo Region are dedicated to 4 and 5 year old children in the licensed Early Learning and Child Care sector.

As of June 30, 2011 there were 126 licensed early learning and child care programs. This reflects a decrease due to closure of four programs in 2011. It is anticipated that the implementation of full day kindergarten and before and after school care will impact on the licensed early learning and child care community. As the CMSM ongoing discussion and communication has been in place with operators to support the transition and changes that are occurring.

5.0 System Stabilization/Transitional Planning

New transitional operating funding has been provided by the Province in 2010 and 2011. The intent of the funding is to stabilize the system while the changes to licensed early learning and child care are taking place. Restrictions on the use of the transitional funding require that it be used for; child care fee subsidies, special needs resourcing and one time start up grants for operators to convert to younger age groupings. To support community needs Committee approved the use of up to $400,000 from the Best Start unconditional grant (SS-11-029, June 21, 2011) for minor capital renovation costs for non profit operators who need to renovate space to accommodate younger age populations.

Ongoing consultation with the ELCC community will be maintained to determine the best use of the funds provided. The plan for 2011 supports the continuation of a proactive approach with a focus in three key areas as outlined in SS-11-029, June 21, 2011:

- Supporting Best Practice (service system quality)
- Funding sustainability (fee subsidy, start up and minor capital)
- Staff resources/planning support

Two other key areas have been identified by early learning and child care operators relating to funding pressure. These are specific to wage subsidy and per diem rates. Wage subsidy is used to enhance the salary of staff who work in licensed child care settings and per diems are the daily rates paid to ELCC centres to provide care on behalf of subsidy eligible families. No new funding has been available in either of these funding envelopes for several years. Changes to Provincial guidelines may pose some opportunities to implement short term strategies to support financial stability with some operators while a longer term solution is worked on.
6.0 Best Start Child & Family Centres/System

The third component identified in “Our Best Future” is the development of Best Start Child and Family Centres/System (BSC&FC). The Best Start Child and Family Centres/System are described as providing families with a variety of services and supports within neighbourhoods or communities. The following list provides some examples of the types of services that might be located in BSC&FC and delivered through a service system integration model:

- Licensed early learning and care options for children up to age 4;
- Prenatal and postnatal information and supports;
- Parenting and family support programming, including home visiting, family literacy and playgroups;
- Nutrition and nutrition counselling
- Early identification and intervention resources;
- Links to special needs treatment and community resources, including libraries, recreation and community centres, health care, family counselling, housing, language services and employment/training services.

In Waterloo Region a Best Start Child and Family Centre working group has been formed to begin the development of a framework and recommend strategies for implementation of the model in our community. The working group will be meeting on a regular basis and is comprised of broad service sector representation.


Four Ontario communities have been selected as integration leaders, they are: Toronto, Sudbury, Hastings-Prince Edward, and London. These community integration leader projects are located in communities that have already taken significant steps toward creating a seamless, integrated system of services as they progress in their broad community-wide integration efforts. In addition, in July a call for proposals went out for two separate innovation funds to demonstrate small scale service integration; one specific to delivery of speech and language services and the second on service delivery using a collaborative, system integration approach.

CORPORATE STRATEGIC PLAN:

Corporate Strategic Plan, Focus Area 3: Healthy and Safe Communities; Support safe and caring communities that enhance all aspects of health. Support initiatives that foster early learning and care for children.

FINANCIAL IMPLICATIONS:

The Child Care transitional funding of $ 370,244 is 100% Provincial funding, as well as the Best Start Unconditional grant. Planning for the development and implementation of the Best Start Child and Family Centres and System planning can be accommodated within the Children’s Services operating budget for 2011. Implementation of Best Start Child and Family Centres will require additional Provincial funding.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The administration of Provincial funding will require the assistance of the Finance Department.

ATTACHMENTS

A- Memorandum, Ministry of Children & Youth Services, June 22, 2011

PREPARED BY: Nancy Dickieson, Director, Children’s Services

APPROVED BY: David Dirks, Acting Commissioner, Social Services
June 22, 2011

MEMORANDUM TO: Best Start Network Chairs  
Executive Directors/Senior Administrators  
Public Health Units & MCYS Transfer Payment Agencies

FROM: Vince Tedesco  
Regional Director

RE: Ontario Best Start Child and Family Centres

Over recent months the Minister of Children and Youth Services, Laurel Broten and the Early Learning Advisor, Dr. Charles Pascal, have been leading the development of the Ontario Best Start Child and Family Centres concept. A core component of this work has been connecting and consulting with service professionals, administrators, parents and experts across the province to learn from their experiences and advice on how to create a stronger child and family services system.

An update on the Best Start Centres concept is now available on the ministry website at www.ontario.ca/beststart (select the Ontario Best Start Child and Family Centres link.) The update summarizes key findings from the consultation process, outlines the working vision and guiding principles that have been developed in response to feedback from parents, service providers and experts. It also highlights upcoming ministry activities as part of a broader, longer-term strategy for system-level transformation.

Should you have any questions please feel free to contact Pamela Martindale-Nevin, Program Supervisor at 1-877-832-2818 or 905-567-7477 ext. 264.

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

DATE: August 16, 2011

FILE CODE: S04-20

SUBJECT: EARLY YEARS SYSTEM PLAN

RECOMMENDATION:

For Information

SUMMARY:

This report provides a brief overview on background work to date in the development of an Early Years Service System Plan. The purpose of the plan is to develop a system of coordinated, integrated early years services that supports the developmental health of our children prenatal to twelve years of age.

REPORT:

In March 2011 the Region of Waterloo Children and Parent Services Committee (ROWCAPS) endorsed the concept of developing an Early Years System Plan for Waterloo Region. At that time ROWCAPS agreed to provide expertise and guidance to staff in the development of a plan and framework for starting this initiative. The need for a more coordinated approach to services for children and families has become evident over the past two years with the implementation of the Provincial Early Learning Framework. Many service systems for children under the age of twelve are undergoing rapid and sweeping changes.

The focus will be on building an ‘integrated platform’ for children prenatal to 12 years of age. It is a way for a system of services to work together to provide quality services to families and children that meet their needs. The goal is to develop a system of coordinated, integrated early years services that supports the developmental health of our children prenatal to twelve years of age. The term developmental health is a way of defining well being and is based on the work of leading expert Dan Keating who states, ‘Developmental health is a new way of looking at human development and the early years. It is based on a new theory of human development that combines developmental psychology and population health. It has an interdisciplinary approach that examines population trends in a wide variety of lifelong health and wellbeing outcomes in the context of early childhood.’

The following three principles will guide the planning process.

Support service system excellence in planning and delivery

- Excellence – quality, flexible, accessible, affordable services, supports and programs
- Equity – ensure equitable access by developing an integrated network of supports, services and programs for children and families
- Enhancement – build upon evidence based practices
- Evaluation – build in ongoing monitoring and evaluation
- Flexibility – ensure flexibility to meet local needs and nuances through collaboration
Planning is a Community Based Process

- Incorporate evidence from research and community participation in planning
- Build on what exists
- Understand the sensitivities to the impact on stakeholders, current services, supports and funders
- Reflective of our community
- Staged implementation based on capacity and resources

Children and Families are the Primary Focus

- Decisions will be based on the best interests of the child and their family
- Supporting the importance of nurturing effective parenting practices for positive child outcomes
- Promoting communities/neighborhoods as supportive environments for children and families

On May 13th, 2011 a community forum on system integration was held with attendance from over 80 professionals from organizations providing services to children and families. The purpose of the forum was to share information about system integration, gather community input into the vision and scope of an Early Years System plan and finally to gauge interest in participating in a joint system planning venture. As a result of the forum, overwhelming agreement was reached on the need to develop a system plan for children. Participants agreed that given the level of change experienced in the service sectors that support children and young families timing is right to begin to rethink how services are planned, delivered and organized to ensure more effective responses. Participants at the forum also recommended that the plan encompass a broader age span, from prenatal to 18 years to fully cover the continuum of childhood. At this time staff are recommending that the focus remain on prenatal to 12 years with an option to evaluate in two years time as capacity increases.

2.0 Next Steps

This fall staff will develop a planning table and framework for the Early Years System Plan. This includes activities such as mapping what currently exists and defining scopes and mandates to get a picture of the current system. A progress report will be provided for Committee’s review in the fall.

CORPORATE STRATEGIC PLAN:

Corporate Strategic Plan, Focus Area 3: Support safe and caring communities that enhance all aspects of health; Strategic Objective One: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and/or disparity. Support initiatives that foster early learning and care for children.

FINANCIAL IMPLICATIONS:

Staffing costs associated with the development of a system plan will be accommodated within the Children’s Services operating budget.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff work in partnership with Public Health, to support the work of the ROWCAPS committee. Continued staff time and expertise will also be required from Public Health and Planning, Housing and Community Services to support this planning process.

ATTACHMENTS

NIL

PREPARED BY: Nancy Dickieson, Director Children’s Services

APPROVED BY: David Dirks, Acting Commissioner, Social Services
RECOMMENDATION:

For information

SUMMARY:

This report provides an overview of the activities of the Commission recently struck for the Review of Social Assistance Reform in Ontario. A previous report (SS-10-045) on the recommendations of the Social Assistance Review Advisory Council was supported in principle by Regional Council in September 2010. Those recommendations have been reflected in the approach and the scope of the review that the Commission is undertaking. The Commission is currently carrying out a number of consultations across Ontario and there is also an online opportunity to provide input. Two documents have been developed to support the consultations: A Discussion Paper: Issues and Ideas and a Summary/Workbook. (Circulated separately)

REPORT:

1.0 Background
On November 30, 2010, the government announced the appointments of Frances Lankin and Munir A. Sheikh as Commissioners to lead the Commission for the Review of Social Assistance in Ontario. The Terms of Reference for the review indicate that the Commission is to provide practical, relevant and concrete recommendations to improve social assistance, within the broader context of the overall income security system. The review is also “cast” within the context of the 2008 Poverty Reduction Strategy and has a focus on employment. The guiding vision is as follows: “A 21st century income security system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy.”

The Commission has organized a consultation process to draw on the perspectives and input of various stakeholders and communities across Ontario, including people with lived experience, advocacy groups, labour organizations, business and other levels of government. Separate discussions will be held with First Nations to ensure reforms meet their needs and priorities.

There are two phases of consultation for the Commission (see Appendix A). The first includes collecting feedback on the recently released Discussion Paper: Issues and Ideas (June to September 2011). In this phase, views will be sought to confirm the key issues in social assistance and identify possible solutions. Feedback in the form of written submissions and conversations in communities will help shape a second paper on Options scheduled to be released in December 2011. This begins the second phase of consultations which will seek input on the options paper and generate ideas for approaches to reform the social assistance program. In this phase, the Commission will seek further input and advice from stakeholders and communities on potential
approaches to reform and help frame the Commission’s recommendations in a final report to the
government. The commission must submit recommendations and an action plan by June 30, 2012.

2.0 Discussion Paper: Issues and Ideas
Following guidance from the Terms of Reference outlined for the Commission in June 2010 (SS-10-045) the scope and approach of the Commission is organized around five issues:

- Place reasonable expectations on people receiving social assistance to participate in employment, treatment or rehabilitation and to provide them with supports to do so;
- Establish an appropriate benefit structure that reduces barriers and helps people find employment;
- Simplify income and asset rules to improve equity and make it easier to understand and administer social assistance;
- Ensure the long-term viability of the social assistance system; and
- Define Ontario’s position in relation to the federal and municipal governments in providing income security for Ontarians.

In addition the document provides an overview of Social Assistance as well as those in receipt of social assistance, key issues and questions, and how to participate in the review.

The Commission has developed a Summary and Workbook for the Discussion Paper: Issues and Ideas. It provides an overview of the five issues, a discussion of each and poses a series of questions.

3.0 Consultation Process
Input is being sought by September 1, 2011 in order to include the feedback in the development of options and possible approaches. A number of methods have been outlined to allow the public to provide their input on-line or in written form and materials have been circulated to support facilitated conversations within organizations, agencies and communities not included in the official consultation circuit. The Commission had scheduled visits to a number of communities in phase one including: Windsor, London, Hamilton, Niagara, Toronto, Kingston, Peterborough, Thunder Bay, Peel, Timmins and Ottawa. Although Waterloo Region is not included on the Commission’s consultation circuit, there were a number of local community consultations that have been organized to provide input including:

- The Social Planning Council of Kitchener-Waterloo hosted a Social Assistance Review consultation session at St Marks Lutheran Church, Kitchener on August 9.
- In August the Social Planning Council of Kitchener-Waterloo will be conducting 10-15 Kitchen Table Talks throughout August. Community members will be hosting these talks and inviting people from their personal/community networks to participate.
- Opportunities Waterloo Region will host a Community Conversation on the Social Assistance Review at Victoria Park Pavilion, Kitchener on September 12. (extension granted by the Commission).

Using the Discussion Paper and Workbook Regional staff in the Employment and Income Support division will be invited to participate in a facilitated conversation before September.
In addition the Ontario Municipal Social Services Association (OMSSA) and the Social Assistance Review Working Group are developing a consensus document for submission to the Commission outlining the municipal perspective on the challenges of the social assistance system and solutions that would best serve clients. The document will be circulated to social assistance administrators for input either through one of two webinars which OMSSA will host for management and front line staff, or through a written submission.

The last major social assistance review of this kind was completed in 1988 and resulted in the “Transitions Report” which set out the vision to redesign the social assistance system. A number of recommendations were implemented at that time including a change in earnings exemptions and an increase to the rates. It is the Commission’s hope that the current social assistance review will lead to the development of a new, accountable and financially sustainable system that will support Ontarians to live with dignity and contribute to a prospering economy.

CORPORATE STRATEGIC PLAN:

Support for the Commission and its recommendations will address the Corporate Strategic Plan in two Focus Areas. Focus Area Three – Healthy and Safe Communities; Strategic Objective One: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and /or disparity. Focus Area Four – Human Services: (to) promote quality of life and create opportunities for residents to develop to their full potential.

FINANCIAL IMPLICATIONS:

NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Appendix A: Calendar, Commission for the Review of Social Assistance in Ontario

Documents distributed separately, dated June 2011:

1) “A Discussion Paper: Issues and Ideas” and
2) “A Discussion Paper: Issues and Ideas; Summary and Workbook”

PREPARED BY: Lynn Randall, Director Social Planning, Policy and Program Administration
Heather Froome, Administrator, Social Development Programs

APPROVED BY: David Dirks, Acting Commissioner, Social Services
Appendix A

Calendar

Commission for the Review of Social Assistance in Ontario

2011

Issues Scan and Identification

Discussion Paper
Confirm key issues and seek input on possible solutions

Feedback

Develop Options

Priority Research

Options Paper
Identify and seek input on potential approaches to reform

Develop Recommendations

Analysis + Validation

Final Report
Specific recommendations and a concrete action plan

2012

Ontario

The Vision: A 21st century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy.
The Vision: A 21st century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy.
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  Issue 2: Appropriate Benefit Structure
  Issue 3: Easier to Understand
  Issue 4: Viable over the Long Term
  Issue 5: An Integrated Ontario Position on Income Security

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Message from the Commissioners

On November 30, 2010, the government announced our appointment as Commissioners to lead the Commission for the Review of Social Assistance in Ontario.

We are both honoured and excited about our appointment and the trust the government has put in us: honoured because the government considered us worthy to recommend improvements to programs that have the potential to improve the lives of so many Ontarians; excited about tackling the many challenges involved in reforming these complex programs. We believe strongly that where there is a challenge, there is an opportunity.

As a team, we feel particularly well-suited for this task, given our years of combined experience in leading change at the federal and provincial levels. We have led policy and program change in diverse areas, such as social services, health, transfer programs, pensions, employment insurance, the tax system, budgets, economic development and trade.

We are also excited about our Terms of Reference and the outcomes expected of us. In these Terms of Reference, it is clear that the government expects us to provide practical, relevant and concrete recommendations to improve social assistance. We have been given the freedom to examine not only all aspects of social assistance, but to also consider other aspects of the overall income security system that may impinge upon social assistance outcomes.

We are pleased that our mandate is cast in the context of the 2008 Poverty Reduction Strategy, and are committed to keeping this in mind as we do our work. We are in full agreement with the view reflected in the Terms of Reference that the most promising way to improve outcomes for people receiving social assistance is to substantially improve their employment opportunities and — as a second and essential part of our task — to provide adequate income security to those who cannot work.

We are committed to developing recommendations to ensure that more people can be helped to work, and are thus helped to lift themselves and their families out of poverty.
Some Thoughts on our Task

The issues and challenges surrounding social assistance have been around for a very long time. Ontario and governments around the world have been trying to address them in different ways.

The last major review of Ontario’s social assistance system resulted in the 1988 *Transitions* report. It concluded that programs that trap people in poverty miss the mark, from both a social and individual perspective. It told us that we need to do a better job helping people by addressing their barriers to employment and by providing “opportunity planning” to develop their capacity for work.

While various changes have been made by successive governments since the *Transitions* report, many of the same issues still confront us today.

Some economists predict that we are heading into a tighter labour market that will likely produce labour shortages. In these circumstances, the interests of employers, people receiving social assistance and governments are aligned. It is to everyone’s advantage to ensure that people receiving social assistance can make the transition to the workplace and contribute to their full potential.

We need to do a better job connecting employers with potential workers, and aligning the needs of those who have work to offer with those looking for work. We need to do a better job providing coordinated employment services and skills upgrading to people receiving social assistance so they can be successful in the labour market.

Here we need to think differently about how we can tap into the talents of people with disabilities. For too long, we have focused on the disability, not on the capacity and aspirations of those with disabilities for meaningful employment.

We are interested in how you think the needs of employers and the skills of people receiving social assistance can be aligned so that those who can work have the opportunity to contribute to the economy and society to the maximum of their potential. We want to know your views on how to improve employment services.

We also know that the nature of work in Ontario is changing. Non-standard employment — whether it be temporary full-time, self-employment (without any paid employees), or part-time — is growing faster than what we traditionally think of as standard employment. These jobs tend to pay less, often lack access to benefits like prescription drug and dental coverage, and be of shorter duration. We are seeing a decline in manufacturing, and job growth in such sectors as services and retail, which rely more heavily on non-standard jobs.
Our policy framework needs to recognize these changes and deliver a benefit structure that provides an adequate level of support, without creating barriers to work — barriers that discourage people from seeking work because it may not pay enough in income and benefits. We have not achieved this yet. Today, we are faced with the dilemma that, for many, in some benefit classes, the overall benefit levels of social assistance are not adequate, while others find that moving from social assistance to employment is too costly if it means losing some benefits that they need. Both Ontario Works and the Ontario Disability Support Program provide a range of benefits, many of which are not available to people who are employed and not receiving social assistance.

These are not easy issues and they present difficult trade-offs. The solutions discussed in the literature include a number of different approaches.

One approach is to let people receiving social assistance keep a portion of income support and benefits on top of any employment earnings they may have. This approach postpones the inevitable withdrawal of benefits. This could make the rate of benefit withdrawal steeper, when people earn somewhat more income. It also raises a question of fairness, since the financial circumstances of people receiving social assistance may be better than those who are working full-time in low-wage jobs and who are not receiving social assistance.

A second approach is to choose a market comparison of paid work, such as minimum wage, and to set benefits at a lower level so that people would be better off working. However, in today’s job market, with the growth of non-standard employment, as noted above, this approach can conflict with the goal of ensuring adequate incomes for those receiving social assistance.

Another approach is to make some benefits available to all low-income people, whether or not they are receiving social assistance. This is the approach taken with the Ontario Child Benefit and the National Child Benefit Supplement for parents living on low incomes.

A final approach — which is outside the mandate of our review but within the broader context of income security — looks at questions around what work should pay, and raises issues related to "living wages" and access to prescription drug and other benefits from employers.

We are interested in your views on how to tackle the trade-offs and how we can restructure benefits for both Ontario Works and the Ontario Disability Support Program so that they provide an adequate level of support without creating barriers to work.
Social assistance is a complex rules-based system, with perhaps as many as 800 rules. We can understand why this has become so. As unique situations arise — frequently as a result of changing economic and social conditions — it is often considered necessary to deal with them by creating new rules. Problems with such an approach arise when we don’t look at the consequences of the layers of rules and the burden of red tape. A system with many rules may not be transparent and may become unwieldy, difficult to navigate and costly to administer. It may also become more open to abuse and may not even achieve the objectives it was set up to achieve.

We are interested in your assessment of the large number of complex rules; whether they are achieving their objectives and what changes you would suggest.

We are also interested in learning more about how social assistance can be designed to address the unique circumstances of First Nations people living on-reserve, the increasing number of Aboriginal people living off-reserve and Métis people.

We need to make progress on these issues and make sure that we have a viable social assistance system in the long term that works well with other income security programs.

As in any government program, social assistance expenditures must be focused on their intended purposes, services must be delivered efficiently and the growth of costs must be in line with available resources. We need to be confident that we are making the right choices in how we spend money and that our services and supports have a demonstrable impact on people’s lives.

Ultimately, we need to build a new, accountable and financially sustainable system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy.

**We Need Your Help to Get It Right**

We look forward to the task but need your help to get it right. This *Discussion Paper: Issues and Ideas* sets out background information, describes the challenges and the issues in greater detail, and poses a number of questions to help guide your input and promote a dialogue in communities across the province about these important issues.

We are looking to you to validate whether we have properly captured the issues. Tell us what we may have missed or misunderstood. We are also looking for your ideas on how to solve the challenges before us, both the big-picture solutions and the detailed fixes.
We know many of you — people with lived experience, First Nations, service
deliverers, advocates, business, labour, faith community members and many more
— have been working on these issues for many years. We know that tapping into
your wisdom and experience will make our recommendations more practical, more
relevant and more grounded in the lives of Ontario individuals, families and
communities.

We look forward to hearing from you.

Frances Larkin

Munir A. Sheikh
What’s in This Document?

This Summary and Workbook is a short version of the Commission’s Discussion Paper: Issues and Ideas. It is for readers who want a quick overview of the issues and for those who want to facilitate discussions about the social assistance review in their organizations or communities.

This document provides a brief introduction to the Commission’s mandate and approach and then summarizes each of the five issues that are discussed in more detail in the longer paper.

After the discussion of each issue, questions are asked. They are the same as the questions in the longer paper. Feel free to answer all the questions or just the ones that interest you. The questions are not intended to limit the discussion or set out possible solutions. Tell us what we may have missed or misunderstood. We are also looking for your ideas on how to solve the challenges before us — both the big-picture solutions and the detailed fixes.

A couple of pages for notes are provided after each set of questions so you can use this document as a Workbook. The Workbook can also be completed online.

Details on how to share your input with the Commission are provided in “How to Participate” on page 31.

The full version of the Commission’s Discussion Paper: Issues and Ideas is available at www.socialassistancereview.ca. It discusses the issues in greater detail and provides additional information on social assistance in Ontario.
Social assistance is intended by the government to be used as a last resort when people have no other financial options. Ontario’s social assistance system is made up of two programs: Ontario Works and the Ontario Disability Support Program (ODSP). The purpose of Ontario Works is to provide financial and employment assistance to help people in temporary financial need find employment. The purpose of ODSP is to help people with disabilities live as independently as possible, and to reduce or eliminate disability-related barriers to employment.

Together, Ontario Works and ODSP serve approximately 830,000 Ontarians each month. In 2009–10, Ontario spent about $6.6 billion on social assistance, about six per cent of the provincial budget.

Commission for the Review of Social Assistance in Ontario

In the 2008 Poverty Reduction Strategy, the Ontario government committed to review social assistance, with a focus on removing barriers and increasing opportunities for people to work.

The government established the Commission for the Review of Social Assistance in November 2010. Its mandate is to carry out a full review of Ontario’s social assistance system. The Commission must submit recommendations and an action plan for reforming the system to the government by June 30, 2012.

The Terms of Reference for the Commission provide a vision of “a 21st century income security system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy.”

The Terms of Reference require the Commission to make recommendations that will enable the government to:

- Place reasonable expectations on people receiving social assistance to participate in employment, treatment or rehabilitation and to provide them with supports to do so;
- Establish an appropriate benefit structure that reduces barriers and helps people find employment;
- Simplify income and asset rules to improve equity and make it easier to understand and administer social assistance;
o Ensure the long-term viability of the social assistance system; and

o Define Ontario’s position in relation to the federal and municipal governments in providing income security for Ontarians.

The *Workbook* is organized around these five issues.

**The Commission’s Approach**

The Commission is consulting with stakeholders and communities across Ontario, including people with lived experience of social assistance, advocacy groups, labour organizations, business, First Nation communities and other levels of government. The Commission is also conducting research to learn from others and to fill in the gaps in our understanding of social assistance.

The Commission is consulting in two phases.

First, through this *Discussion Paper Summary and Workbook*, the Commission is seeking people’s views on whether it has correctly identified the key issues in social assistance, and collecting people’s ideas on possible solutions. Feedback from this phase, including written submissions and community conversations, will help the Commission develop options and possible approaches.

Second, the Commission is planning to release an Options Paper in late fall 2011. It will be based on the feedback from the first phase and the Commission’s research findings. Through this paper, the Commission will seek further input and advice to help frame its recommendations to the government.
Key Issues and Questions

Issue 1: Reasonable Expectations and Necessary Supports To Employment

To be eligible for Ontario Works, people are required to participate in employment activities, such as a job search, skills upgrading, self-employment or volunteer work. Employment services are offered through the program to help people find work or improve their job skills.

People with disabilities receiving ODSP do not have to participate in employment activities, but may voluntarily access employment services through ODSP Employment Supports or other programs.

The Commission must recommend better ways to help people receiving social assistance find jobs or improve their job skills. This includes placing reasonable expectations on people who receive social assistance to participate in employment activities, or in the treatment or rehabilitation they may need.

Working with Employers

Employers need to be engaged as partners to improve employment opportunities for people receiving social assistance. Understanding employers’ needs is critical to ensuring that employment services match these needs and to connecting people with potential employers. Some Ontario Works and ODSP employment services work closely with employers, but more effective and consistent approaches are necessary.

Effectiveness of Employment Services and Supports

There is limited information on the success of employment services and supports in assessing people’s skills and connecting them to the right help. A number of studies have questioned whether employment services are effective in preparing people for long-term employment.

Concerns have also been raised about whether Ontario Works is meeting the needs of First Nation communities. Some people suggest that First Nations need the flexibility to tailor employment services to their communities’ priorities and development.

Finding employment services can also be a challenge because they are delivered by different government ministries. For example, people receiving social assistance may need to access employment and training services from Employment Ontario,
through the Ministry of Training, Colleges and Universities. The Ministry of Citizenship and Immigration and the Ministry of Health and Long-term Care also support employment programs for specific clients who may be receiving social assistance.

Some people receiving social assistance may need a wider range of supports to address barriers to employment. For example, they may need help to find stable housing, child care or health-related services, or support to address complex needs, such as mental illness or addiction.

**Capacity and Aspirations of People with Disabilities**

Even though people with disabilities receiving ODSP are not required to look for a job or participate in other employment activities, many people with disabilities can and do want to work. Some organizations have raised concerns that employment supports through ODSP are not comprehensive enough and do not help people develop their skills and capacity for long-term employment.

**What Do You Think?**

a) What mechanisms should be established to ensure that the needs of employers are addressed and to connect people receiving social assistance with employers?

b) Can you suggest ways in which the skills of people receiving social assistance could be better developed to meet the needs of employers?

c) What would make employment services and supports more effective and easier to access?

d) What would improve services to people receiving social assistance who face multiple barriers to employment?

e) How can Ontario’s social assistance system better connect people with disabilities to employment services, or the treatment or rehabilitation they may need?

Have the key issues related to employment expectations and supports been identified in this section? Are there any issues we have missed or misunderstood?
Issue 1: Reasonable Expectations and Necessary Supports to Employment

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Issue 1: Reasonable Expectations and Necessary Supports to Employment

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**Issue 2: Appropriate Benefit Structure**

Ontario Works and ODSP provide income assistance for basic needs (food, clothing and personal needs) and shelter, as well as a number of other benefits to people who meet the eligibility criteria (eligibility for special benefits is discussed under Issue 3).

The Commission must make recommendations to the government on an appropriate benefit structure that reduces barriers and supports people to find employment. This includes ensuring that people are financially better off working and guaranteeing income security for people who cannot work.

**Ensuring Benefits are Adequate**

There are no standards or methodology for setting the level of social assistance rates. Those with lived experience on social assistance, especially single individuals receiving Ontario Works benefits, have told us that the rates may be too low. The annual “Cost of a Nutritious Food Basket” survey conducted by Ontario Public Health Units shows that many people receiving social assistance do not have money left over, after paying for shelter, to buy healthy foods.

An additional allowance is available for people who live in northern Ontario. However, many consider it insufficient to meet the high costs of food, utilities and services.

Concerns have also been raised that the current benefit structure does not consistently take into account the traditional living practices or circumstances of First Nations people on-reserve.

**Ensuring People are Better Off Working**

When people move from social assistance to employment, they may lose benefits they need, such as prescription drug coverage or rent-g geared-to-income housing. With the growth in part-time and low-paid work, it is hard for people to find jobs that pay enough and offer benefits.

In their Message (pages 2-6), the Commissioners talk about the difficult trade-off between providing adequate social assistance benefits and ensuring that people are financially better off working. They note several possible approaches, along with some of the challenges they present:
Let people keep a portion of their social assistance income support and benefits on top of employment earnings. Eventually, however, these benefits will be withdrawn as people’s earnings increase. This approach raises a question of fairness, if people receiving social assistance are better off than people who are working full-time in low-paid jobs and who are not receiving social assistance.

Set social assistance benefits at a level that ensures people are better off working. This approach could conflict with the goal of making sure that people receiving social assistance have enough income to live on.

Provide benefits to everyone living on a low income so that people leaving social assistance can continue to get benefits, up to a set income level. An example of this approach is the Ontario Child Benefit and the National Child Benefit Supplement. However, providing benefits to all low-income individuals and families would be more costly than providing benefits only to those on social assistance.

**Asset Limits and Exemptions**

Very limited assets (with a few exceptions) are allowed in order to be eligible for social assistance. Liquid asset limits vary, depending on family composition. However, for most cases in Ontario Works, they are roughly equal to one month’s assistance (e.g. $592 for a single person). For ODSP, the liquid asset limits are higher: $5,000 for a single individual and $7,500 for a couple with no dependents.

Concerns have been expressed that these limits prevent people from accumulating assets that they will need in the future to start working. Social assistance asset rules may also conflict with other government policy goals intended to help people build up assets through instruments such as Registered Retirement Savings Plans.

**Benefits for People with Disabilities**

ODSP does not differentiate between people with the capacity and desire to work, and those who are unable to work. For people who are able to work, the benefit system must be designed so that they are better off working than receiving social assistance. For people with disabilities who are unable to work, some groups have proposed that they receive long-term income support through a program like Canada Pension Plan Disability, delivered by the federal government.
What Do You Think?

a) How should social assistance rates be determined?

b) How should benefits be designed to deal with the trade-off between ensuring adequate income support and ensuring that people are better off working?

c) Considering the potential for increased costs, what new benefits, if any, should be provided to all low-income individuals and families, whether or not they are receiving social assistance?

d) Should asset limits and exemptions be changed to improve the social assistance system?

e) How should benefits for people with disabilities be designed and delivered?

Have the key issues related to an appropriate benefit structure been identified in this section? Are there any issues we have missed or misunderstood?
Issue 2: Appropriate Benefit Structure

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Issue 2: Appropriate Benefit Structure

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Issue 3: Easier to Understand

Social assistance rules try to achieve several objectives, including:

- Making sure the programs are used as a last resort;
- Addressing the different circumstances of individuals and families receiving social assistance;
- Being publicly accountable and preventing fraud; and
- Making it easier to administer the system, which provides benefits to over 800,000 people each month.

The Commission must make recommendations on how to simplify the rules to improve equity and make it easier to understand and administer social assistance.

Complexity of Benefits and Eligibility

The large number of rules can make it difficult for people who need social assistance to understand and access the system. Some argue that the rules intrude too far into the details of people’s lives, or do not correspond to the real circumstances that people face. This can lead some people to try to adjust their life circumstances to fit the rules or others to look for ways to get around them. This is different than the issue of fraud, which any system must have mechanisms in place to prevent.

Applying for ODSP can be a challenging process because of the detailed medical records and application forms required. This may be especially true for people living in First Nation communities. They access ODSP in smaller numbers than elsewhere in the province.

Administering so many rules is also costly and labour-intensive.

Eligibility for Special Benefits

The social assistance system provides a variety of special-purpose benefits, including the Special Diet Allowance. The Ontario Works and the ODSP legislation also establish the Temporary Care Assistance and Assistance for Children with Severe Disabilities programs. People may not always be aware of the special-purpose benefits and some of them are not consistently available. For example, Ontario Works Administrators can decide whether or not to offer certain benefits, such as adult dental coverage. Some suggest that it would be more effective and equitable to deliver special-purpose benefits more broadly, outside of the social assistance system.
What Do You Think?

a) Are the rules meeting their objectives? Are there rules that are not working? What changes do you suggest?

b) How can special-purpose benefits be delivered more efficiently and equitably? Should some be delivered outside of the social assistance system?

Have the key issues related to making the system easier to understand been identified in this section? Are there any issues we have missed or misunderstood?
Issue 3: Easier to Understand

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Issue 3: Easier to Understand

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Issue 4: Viable over the Long Term

The Commission must make recommendations to enable the government to ensure the long-term viability of the social assistance system.

Sustainability and Public Accountability

As in any government program, social assistance spending must be focused on its intended purposes, services must be delivered efficiently and the growth of costs must be in line with available resources.

Currently, there is neither a shared understanding of the expected outcomes of Ontario's social assistance system, nor public reporting on whether it is achieving these outcomes.

In general, there is a lack of information on the needs of people receiving social assistance and on their outcomes (e.g. whether they find jobs). There is also a lack of information on whether services are addressing the different barriers faced by racialized and ethnocultural communities, sole-support mothers, newcomers and First Nation and Métis peoples.

Improved System Integration

Ontario Works is delivered by municipal agencies, which also deliver social housing, child care and other social services. ODSP is delivered directly by the province. Clear roles and responsibilities are important to prevent duplication of services and confusion among people trying to find the services.

For example, a 2010 study of federal and provincial disability income support programs noted that they are poorly integrated and difficult for people to navigate. These programs include social assistance, Canada Pension Plan Disability, disability tax credits and training programs.

The Commission must make recommendations on how to improve the interaction between social assistance and other programs to support employment, including education, training, housing, child care and health benefits.
What Do You Think?

a)  What should the expected outcomes be of social assistance?

b)  What additional data should be collected to assess the effectiveness of social assistance benefits and services? For example, should ethnocultural and racial data be collected in order to evaluate and improve supports for people from racialized and ethnocultural communities?

c)  What can the provincial government and municipalities do to better integrate services?

Have the key issues related to ensuring the long-term viability of the system been identified in this section? Are there any issues we have missed or misunderstood?
Issue 4: Viable over the Long Term

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Issue 4: Viable over the Long Term

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Issue 5: An Integrated Ontario Position on Income Security

Social assistance is one part of a broader income security system. Other parts include Employment Insurance, pension plans, child benefits and the federal Working Income Tax Benefit. Changes to any of these can affect social assistance benefits. As well, if any of these parts do not work effectively, it could increase the need for people to turn to social assistance.

Gaps in Employment Insurance

Part of the purpose of Employment Insurance (EI) is to stabilize the income of unemployed workers while they look for new jobs or take training to improve their job skills. Just over one-third of unemployed Ontarians receive EI, compared to more than half of unemployed people in other provinces. Some training programs are available only to people who are currently receiving EI or have recently been receiving EI.

Unemployed Ontarians who do not receive EI include youth, recent immigrants and people with part-time or temporary employment. For the purposes of our review, we must look at the fact that about two-thirds of people who are unemployed in Ontario are not eligible for EI and may be forced to turn to social assistance for support.

Other Benefits

Two examples of benefits that are provided outside of the social assistance system are child benefits and the federal Working Income Tax Benefit. These are called “income-tested” benefits because they are based on the income of an individual or family.

Child benefits have been very successful in helping to reduce the number of children living in poverty. These benefits provide income support to low-income families with children, including those receiving social assistance.

The federal government has established a Working Income Tax Benefit (WITB) for low-income people who have employment earnings. In Ontario, the design of WITB tends to support part-time, low-wage work. A Senate Committee and others have suggested that redesigning and expanding the federal WITB could help provide better income security for low-income people.
An overall framework may be needed to clarify the objectives and long-term plans for child benefits, the federal WITB and other income-tested benefits. It could help integrate these benefits with social assistance and define the roles of Ontario and Canada in providing income security.

**Sponsorship**

To sponsor an immigrant, a person must agree to support the sponsored person financially, or to reimburse the Ontario government for any social assistance paid to the sponsored immigrant. When a sponsored immigrant is provided with social assistance, Ontario can defer the collection of debt from the sponsor where there is financial hardship or a risk of domestic violence. It has been suggested that the federal and provincial governments should identify other special circumstances where, for example, a sponsor’s debt should be forgiven. The Supreme Court of Canada is currently considering this issue.

**What Do You Think?**

a) What should Ontario do to address the short-term income support and training needs of people who are not eligible for EI?

b) What should the interaction be between income-tested benefits, such as WITB and child benefits, and the social assistance system?

c) Do you have suggestions on other areas of federal-provincial interaction related to social assistance?

Have the key issues related to an integrated Ontario position on income security been identified in this section? Are there any issues we have missed or misunderstood?
Issue 5: An Integrated Ontario Position on Income Security

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Issue 5: An Integrated Ontario Position on Income Security

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How to Participate

The Commission would like to receive your input by **September 1, 2011**, in order to consider it in the development of options and possible approaches in the fall.

There are many ways to share your views on social assistance with the Commission.

**Online**

You can go to the Commission for the Review of Social Assistance in Ontario website at [www.socialassistancereview.ca](http://www.socialassistancereview.ca) to download this *Summary and Workbook* or the full *Discussion Paper: Issues and Ideas*, complete the Workbook online, or make a submission.

There is a form on the website that you can use if you wish to send the Commission a short comment of up to 1,000 characters (approximately 150 words).

You can also send your comments via email to [socialassistancereview@ontario.ca](mailto:socialassistancereview@ontario.ca).

**Mail or Fax**

You can mail completed *Workbooks* or submissions to:

Commission for the Review of Social Assistance in Ontario
2 Bloor Street West
4th Floor, Suite 400
Toronto, ON
M4W 3E2

Or fax your comments to:

(416) 212-0413

**Other Ways to Share Your Views**

We encourage people in communities across Ontario to engage in a dialogue on the issues and possible solutions. *A Guide to Hosting a Community Conversation* is available on our website at [www.socialassistancereview.ca](http://www.socialassistancereview.ca) to help you facilitate a discussion within your organization, agency or community, and send the collective comments of the participants to the Commission.
You may also wish to involve your local Member of Provincial Parliament in a dialogue. You can find a list of MPPs on the Legislative Assembly of Ontario website: http://www.ontla.on.ca/web/members/members_current.do?locale=en, or by calling 416-325-7500.

**Contact Us**

Email: socialassistanceview@ontario.ca

Phone:
416-212-8029
Toll free 1-855-269-6250
A Discussion Paper:
Issues and Ideas

June 2011

The Vision: A 21st century income security system that enables all Ontarians to live with dignity, participate in their communities, and contribute to a prospering economy.
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Message from the Commissioners

On November 30, 2010, the government announced our appointment as Commissioners to lead the Commission for the Review of Social Assistance in Ontario.

We are both honoured and excited about our appointment and the trust the government has put in us: honoured because the government considered us worthy to recommend improvements to programs that have the potential to improve the lives of so many Ontarians; excited about tackling the many challenges involved in reforming these complex programs. We believe strongly that where there is a challenge, there is an opportunity.

As a team, we feel particularly well-suited for this task, given our years of combined experience in leading change at the federal and provincial levels. We have led policy and program change in diverse areas, such as social services, health, transfer programs, pensions, employment insurance, the tax system, budgets, economic development and trade.

We are also excited about our Terms of Reference and the outcomes expected of us. In these Terms of Reference, it is clear that the government expects us to provide practical, relevant and concrete recommendations to improve social assistance. We have been given the freedom to examine not only all aspects of social assistance, but to also consider other aspects of the overall income security system that may impinge upon social assistance outcomes.

We are pleased that our mandate is cast in the context of the 2008 Poverty Reduction Strategy, and are committed to keeping this in mind as we do our work. We are in full agreement with the view reflected in the Terms of Reference that the most promising way to improve outcomes for people receiving social assistance is to substantially improve their employment opportunities and — as a second and essential part of our task — to provide adequate income security to those who cannot work.

We are committed to developing recommendations to ensure that more people can be helped to work, and are thus helped to lift themselves and their families out of poverty.
Some Thoughts on our Task

The issues and challenges surrounding social assistance have been around for a very long time. Ontario and governments around the world have been trying to address them in different ways. The last major review of Ontario’s social assistance system resulted in the 1988 Transitions report. It concluded that programs that trap people in poverty miss the mark, from both a social and individual perspective. It told us that we need to do a better job helping people by addressing their barriers to employment and by providing “opportunity planning” to develop their capacity for work.

While various changes have been made by successive governments since the Transitions report, many of the same issues still confront us today.

Some economists predict that we are heading into a tighter labour market that will likely produce labour shortages. In these circumstances, the interests of employers, people receiving social assistance and governments are aligned. It is to everyone’s advantage to ensure that people receiving social assistance can make the transition to the workplace and contribute to their full potential.

We need to do a better job connecting employers with potential workers, and aligning the needs of those who have work to offer with those looking for work. We need to do a better job providing coordinated employment services and skills upgrading to people receiving social assistance so they can be successful in the labour market.

Here we need to think differently about how we can tap into the talents of people with disabilities. For too long, we have focused on the disability, not on the capacity and aspirations of those with disabilities for meaningful employment.

We are interested in how you think the needs of employers and the skills of people receiving social assistance can be aligned so that those who can work have the opportunity to contribute to the economy and society to the maximum of their potential. We want to know your views on how to improve employment services.

We also know that the nature of work in Ontario is changing. Non-standard employment — whether it be temporary full-time, self-employment (without any paid employees), or part-time — is growing faster than what we traditionally think of as standard employment. These jobs tend to pay less, often lack access to benefits like prescription drug and dental coverage, and be of shorter duration. We are seeing a decline in manufacturing, and job growth in such sectors as services and retail, which rely more heavily on non-standard jobs.
Our policy framework needs to recognize these changes and deliver a benefit structure that provides an adequate level of support, without creating barriers to work — barriers that discourage people from seeking work because it may not pay enough in income and benefits. We have not achieved this yet. Today, we are faced with the dilemma that, for many, in some benefit classes, the overall benefit levels of social assistance are not adequate, while others find that moving from social assistance to employment is too costly if it means losing some benefits that they need. Both Ontario Works and the Ontario Disability Support Program provide a range of benefits, many of which are not available to people who are employed and not receiving social assistance.

These are not easy issues and they present difficult trade-offs. The solutions discussed in the literature include a number of different approaches.

One approach is to let people receiving social assistance keep a portion of income support and benefits on top of any employment earnings they may have. This approach postpones the inevitable withdrawal of benefits. This could make the rate of benefit withdrawal steeper, when people earn somewhat more income. It also raises a question of fairness, since the financial circumstances of people receiving social assistance may be better than those who are working full-time in low-wage jobs and who are not receiving social assistance.

A second approach is to choose a market comparison of paid work, such as minimum wage, and to set benefits at a lower level so that people would be better off working. However, in today’s job market, with the growth of non-standard employment, as noted above, this approach can conflict with the goal of ensuring adequate incomes for those receiving social assistance.

Another approach is to make some benefits available to all low-income people, whether or not they are receiving social assistance. This is the approach taken with the Ontario Child Benefit and the National Child Benefit Supplement for parents living on low incomes.

A final approach — which is outside the mandate of our review but within the broader context of income security — looks at questions around what work should pay, and raises issues related to "living wages" and access to prescription drug and other benefits from employers.

We are interested in your views on how to tackle the trade-offs and how we can restructure benefits for both Ontario Works and the Ontario Disability Support Program so that they provide an adequate level of support without creating barriers to work.
Social assistance is a complex rules-based system, with perhaps as many as 800 rules. We can understand why this has become so. As unique situations arise — frequently as a result of changing economic and social conditions — it is often considered necessary to deal with them by creating new rules. Problems with such an approach arise when we don’t look at the consequences of the layers of rules and the burden of red tape. A system with many rules may not be transparent and may become unwieldy, difficult to navigate and costly to administer. It may also become more open to abuse and may not even achieve the objectives it was set up to achieve.

We are interested in your assessment of the large number of complex rules; whether they are achieving their objectives and what changes you would suggest.

We are also interested in learning more about how social assistance can be designed to address the unique circumstances of First Nations people living on-reserve, the increasing number of Aboriginal people living off-reserve and Métis people.

We need to make progress on these issues and make sure that we have a viable social assistance system in the long term that works well with other income security programs.

As in any government program, social assistance expenditures must be focused on their intended purposes, services must be delivered efficiently and the growth of costs must be in line with available resources. We need to be confident that we are making the right choices in how we spend money and that our services and supports have a demonstrable impact on people’s lives.

Ultimately, we need to build a new, accountable and financially sustainable system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy.

**We Need Your Help to Get It Right**

We look forward to the task but need your help to get it right. This *Discussion Paper: Issues and Ideas* sets out background information, describes the challenges and the issues in greater detail, and poses a number of questions to help guide your input and promote a dialogue in communities across the province about these important issues.

We are looking to you to validate whether we have properly captured the issues. Tell us what we may have missed or misunderstood. We are also looking for your ideas on how to solve the challenges before us, both the big-picture solutions and the detailed fixes.
We know many of you — people with lived experience, First Nations, service deliverers, advocates, business, labour, faith community members and many more — have been working on these issues for many years. We know that tapping into your wisdom and experience will make our recommendations more practical, more relevant and more grounded in the lives of Ontario individuals, families and communities.

We look forward to hearing from you.

Frances Larkin

Munir A. Sheikh
Chapter 1: Background to this Review

In the 2008 Poverty Reduction Strategy, the Ontario government committed to reviewing social assistance — Ontario Works and the Ontario Disability Support Program (ODSP) — with a focus on removing barriers and increasing opportunities for people to work. It subsequently appointed the Social Assistance Review Advisory Council (SARAC) to provide advice on a proposed scope for the review. Taking into account the advice of the Council, the government established the Commission for the Review of Social Assistance in Ontario in November 2010.

The Commission’s task is to carry out a comprehensive review and provide specific recommendations and a concrete action plan for reforming the social assistance system. The Commissioners are expected to submit a final report to the government by June 30, 2012.

Outcomes of the Review

The Terms of Reference for the review provide a vision of “a 21st century income security system that enables all Ontarians to live with dignity, participate in their communities and contribute to a prospering economy.” This vision is grounded in Ontario’s Poverty Reduction Strategy.

The Terms of Reference identify five specific outcomes for the review. They indicate that “the review will make recommendations that will enable government to:

1. Place reasonable expectations on, and provide supports for, people who rely on social assistance with respect to active engagement in the labour market and participation in treatment and rehabilitation;

2. Establish an appropriate benefit structure that reduces barriers and supports people’s transition into, and attachment within, the labour market;

3. Simplify income and asset rules to improve equity and make it easier to understand and administer social assistance;

4. Ensure the long-term viability of the social assistance system; and

5. Define Ontario’s position vis-à-vis the federal and municipal governments as it relates to income security for Ontarians.”

These outcomes provide the focus for this Discussion Paper: Issues and Ideas and for the Commission’s research priorities.
The Commission’s Approach

The Commission intends to provide the government with well-grounded, evidence-based recommendations consistent with its mandate. To accomplish this, the Commission will:

- Draw on the perspectives and input of various stakeholders and communities across Ontario, including people with lived experience of social assistance, advocacy groups, labour organizations, business, First Nation communities and other levels of government; and
- Develop a research agenda that captures key research findings and the experience of other jurisdictions, and that engages researchers, academics and technical experts to address gaps in our current understanding.

The Commission will seek input from stakeholders and communities in two phases. First, through the release of this Discussion Paper: Issues and Ideas, the Commission will seek views to confirm the key issues in social assistance today and to identify possible solutions. The Commission is also releasing a Summary and Workbook which people can use to send their comments to the Commission. See “How to Participate” on page 39 for more details. Feedback on the Discussion Paper, including written submissions and conversations in communities, will help inform the development of options and possible approaches.

Second, this input, integrated with findings from the Commission’s research, will be incorporated into an Options Paper to be released in late fall 2011. Through this paper, the Commission will seek further input and advice from stakeholders and communities to help frame its recommendations to the government.
Social assistance in Ontario has evolved over the 20 years since the last comprehensive review was undertaken. Various changes have been made by successive governments to encourage people’s transition to employment, including changes to benefit rates, earnings exemptions and employment services. Changes have also been made outside the social assistance system, such as providing child benefits to support parents living on low incomes.

The number of people receiving Ontario Works and ODSP has also changed. Following the recession of 1990–91, the number of people receiving social assistance peaked at about 12 per cent of the Ontario population and then declined significantly.

By the early 2000s, the number of Ontario Works cases (individuals and families) had declined to under 200,000 and then remained roughly stable until 2009, when the number increased as a result of the recession. During this period, the majority of cases coming onto Ontario Works remained on social assistance for six to 12 months and then either left the program permanently or returned temporarily. A smaller group of Ontario Works cases remained on the program for longer periods. A recent Ministry of Community and Social Services study of cases that entered Ontario Works in 2003 found that less than 25 per cent experienced a continuous period receiving Ontario Works of two or more years between 2003 and 2009.
ODSP has experienced a different trend. The number of cases in the program has been increasing steadily over the past 10 years and is currently growing by about five per cent a year. The Commission will work with communities to better understand the underlying reasons for this trend (see Appendix 1 for a more detailed profile of people receiving social assistance).

**Social Assistance Milestones**

The list below provides some of the key changes and developments in social assistance since the *Transitions* report. It is not intended to be comprehensive.

1989
   - Following the *Transitions* report, earnings exemptions (the amount people can earn without affecting social assistance benefits) are changed and rates are increased.

1990
   - A new shelter allowance that pays 100 per cent of rental costs, up to a maximum determined by family size, replaces the former shelter subsidy.

1993
   - *Jobs*Ontario programs are introduced to link people accessing social assistance with employment and job training. The program ends in 1995.

1995
   - Social assistance rates are reduced by 21.6 per cent, except for people with disabilities and their families.

1996
   - A number of measures begin, including the introduction of the Consolidated Verification Process and a Welfare Fraud Hotline, intended to regularly review the eligibility of recipients and to identify and prevent misuse or fraud.

1998
   - Legislation creates Ontario Works and ODSP. Sole-support parents are transferred from Family Benefits to Ontario Works. As part of this change, they are required to participate in employment activities and receive increased supports to do so.
   - The role of municipalities in delivering Ontario Works, social housing, child care and other programs is enhanced through the establishment of Consolidated Municipal Service Managers and District Social Services Administration Boards. Municipalities become responsible for 20 per cent of
the benefit costs for sole-support parents transferred to Ontario Works, as well as ODSP benefit costs.

- The legislation introduces a new definition of disability for ODSP eligibility and establishes a centralized process for assessing ODSP applications. People formerly eligible for Family Benefits as “permanently unemployable”, but who do not have a substantial disability, are grandparented into the new ODSP program. The “permanently unemployable” eligibility criterion does not exist under the new program.

- The federal government introduces the Canada Child Tax Benefit, including the National Child Benefit Supplement (NCBS), to provide child benefits to all low-income families. Ontario deducts the NCBS from social assistance payments and reinvests the savings into the Ontario Child Care Supplement for Working Families and children’s treatment and mental health centres.

2004

- A series of social assistance rate increases begins, to both Ontario Works and ODSP, totalling 13 per cent over eight years.

- Registered Education Savings Plans are exempted as assets for Ontario Works and ODSP.

- Deb Matthews, Parliamentary Assistant to the Minister of Community and Social Services, releases a report on ways to encourage employment in Ontario Works and ODSP. Subsequently, Ontario implements a 50 per cent earnings exemption and extends prescription drug benefits for up to one year (Ontario Works) or permanently (ODSP) when people leave social assistance for employment. Non-disabled spouses of ODSP recipients and dependent adults without caregiving responsibilities receiving ODSP are now required to participate in employment activities.

2006

- The Task Force on Modernizing Income Security for Working-Age Adults (MISWAA) recommends reforms to income security, including the creation of an Ontario child benefit for all low-income parents and a tax benefit for low-income wage earners.

2007

- The Ontario Budget announces that the municipal share of ODSP costs will be uploaded to the province by January 2011.

- The Working Income Tax Benefit (WITB) is announced in the federal budget to provide tax relief for low-income individuals and families already in the workforce and to encourage other Canadians to enter the workforce.
2008
  o As a result of the Provincial-Municipal Fiscal and Service Delivery Review, municipal costs for Ontario Works financial and employment assistance are to be uploaded to the province over nine years. Administrative costs continue to be cost-shared on a 50-50 basis.
  o The Ontario Child Benefit (OCB) is implemented to provide financial support for all eligible low-income families with children. The deduction of the NCBS from social assistance payments is ended.
  o Ontario’s Poverty Reduction Strategy is launched, including the commitment to review social assistance.

2009
  o Contributions to, and withdrawals from, Registered Disability Savings Plans are exempted so they do not affect social assistance payments.

2010
  o The Social Assistance Review Advisory Council releases its report, which includes recommendations for terms of reference for an Ontario income security review.
  o The government appoints Frances Lankin and Munir A. Sheikh in November to lead the Commission for the Review of Social Assistance in Ontario.
Social Assistance Today

This section provides a brief description of Ontario Works and ODSP. Readers who are already familiar with social assistance may wish to skip to the discussion of the key issues and questions in the next chapter.

Overview

Social assistance is intended by the government to be used as a last resort when people have no other financial options. Ontario’s social assistance system is made up of two programs: Ontario Works and ODSP. Ontario Works is intended to provide financial and employment assistance to help people in temporary financial need find sustainable employment and achieve self-reliance. ODSP is intended to help people with disabilities live as independently as possible and to reduce or eliminate disability-related barriers to employment.

Together, Ontario Works and ODSP serve approximately 857,000 Ontarians each month. In 2009–10, total provincial expenditures on social assistance were about $6.6 billion, about six per cent of the provincial budget (see Appendix 2 for more detail on social assistance expenditures).

Eligibility

Financial eligibility for both Ontario Works and ODSP is based on family size, income, assets and housing costs. To be eligible for ODSP, an applicant must also meet the financial eligibility criteria and Ontario’s legislative definition of a person with a disability: a person who has a substantial physical or mental impairment that is expected to last for at least one year and a substantial restriction in an activity of daily living.

As social assistance is intended by the government as a last resort, there are limits on the assets that people can have in order to qualify. For Ontario Works, the liquid asset limit varies, depending on family composition. However, in most cases, it is roughly equal to one month’s assistance (e.g. $592 for a single person). For ODSP, liquid asset limits are higher: $5,000 for a single individual and $7,500 for a couple with no dependents. Some assets are exempt under both Ontario Works and ODSP, including a principal residence, cars (up to a maximum value of $10,000 for Ontario Works), Registered Education Savings Plans and Registered Disability Savings Plans.

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Social assistance recipients are also expected to seek other sources of income, such as child support, Canada Pension Plan Disability, or Employment Insurance, if they are eligible for these payments. Depending on the amount of these income supports, people may not be eligible for social assistance, or will have their social assistance payments reduced by the amount of these other sources of income. In the case of income from employment, social assistance payments are generally reduced by half the amount of net employment earnings. Some additional deductions are allowed before earnings exemptions are applied, such as child care expenses and work expenses related to a disability under ODSP. Some income, such as child benefits and tax credits, are also allowed without affecting social assistance payments.

To be eligible for Ontario Works, legislation requires applicants and their spouses to participate in employment assistance activities, such as a job search, skills upgrading, self-employment or volunteer work. Some recipients, such as sole-support parents with pre-school children, may have their participation requirements temporarily deferred. Other people may be granted a temporary deferral for medical or other reasons. People with disabilities who receive ODSP are not required to work or to pursue training. Spouses who do not have a disability or caregiving responsibilities are required to participate in employment activities.

**Income Assistance**

The social assistance system provides income assistance for basic needs (food, clothing and personal needs) and shelter. The amount of assistance depends on a number of factors, including family composition and the number and age of dependents. Shelter amounts are provided based on actual shelter costs, up to a maximum amount.

Additional assistance is available to eligible low-income families with children through the Canada Child Tax Benefit, including the National Child Benefit Supplement (NCBS). All families with children under six receive the Universal Child Care Benefit. At the provincial level, eligible low-income families receive the Ontario Child Benefit (OCB). Taken together, federal and provincial child benefits provide critical income support to low-income families with children, including those receiving social assistance.

The Table on page 15 shows the total income for different types of households receiving Ontario Works or ODSP. The total income is made up of social assistance payments and provincial and federal child benefits and tax credits.
## Total Annual Income for Selected Households, Ontario Works and ODSP

<table>
<thead>
<tr>
<th></th>
<th>Social Assistance*</th>
<th>Ontario Child Benefit</th>
<th>Other Ontario Tax Credits**</th>
<th>Federal Child Benefits***</th>
<th>Other Federal Tax Credits</th>
<th>Total Annual Income</th>
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<td><strong>Ontario Works</strong></td>
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<td>909</td>
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<td>18,340</td>
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<td>1,180</td>
<td>4,636</td>
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<tr>
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<td>623</td>
<td>-</td>
<td>341</td>
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<td>27,545</td>
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</table>

* Based on annualized maximum shelter and basic needs rates as of Dec. 2010 for communities located south of the 50th parallel.
** Includes 2010 Ontario Energy and Property Tax Credit and 2010-11 Ontario Sales Tax Credit.
*** Includes Canada Child Tax Benefit (CCTB), National Child Benefit Supplement (NCBS) and Universal Child Care Benefit. CCTB and NCBS are annualized based on the 2010-11 benefit year.
+ Assumes the child is under 6 years of age.
++ Assumes one of the children is under 6 years of age.
+++ Assumes that the spouse is not a person with a disability as defined by the ODSP Act, 1997.

### Other Benefits

In addition to income support, legislation makes other benefits available through the social assistance system to people who meet the eligibility criteria. These include:

- Benefits to assist people make the transition to employment, including child care subsidies and assistance with the costs of starting employment or a new training program;

- The Special Diet Allowance, which assists people who have eligible medical conditions to purchase food for special diets to help manage their conditions;

- Prescription drug coverage;
Basic dental and vision care for children in families receiving Ontario Works and ODSP, and for recipients and spouses receiving ODSP (dental benefits for adults receiving Ontario Works and dependent adults receiving ODSP may be provided through Ontario Works);

Other health-related benefits including support for medical travel, assistive devices and medical supplies;

A Community Start-Up and Maintenance Benefit to help prevent eviction or the loss of heating or other utilities, or to establish a new residence; and

An allowance for people living in remote communities in northern Ontario.

**Employment Services and Supports**

A variety of employment services are available through Ontario Works to help people make the transition to employment. Ontario Works Administrators can tailor these services to reflect individual needs and the local labour market. They include:

- Help with job searches;
- Employment information sessions;
- Community participation (i.e. activities that allow people to contribute to the community and improve their employability);
- Employment placement and job retention services;
- Supports for self-employment development;
- Referral to basic education or approved training programs;
- The Learning, Earning and Parenting (LEAP) program for young parents who have not completed high school;
- Literacy screening, assessment and/or training;
- Job-specific skills training; and
- Addictions screening and treatment (in approved sites).

ODSP Employment Supports provide employment services to people with disabilities. These services focus on placing ODSP recipients in jobs and providing on-the-job support to participants and their employers. In addition to the services offered through Ontario Works and ODSP, people receiving social assistance can get help finding a job or training through Employment Ontario in the Ministry of Training, Colleges and Universities. Other ministries also support employment or training programs for people who may be receiving social assistance. For example, the Ministry of Citizenship and Immigration supports employment-related programs for newcomers.
Program Delivery and Cost-Sharing

Ontario Works is delivered by municipalities through 37 Consolidated Municipal Service Managers and ten District Social Services Administration Boards (in northern Ontario). They also deliver other social services, including social housing and child care.

Ontario Works is delivered on-reserve by 100 First Nations delivery agents in 112 communities. Of these, 35 currently deliver the full Ontario Works program, which includes financial support and employment assistance. The remainder deliver financial assistance only. Whether Ontario Works is delivered by a municipality or a First Nation, the rules are the same. However, in situations where First Nations do not deliver the employment assistance component, participation requirements are not mandatory.

ODSP is delivered directly by the province through the Ministry of Community and Social Services in nine regional offices and 45 satellite offices. ODSP Employment Supports are delivered through a network of about 150 community-based service providers and are cost-shared on a 50-50 basis with the federal government under the Labour Market Agreement for Persons with Disabilities.

The cost of Ontario Works financial and employment assistance is currently shared by the province (81.2 per cent) and municipalities (18.8 per cent). As part of a plan to upload these costs incrementally, the province will cover 100 per cent of these costs by 2018. Administration costs are shared on a 50-50 basis between the province and municipalities. The province covers 100 per cent of the costs of ODSP.

The federal government provides First Nations with funding to cover the municipal share of Ontario Works costs and reimburses about 93 per cent of the provincial costs of the program under the 1965 Indian Welfare Agreement. The agreement does not cover ODSP.

Other Programs

Two other programs that are part of the review of social assistance are highlighted here.

Temporary Care Assistance is intended to provide support for children in financial need while in the temporary care of an adult, such as a grandparent, who does not have a legal obligation to support the child. Eligibility is based on the income and assets of the child, not the financial circumstances of the caregiver. The caregiver must be making reasonable efforts to seek support from the legal guardian of the child. The child is also eligible to receive prescribed drugs and dental and vision care.
The Assistance for Children with Severe Disabilities Program provides funding to assist low- and moderate-income families caring for a child under the age of 18 with a severe disability who is living at home. Depending on family income, eligible parents can receive between $25 and $445 a month to help with costs related to the child's severe disability, such as travel to doctors and hospitals, parental relief, and special clothing and shoes. In addition to financial assistance, recipients also receive basic dental care, prescribed drugs, vision and hearing services, and the consumer contribution for assistive devices under Ontario’s Assistive Devices Program.
Chapter 3: Key Issues and Questions

Introduction

This chapter discusses key issues related to social assistance in Ontario, organized around the five outcomes set out in the review’s Terms of Reference. These are:

- Reasonable expectations on people receiving social assistance and necessary supports to employment;
- Appropriate benefit structure;
- Easier to understand;
- Viable over the long term; and
- An integrated Ontario position on income security.

The outcomes are interrelated and, as a result, the issues may overlap. The issues are discussed at a broad level. The Commission welcomes your input on additional issues and details that are not covered in the paper.

At the end of each outcome area, discussion questions are suggested to seek validation that the key issues have been captured and to solicit ideas for potential solutions. The questions are not intended to set out possible directions or to limit consideration of solutions.

A complete list of questions is provided in Chapter 4 on page 37.
Issue 1: Reasonable Expectations and Necessary Supports To Employment

“This review will make recommendations that will enable government to place reasonable expectations on, and provide supports for, people who rely on social assistance with respect to active engagement in the labour market and participation in treatment and rehabilitation.” (From the Terms of Reference for the review)

This section looks at three aspects of employment expectations and supports:

- Working with employers;
- Effectiveness of employment services and supports; and
- Capacity and aspirations of people with disabilities.

Working with Employers

It is clear that employers need to be engaged partners in improving employment opportunities for people receiving social assistance. Understanding employers’ needs is critical to ensuring that employment services match these needs and to connecting people with prospective employers. While some Ontario Works and ODSP employment services work closely with employers, more effective and consistent approaches are necessary.

Making inroads into the labour market and finding stable employment can be difficult for many social assistance recipients. They may lack knowledge of opportunities for employment or of how to market themselves to prospective employers. Generally, people receiving social assistance may be stigmatized and may not have their experience and skills valued. In particular, people from racialized communities, people from economically depressed communities, recent immigrants, women who have been raising children and people with disabilities may not have their experience, skills and abilities recognized.

The Ontario government is developing regulations under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) that will include standards that businesses and organizations will have to follow to identify, remove and prevent barriers to employment for people with disabilities. The goal of the AODA is to help create the conditions for accessible employment opportunities for people with disabilities.

To encourage employers to hire people receiving social assistance, the review will look at the experience in Ontario and in other jurisdictions with wage subsidies and other supports to employers.
What Do You Think?

- What mechanisms should be established to ensure that the needs of employers are addressed and to connect people receiving social assistance with employers?
- Can you suggest ways in which the skills of people receiving social assistance could be better developed to meet the needs of employers?

Effectiveness of Employment Services and Supports

To be eligible for Ontario Works, applicants must be willing to participate in employment activities, such as a job search, skills upgrading, self-employment or volunteer work. A range of employment services is offered through the program to help people find work or to gain skills that will help them progress toward employment.

People with disabilities receiving ODSP benefits are not required to pursue employment activities but may voluntarily access employment services through the ODSP Employment Supports program.

The scope of this review includes investigating the “effectiveness of active interventions on clients’ employment outcomes and the achievement of financial independence.” There is limited research and outcome data on the success of employment services. However, a number of studies have questioned the effectiveness of employment services in preparing people for sustainable employment. The Social Assistance Review Advisory Council recommended that Ontario Works be re-engineered “as an opportunity planning program to support achieving full labour market potential through skills building, education, training, employment and related support.”

There are concerns about whether employment services are effectively assessing the needs of individuals and responding appropriately. In his 2009 Annual Report, the Auditor General observed “… many instances where it did not appear that recipients were getting an adequate assessment of what skills and experience they would need to secure employment.”

There are also concerns about whether Ontario Works is meeting the needs of First Nation communities. It has been suggested that First Nations that do deliver Ontario Works employment assistance need the flexibility to tailor services to their communities’ priorities and to develop people’s capacity to contribute to community development.

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2 Social Assistance Review Advisory Council, p.16.
People receiving social assistance may also need to access employment and training services from Employment Ontario, through the Ministry of Training, Colleges and Universities. Employment Ontario’s Employment Service provides information about jobs, the labour market and occupational requirements; job search support; placement into volunteer and paid employment, including on-the-job training; and referral to education and training. The Ministry of Citizenship and Immigration and the Ministry of Health and Long-term Care also support employment-related programs for specific clients who may be receiving social assistance, such as newcomers and people with mental health issues.

Another issue that has been raised is the need for better integration of employment and training services provided through Ontario Works, Employment Ontario and the federal Aboriginal Skills and Employment Training Strategy (ASETS). ASETS links training to labour market demand to ensure that Aboriginal people can participate fully in economic opportunities. There are currently 16 delivery agents in Ontario providing ASETS programs, some of which overlap with the delivery of Ontario Works employment assistance and Employment Ontario employment services and training.

The 2008 Provincial-Municipal Fiscal and Service Delivery Review found that employment services are “...not well integrated and, for the individual looking for help, can be hard to access and confusing.” The report called for partners to “simplify and modernize delivery of income assistance and employment-related supports.”

Some people who experience long-term reliance on social assistance may need a wider range of supports to address barriers to employment. For example, they may need help to secure stable housing, child care or health-related services. Intensive case-management services may be appropriate to assist with complex needs, such as mental illness and addiction.

Some municipalities and First Nations have requested that “wraparound” services, such as the Addictions Services Initiative, be expanded to support more people receiving Ontario Works and ODSP benefits to participate in addictions treatment programs. In its 2006 report, the Task Force on Modernizing Income Security for Working-Age Adults called for “special supports to encourage participation in community activities and longer-term capacity building” for people who “have multiple barriers to obtaining and keeping a job.”

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What Do You Think?

- What would make employment services and supports more effective and easier to access?
- What would improve services to people receiving social assistance who face multiple barriers to employment?

Capacity and Aspirations of People with Disabilities

As noted earlier, once in receipt of benefits from ODSP, people with disabilities are not expected to search for a job or take skills training. The scope for the review includes looking at “reasonable expectations and supports for persons with disabilities, including treatment or participation requirements.”

The Organisation for Economic Co-operation and Development (OECD) is undertaking a multi-year “Sickness, Disability and Work” project on issues of income support and employment for people with disabilities. In its 2010 report, the OECD noted that “many people with health problems can work and indeed want to work in ways compatible with their health condition, so any policy based on the assumption that they cannot work is fundamentally flawed.” 6 The report recommends a refocus of disability benefit programs on ability and labour market attachment, rather than on disability.

The ODSP Action Coalition and others have raised concerns that employment supports provided through ODSP are not comprehensive enough. Although the current ODSP Employment Supports program helps some people with disabilities find jobs, the program does not address the needs of people who require skills development, training or further education to improve their capacity for long-term employment.

What Do You Think?

- How can Ontario’s social assistance system better connect people with disabilities to employment services, or the treatment or rehabilitation they may need?

Have the key issues related to employment expectations and supports been identified in this section? Are there any issues we have missed or misunderstood?

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6 Organisation for Economic Co-operation and Development, p. 3.
Issue 2: Appropriate Benefit Structure

“The review will make recommendations that will enable government to establish an appropriate benefit structure that reduces barriers and supports people’s transition into, and attachment within, the labour market.” (From the Terms of Reference for the review)

This section looks at four aspects of the benefit structure:

- Adequacy of benefits;
- Ensuring that people are better off working;
- Asset limits and exemptions; and
- Benefits for people with disabilities.

Adequacy of Benefits

As noted earlier, the social assistance system provides income assistance for basic needs (food, clothing and personal needs) and shelter, as well as a number of other benefits for people who meet the eligibility criteria.

There are no standards or methodology for determining the level of rates. Those with lived experience on social assistance, especially single individuals receiving Ontario Works benefits, have told us that the rates may be too low. The annual “Cost of a Nutritious Food Basket” survey conducted by Ontario Public Health Units shows that many people receiving social assistance do not have enough money left over, after paying for shelter, to buy healthy foods. The Daily Bread Food Bank has documented the growing reliance on food banks by people receiving social assistance in the Greater Toronto Area.

An additional northern allowance is provided through social assistance. However, many consider it insufficient to meet the high costs of food, utilities and services in remote and northern communities.

Concerns have been raised that the current benefit structure does not consistently take into account the circumstances of First Nation communities on-reserve. For example, Ontario Works may provide one benefit rate to adults living with their parents and a higher benefit rate to those living in separate homes. It has been argued that this benefit structure does not reflect traditional living practices or the limited supply of housing in some First Nation communities.
What Do You Think?

- How should social assistance rates be determined?

Ensuring that People are Better Off Working

While there are a number of transitional benefits to help people move from social assistance to employment, eventually people may face the loss of benefits provided by the social assistance system (e.g. prescription drug coverage), as well as the loss of additional income-tested benefits provided outside the social assistance system (e.g. rent-geared-to-income housing or child care subsidies). With the growth in part-time and low-paid work, it is increasingly difficult for people to obtain sufficient earnings and health benefits through employment to replace social assistance benefits.

There is a difficult trade-off between providing adequate social assistance benefits and ensuring that people are better off working. The literature on social assistance suggests a number of approaches to address this challenge.

One approach is to let people receiving social assistance keep a portion of social assistance income support and benefits on top of their employment earnings. However, eventually these supports will be withdrawn as people’s earnings increase, and the rate of withdrawal may be steep. This approach also raises a question of fairness, if people receiving social assistance are better off financially than those who are working full-time in low-wage jobs and who are not receiving social assistance.

A second approach is to set social assistance benefits at a level that ensures people are better off working. However, this approach can conflict with the goal of ensuring adequate incomes for people who need social assistance.

Part of the Commission’s mandate is to “consider other areas in which income benefits may be paid to all low-income Ontarians outside of the social assistance system.” This points to another approach: providing benefits to all low-income people so that those leaving social assistance can continue to get benefits up to a set income level. An example of this approach is the Ontario Child Benefit and the National Child Benefit Supplement. However, providing benefits to all low-income individuals and families would be more costly than providing benefits only to those on social assistance.
A 2009 Senate Committee report has taken a similar approach, recommending that all people living on low incomes be assisted with the cost of prescription drugs. As well, several organizations have proposed a housing benefit outside of social assistance to make housing more affordable and to reduce financial barriers to employment.

Low-income benefits, such as the ones mentioned above, can create challenges of their own. Once established, these benefits must be reduced or withdrawn as the income of an individual or family increases. This challenge was highlighted in a recent study by the C.D. Howe Institute. It shows that Ontario families with incomes between $20,000 and $40,000, who are receiving child benefits, experience a benefit withdrawal rate of more than 50 cents for every additional dollar of income earned.

**What Do You Think?**

- *How should benefits be designed to deal with the trade-off between ensuring adequate income support and ensuring that people are better off working?*

- *Considering the potential for increased costs, what new benefits, if any, should be provided to all low-income individuals and families, whether or not they are receiving social assistance?*

**Asset Limits and Exemptions**

Social assistance is intended by the government to support people who have no other financial options. As a result, they are allowed only very limited assets (with a few exceptions) in order to be eligible for social assistance.

Liquid asset limits vary, depending on family composition. However, for most cases in Ontario Works, they are roughly equal to one month's assistance (e.g. $592 for a single person). For ODSP, the liquid asset limits are higher: $5,000 for a single individual and $7,500 for a couple with no dependents. At the time of the writing of this paper, a Private Member's Bill in the Ontario Legislature is proposing, among other reforms, to raise the asset limits for people receiving ODSP.

Some assets are exempt under both Ontario Works and ODSP, including a principal residence, cars (up to a maximum value of $10,000 for Ontario Works), Registered Education Savings Plans and Registered Disability Savings Plans.
It has been argued by many, including TD Economics, that asset limits discourage social assistance recipients or potential recipients from accumulating assets that they will need in the future to help secure and make the transition to employment. Social assistance asset rules may also conflict with other government policy goals intended to help people build up assets through instruments such as Registered Retirement Savings Plans.

**What Do You Think?**

- Should asset limits and exemptions be changed to improve the social assistance system?

**Benefits for People with Disabilities**

ODSP does not differentiate between people with the capacity and desire to work, and those who are unable to take a job because of disability. For people who are able to work, the benefit system must be designed in such a way that they are better off working than receiving social assistance.

For people with disabilities who are unable to work, the Social Assistance Review Advisory Council and others have proposed that benefits be comprehensively redesigned, in order to provide adequate long-term income support. Such benefits could be provided through a pension-like program similar to Canada Pension Plan Disability and, as proposed by the Caledon Institute, delivered by the federal government.

**What Do You Think?**

- How should benefits for people with disabilities be designed and delivered?

Have the key issues related to an appropriate benefit structure been identified in this section? Are there any issues we have missed or misunderstood?
Issue 3: Easier to Understand

“The review will make recommendations that will enable government to simplify income and asset rules to improve equity and make it easier to understand and administer social assistance.” (From the Terms of Reference for the review)

This section looks at two aspects of making the system easier to understand:

- Complexity of benefits and eligibility; and
- Eligibility for special benefits.

Complexity of Benefits and Eligibility

In general, the rules and regulations in social assistance have evolved in an effort to achieve several objectives, including:

- Ensuring that people first access other resources before turning to social assistance;
- Addressing the varying and unique circumstances of individuals and families accessing social assistance;
- Meeting expectations for public accountability for expenditures and preventing fraud; and
- Facilitating administration of a system that delivers benefits to over 800,000 people each month.

These rules define eligibility, calculation of benefits, treatment of income and assets and many other aspects of social assistance. Over time, new rules have been developed to reflect the complexity of people’s lives and to respond to changing economic and social conditions. However, it is not clear whether the rules, particularly when taken as a whole, are meeting their objectives.

In her 2004 report, Deb Matthews noted that “there are now approximately 800 rules and regulations... that must be applied before a client’s eligibility and the amount of their monthly cheque can be determined.” According to the report, these complex rules are inconsistently applied and “virtually impossible to communicate to clients.”

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7 Deb Matthews, p. 25.
The large number of rules can make it difficult for people who need social assistance to understand and access the system. Some argue that the rules intrude too far into the details of people’s lives, or do not correspond to the real circumstances that people face. This can lead some people to try to adjust their life circumstances to fit the rules or others to look for ways to get around them. This is different than the issue of fraud, which any system must have mechanisms in place to prevent.

Applying for ODSP can be a challenging process because of the detailed medical records and application forms required. This may be especially true for people living in First Nation communities. Program data show that they are accessing ODSP in smaller numbers than elsewhere in the province. There may be a number of reasons for this, including a lack of awareness of the program, difficulty in obtaining the medical reports and assessments that are needed to apply, and discomfort dealing with an ODSP caseworker who is not from a First Nation community.

For service deliverers, administering so many rules is costly and labour-intensive and may take focus away from working directly with people to access employment and other services.

**What Do You Think?**

- *Are the rules meeting their objectives? Are there rules that are not working? What changes do you suggest?*

**Eligibility for Special Benefits**

As noted earlier, the social assistance system offers special benefits (in addition to income support) to Ontario Works and ODSP recipients who qualify. These benefits include the Special Diet Allowance and other health-related benefits. The Ontario Works and ODSP legislation also establish the Temporary Care Assistance and Assistance for Children with Severe Disabilities programs.

These benefits are generally intended to assist with special costs related to individual circumstances or health needs. To receive these benefits, recipients are required to demonstrate that they meet specific eligibility criteria and to meet additional reporting and administrative requirements.

Special benefits are complex to administer and may be difficult to access. People receiving social assistance may not be consistently aware of these benefits and the benefits may not be consistently available across the province. Ontario Works Administrators can decide whether or not to offer certain benefits, such as adult dental coverage. In some situations, ODSP recipients may need to go to their local Ontario Works office to apply for these benefits.
It has been suggested that it would be more effective and equitable to deliver some of these special-purpose benefits more broadly, outside of the social assistance system.

**What Do You Think?**

- *How can special-purpose benefits be delivered more efficiently and equitably? Should some be delivered outside of the social assistance system?*

Have the key issues related to making the system easier to understand been identified in this section? Are there any issues we have missed or misunderstood?
Issue 4: Viable over the Long Term

“The review will make recommendations that will enable government to ensure the long-term viability of the social assistance program.” (From the Terms of Reference for the review)

This section looks at two aspects of ensuring the system is viable:

- Sustainability and public accountability; and
- Improved system integration.

**Sustainability and Public Accountability**

As in any government program, social assistance expenditures must be focused on their intended purposes, services must be delivered efficiently and the growth of costs must be in line with available resources. This includes ensuring that key program components, such as employment services and special-purpose benefits, are meeting their objectives and being delivered effectively.

Currently, there is neither a shared understanding of the expected outcomes of Ontario’s social assistance system, nor public reporting on whether it is achieving these outcomes.

While the legislation for social assistance sets out some objectives, there is a lack of clarity about how to apply specific objectives. The goal of helping people make the transition to employment is one example. It could mean getting people into temporary or low-paid jobs, even if they are likely to return to social assistance, or it could mean improving people’s capacity to obtain sustainable employment.

There is also insufficient data collected on the needs and employability of, and outcomes for, people receiving social assistance. Without adequate data, it is difficult to measure and publicly report on the effectiveness of employment services in helping people back to work. Adequate data is also needed to assess whether the various supports and services are effective in addressing the diverse barriers faced by people receiving social assistance, such as sole-support mothers, newcomers, and First Nation and Métis peoples. It has been proposed, for example, that the Ontario government collect data on the racial and ethnocultural background of recipients in order to assess whether social assistance services are effectively meeting the needs of racialized and ethnocultural communities.
What Do You Think?

- What should the expected outcomes be of social assistance?
- What additional data should be collected to assess the effectiveness of social assistance benefits and services? For example, should ethnocultural and racial data be collected in order to evaluate and improve supports for people from racialized and ethnocultural communities?

Improved System Integration

Ontario Works is delivered by municipalities through 37 Consolidated Municipal Service Managers and ten District Social Services Administration Boards in northern Ontario. These service providers also deliver other social services, including social housing and child care. ODSP is delivered directly by the province.

The 2008 Provincial-Municipal Fiscal and Service Delivery Review identified the need for a clearer definition of the roles and responsibilities of the municipal and provincial levels of government, in order to support effective and integrated service delivery. The review noted that “where shared roles and responsibilities are not carefully thought out and articulated, the results can include duplication, confusion about who is responsible for a service or accountable for results, and a regulatory burden that may be inappropriate or excessive.”

In a 2010 review of Canada’s disability income support programs, the OECD noted that federal and provincial disability support programs are poorly integrated and difficult for people to navigate. These programs include social assistance, Canada Pension Plan Disability, disability tax credits and training programs.

The mandate of the Commission includes developing specific recommendations on how a reformed social assistance system should “interact effectively with other municipal, provincial and federal programs outside of social assistance, including education, training, housing, child care and health benefits, to support employment.” A lack of coordination undermines the ability of social assistance to achieve its expected outcomes and to gain public confidence in the system.

There are efforts underway to improve service integration at the local level. For example, the Region of Peel has established an integrated reception counter so that clients requiring support from any program can speak to one person. The Algoma District Social Services Administration Board refers clients to a Client Service Coordinator who has access to a full range of services, including child care, training, employment, and addiction and mental health services. Other municipalities and First Nations are undertaking similar approaches.

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8 Provincial-Municipal Fiscal and Service Delivery Review, p. 11.
Coordinated policy is also needed to set the framework for service delivery. Policy silos for managing social assistance and other income support programs need to be broken down, in order to make program objectives consistent and reduce unintended barriers created by disjointed programs.

**What Do You Think?**

- What can the provincial government and municipalities do to better integrate services?

Have the key issues related to ensuring the long-term viability of the system been identified in this section? Are there any issues we have missed or misunderstood?
Issue 5: An Integrated Ontario Position on Income Security

“The review will make recommendations that will enable government to define Ontario’s position vis-à-vis the federal and municipal governments as it relates to income security for Ontarians.” (From the Terms of Reference for the review)

Social assistance is one part of a broader income security system. Other components include Employment Insurance, pension plans, child benefits and the federal Working Income Tax Benefit. Changes in any of these components can affect social assistance benefits. As well, if any of the components does not work effectively, it could increase the need for people to turn to social assistance.

This section looks at three aspects of an integrated Ontario position on income security:

- Gaps in Employment Insurance support and training;
- Other benefits; and
- Sponsorship.

Gaps in Employment Insurance Support and Training

The purpose of Employment Insurance (EI) is, in part, to stabilize the income of unemployed workers while they seek new employment or undertake training to enhance their skills to obtain employment.

A key challenge for Ontario is the gap in income support that exists due to the fact that just over one-third of unemployed Ontarians receive EI, compared to more than half of unemployed people in other provinces. Unemployed Ontarians who do not receive EI include youth, recent immigrants and people with part-time or temporary employment. The Mowat Centre for Policy Innovation has formed an Employment Insurance Task Force, which is developing Ontario-focused recommendations for a redesigned EI program. The Task Force’s final report is expected in fall 2011.

For the purposes of our review, we must look at the fact that about two-thirds of people who are unemployed in Ontario are not eligible for EI and may be forced to turn to social assistance for support.

In addition to income support, there is a gap in training, as most of the training programs funded through the Labour Market Development Agreement are available only to people who are currently receiving EI or who have recently been receiving EI.
There are a number of provincial labour market training programs through Ontario Works, ODSP and Employment Ontario that are available to people who are not receiving EI. These programs are funded in part by other federal-provincial agreements, including the Labour Market Agreement and the Labour Market Agreement on Persons with Disabilities. However, these agreements may not be sufficient to address the range of training needs of people receiving social assistance.

**What Do You Think?**

- *What should Ontario do to address the short-term income support and training needs of people who are not eligible for EI?*

**Other Benefits**

The success of child benefits in helping to prevent and reduce the number of children living in poverty has been widely recognized. These benefits provide income support to low-income families with children, including those receiving social assistance. However, there is no stated longer-term federal-provincial plan for the level of child benefits. This needs to be taken into account when the review makes recommendations on social assistance rates and the best benefit structure to ensure that people are better off working.

The federal government has established a Working Income Tax Benefit (WITB) for low-income people who have employment earnings. In Ontario, the design of WITB tends to support part-time, low-wage work. This is because the benefit reaches its maximum and is withdrawn at an income level that is lower than full-time, minimum wage employment.

The Senate Committee and others have suggested that a redesigned and expanded federal WITB could play a role in strengthening the income security of low-income people. It could also help ensure that social assistance recipients making the transition to employment are better off working.

An overall framework may be needed to clarify the objectives and long-term plans for the federal WITB, child benefits and other income-tested benefits. Such a framework would help ensure that these benefits are effectively integrated with social assistance programs and would define the respective roles of Ontario and Canada in providing income security.
**Sponsorship**

Another area of federal and provincial interaction concerns sponsored immigrants. In order to sponsor an immigrant, a person must agree to support the sponsored person financially, or to reimburse the Ontario government for any social assistance paid to the sponsored immigrant. When a sponsored immigrant is provided with social assistance, Ontario can defer the collection of debt from the sponsor where there is financial hardship or a risk of domestic violence. However, it has been suggested that the federal and provincial governments should collaborate to identify other special circumstances where, for example, a sponsor’s debt should be forgiven. The Supreme Court of Canada is currently considering this issue.

**What Do You Think?**

- What should the interaction be between income-tested benefits, such as WITB and child benefits, and the social assistance system?

- Do you have suggestions on other areas of federal-provincial interaction related to social assistance?

Have the key issues related to an integrated Ontario position on income security been identified in this section? Are there any issues we have missed or misunderstood?
Chapter 4: Questions Included in Discussion Paper

Issue 1: Reasonable Expectations and Necessary Supports to Employment

a) What mechanisms should be established to ensure that the needs of employers are addressed and to connect people receiving social assistance with employers?

b) Can you suggest ways in which the skills of people receiving social assistance could be better developed to meet the needs of employers?

c) What would make employment services and supports more effective and easier to access?

d) What would improve services to people receiving social assistance who face multiple barriers to employment?

e) How can Ontario’s social assistance system better connect people with disabilities to employment services, or the treatment or rehabilitation they may need?

Have the key issues related to employment expectations and supports been identified in this section? Are there any issues we have missed or misunderstood?

Issue 2: Appropriate Benefit Structure

a) How should social assistance rates be determined?

b) How should benefits be designed to deal with the trade-off between ensuring adequate income support and ensuring that people are better off working?

c) Considering the potential for increased costs, what new benefits, if any, should be provided to all low-income individuals and families, whether or not they are receiving social assistance?

d) Should asset limits and exemptions be changed to improve the social assistance system?

e) How should benefits for people with disabilities be designed and delivered?

Have the key issues related to an appropriate benefit structure been identified in this section? Are there any issues we have missed or misunderstood?
Issue 3: Easier to Understand

a) Are the rules meeting their objectives? Are there rules that are not working? What changes do you suggest?

b) How can special-purpose benefits be delivered more efficiently and equitably? Should some be delivered outside of the social assistance system?

Have the key issues related to making the system easier to understand been identified in this section? Are there any issues we have missed or misunderstood?

Issue 4: Viable over the Long Term

a) What should the expected outcomes be of social assistance?

b) What additional data should be collected to assess the effectiveness of social assistance benefits and services? For example, should ethnocultural and racial data be collected in order to evaluate and improve supports for people from racialized and ethnocultural communities?

c) What can the provincial government and municipalities do to better integrate services?

Have the key issues related to ensuring the long-term viability of the system been identified in this section? Are there any issues we have missed or misunderstood?

Issue 5: An Integrated Ontario Position on Income Security

a) What should Ontario do to address the short-term income support and training needs of people who are not eligible for EI?

b) What should the interaction be between income-tested benefits, such as WITB and child benefits, and the social assistance system?

c) Do you have suggestions on other areas of federal-provincial interaction related to social assistance?

Have the key issues related to an integrated Ontario position on income security been identified in this section? Are there any issues we have missed or misunderstood?
Chapter 5: How to Participate

The Commission would like to receive your input by **September 1, 2011**, in order to consider it in the development of options and possible approaches in the fall.

There are many ways to share your views on social assistance with the Commission.

**Online**

You can go to the Commission for the Review of Social Assistance in Ontario website at [www.socialassistancereview.ca](http://www.socialassistancereview.ca) to download this *Discussion Paper: Issues and Ideas* or the *Summary and Workbook*, complete the *Workbook* online, or make a submission.

There is a form on the website that you can use if you wish to send the Commission a short comment of up to 1,000 characters (approximately 150 words).

You can also send your comments via email to [socialassistancereview@ontario.ca](mailto:socialassistancereview@ontario.ca).

**Mail or Fax**

You can mail completed *Workbooks* or submissions to:

Commission for the Review of Social Assistance in Ontario
2 Bloor Street West
4th Floor, Suite 400
Toronto, ON
M4W 3E2

Or fax your comments to:

416-212-0413

**Other Ways to Share Your Views**

The Commissioners encourage people in communities across Ontario to engage in a dialogue on the issues and possible solutions. A *Guide to Hosting a Community Conversation* is available on our website [www.socialassistancereview.ca](http://www.socialassistancereview.ca) to help you facilitate a discussion within your organization, agency or community, and send the collective comments of the participants to the Commission.
You may also wish to involve your local Member of Provincial Parliament in a dialogue. You can find a list of MPPs on the Legislative Assembly of Ontario website: http://www.ontla.on.ca/web/members/members_current.do?locale=en, or by calling 416-325-7500.

**Contact Us**

Email: socialassistancereview@ontario.ca

Phone:
416-212-8029
Toll free 1-855-269-6250
Appendix 1: Profile of People Receiving Social Assistance in Ontario

Ontario Works

Number of People
- In March 2011, 465,871 people (or 258,425 “cases”\textsuperscript{10}) accessed Ontario Works. This represents 3.5 per cent of the Ontario population.

Gender
- 54 per cent of primary applicants\textsuperscript{11} are women; 46 per cent are men.

Age
- The average age among primary applicants is 36.

Geographic Location
- 45 per cent of Ontario Works cases live in the Greater Toronto Area (GTA); about six per cent live in Ottawa; six per cent live in northern Ontario.

Family Composition
- Ontario Works cases are made up of 58 per cent singles without children, 31 per cent sole-support parents with children, three per cent couples without children, and eight per cent couples with children.
- 64 per cent of singles without children are men.

Sole-Support Parents
- Sole-support parents make up 31 per cent of Ontario Works cases; 93 per cent of sole-support parents are women.

Children
- Over 70 per cent of the children in families receiving Ontario Works benefits are led by sole-support parents.
- Over half of these families have a child who is five years old or younger.

Newcomers
- 14 per cent of primary applicants are newcomers who have been in Canada for five years or less. Among newcomers receiving Ontario Works, refugee

\textsuperscript{9} All information is from November 2010 unless otherwise noted. Except for the “Number of People”, the information does not include people accessing Ontario Works on First Nations reserves.

\textsuperscript{10} “Cases” means the number of individuals and families accessing Ontario Works. The number includes approximately 10,461 cases (four per cent) accessing Ontario Works on First Nations reserves.

\textsuperscript{11} The “primary applicant” is the person who applies for Ontario Works, either as a single individual or on behalf of a family.
claimants make up about seven per cent of primary applicants and sponsored immigrants represent less than one per cent.

**Education**
- 32 per cent of primary applicants have completed Grade 12-13; about 23 per cent have post-secondary education; the remainder has Grade 11 or lower.

**Workforce Earnings**
- 11 per cent of primary applicants have some earnings from employment.

**Length of Time Receiving Ontario Works**
- The average case accesses Ontario Works for about 20 consecutive months. Sole-support parents tend to stay on assistance longer, about 27 months on average.
- 40 per cent of cases who leave Ontario Works return within one year.
Ontario Disability Support Program (ODSP)\textsuperscript{12}

Number of People
- In March 2011, 391,443 people (or 281,946 “cases”\textsuperscript{13}) accessed ODSP. This represents 2.9 per cent of the Ontario population.

Type of Disability
- 44 per cent of primary applicants\textsuperscript{14} have a physical disability, 38 per cent have a mental disability, and 18 per cent have a developmental disability.

Gender
- Primary applicants are split almost equally between men and women.

Age
- The average age among primary applicants is 46.

Geographic Location
- 35 per cent of ODSP cases live in the GTA; about seven per cent live in Ottawa; 11 per cent live in northern Ontario.

Family Composition
- ODSP cases are made up of 77 per cent singles without children, nine per cent sole-support parents with children, eight per cent couples without children, and six per cent couples with children.

Sole-Support Parents
- Sole-support parents make up nine per cent of ODSP cases; 88 per cent of sole-support parents are women.

Children
- Just over half of the children in families receiving ODSP are led by sole-support parents.

Newcomers
- Two per cent of primary applicants are newcomers who have been in Canada for five years or less. Among newcomers receiving ODSP, refugee claimants and sponsored immigrants represent less than one per cent of primary applicants.

\textsuperscript{12} All information is from November 2010 unless otherwise noted.
\textsuperscript{13} “Cases” means the number of individuals and families accessing ODSP.
\textsuperscript{14} The “primary applicant” is the person who applies for ODSP, either as a single individual or on behalf of a family.
Education
  o 30 per cent of primary applicants have completed Grade 12-13; about 18 per cent have post-secondary education; the remainder has Grade 11 or lower.

Workforce Earnings
  o 11 per cent of primary applicants have some earnings from employment.
Appendix 2: Social Assistance Expenditures

Provincial social assistance expenditures totalled $6.6 billion in 2009–10. Of this amount, about 90 per cent went to income support paid to Ontario Works and ODSP recipients and to cover the costs of prescription drugs provided to recipients.

Provincial expenditures in 2009–10 for employment services totalled $235 million or four per cent of total costs.

Note that the Table below shows provincial expenditures only and does not include the municipal share of costs for Ontario Works benefits, employment assistance and administration.

<table>
<thead>
<tr>
<th>Provincial Social Assistance Expenditures ($M)*</th>
<th>2009-10 Actuals</th>
<th>Per Cent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario Works</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance Payment to Recipients**</td>
<td>1,803</td>
<td>27%</td>
</tr>
<tr>
<td>Administration Subsidy***</td>
<td>205</td>
<td>3%</td>
</tr>
<tr>
<td>Employment Assistance**</td>
<td>193</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Ontario Disability Support Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance Payment to Recipients</td>
<td>3,295</td>
<td>50%</td>
</tr>
<tr>
<td>Employment Assistance</td>
<td>42</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Administration</strong>**</td>
<td>244</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Ont. Drug Benefit Program for ODSP and Ontario Works</strong></td>
<td>846</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,628</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Provincial expenditures do not include the municipal share of costs. Totals may not add due to rounding.

** Represents the 80.2 per cent provincial share of 2009-10 costs. As part of a plan to upload costs incrementally, the province will cover 100 per cent of financial assistance costs by 2018.

*** Provincial subsidy does not include municipal share of costs.

**** Includes costs for delivering ODSP, and for the Social Benefits Tribunal and the information technology that support both ODSP and Ontario Works.
Appendix 3: Reports Cited

The reports cited in this paper are listed below (in year order) with brief descriptions.

**Transitions: Report of the Social Assistance Review Committee (SARC), 1988**
SARC, chaired by George Thomson, was appointed by the Ontario government to undertake a comprehensive review of social assistance. This resulted in its landmark report, *Transitions*, which sets out a vision for an entirely redesigned social assistance system. In the years following the release of the report, some of the interim steps it recommended were implemented, including increasing rates and earnings exemptions through the Supports to Employment Program (STEP). (This report is not online but is available through public libraries.)

**Deb Matthews, MPP, Parliamentary Assistant to the Minister: Report to the Honourable Sandra Pupatello, Minister of Community & Social Services: Review of Employment Assistance Programs in Ontario Works & Ontario Disability Support Program, 2004**

**TD Economics: From Welfare to Work in Ontario, Still the Road Less Travelled, 2005**
This report takes a broad look at the state of social assistance in Ontario, and cites five key problems with the system, including high marginal effective tax rates and low asset limits, that are counterproductive to the goal of reducing reliance on welfare. [http://www.td.com/economics/special/welfare05.jsp](http://www.td.com/economics/special/welfare05.jsp)

**Toronto City Summit Alliance: The Task Force on Modernizing Income Security for Working-Age Adults (MISWAA): Time For a Fair Deal, 2006**
This coalition of business, labour, academic, non-profit, and think tank leaders calls for fundamental reform of Canada’s income security programs for working-age adults and makes recommendations for ensuring that people are better off working. The report advocates for new federal and provincial income supplements, including the establishment of an Ontario Child Benefit, which was implemented in 2008. [http://www.civicaction.ca/time-fair-deal](http://www.civicaction.ca/time-fair-deal)
ODSP Action Coalition: Submission to the Honourable Deb Matthews, Chair, Cabinet Committee on Poverty Reduction, 2008
This coalition of community activists, caseworkers and agency staff makes recommendations in eight areas, including the adequacy of benefit rates and ways to improve employment outcomes through changes to earnings exemptions and employment supports provided through the Ontario Disability Support Program.
http://sareview.ca/other-resources/disability-should-not-be-a-life-sentence-to-poverty/

This report sets out the consensus achieved by the provincial government, AMO and the City of Toronto through a review of provincial-municipal arrangements. The review, which began late in 2006, was broad in scope, covering fiscal relationships, infrastructure, and the delivery of human services.
http://www.mah.gov.on.ca/Page181.aspx

Ontario’s plan for poverty reduction focuses on children and families and sets a key target to reduce the number of children living in poverty by 25 per cent over five years. The Strategy also commits to “undertake a review of social assistance with the goal of removing barriers and increasing opportunity — with a particular focus on people trying to move into employment from social assistance.”

Canadian Senate Committee: In From The Margins: A Call To Action On Poverty, Housing And Homelessness, 2009
The Standing Senate Committee on Social Affairs, Science and Technology's Subcommittee on Cities, chaired by the Honourable Art Eggleton, undertook a two-year, cross-country study resulting in over 70 recommendations to address poverty in Canada.
http://www.parl.gc.ca/Content/SEN/Committee/402/citi/subsite-dec09/reports-e.htm

Chapter 3 of this Annual Report includes discussions of the Ontario Disability Support Program (3.09) and Ontario Works (3.11).
Daily Bread Food Bank: Who’s Hungry: Profile of Hunger in the GTA, 2010
This research publication, updated annually with results gathered from almost 2,000 one-on-one interviews with food bank clients, offers a quantitative and qualitative glimpse into the hunger crisis in the Greater Toronto Area.
http://www.dailybread.ca/learning-centre/publications/

Organisation for Economic Co-operation and Development (OECD): Sickness, Disability and Work: Breaking the Barriers, 2010
Part of a multi-year project on income support and employment for people with disabilities across OECD countries, this report recommends a reorientation of disability benefit programs to focus on ability and work capacity, rather than disability.

Commissioned by the Council of Canadians with Disabilities and the Canadian Association for Community Living, this report proposes a new federal “basic income” program to replace provincial/territorial social assistance for most working-age people with severe disabilities. Provinces would then be able to use their resulting savings to implement comprehensive disability supports and services.
http://www.caledoninst.org/Publications/PDF/906ENG.pdf

The Council, chaired by Daily Bread Food Bank Executive Director Gail Nyberg, was appointed by the Ontario government to provide recommendations on short-term changes to social assistance and the scope and terms of reference for the review of Ontario’s social assistance system.

This paper finds that targeted tax benefits and credits have increased marginal tax rates for many families in Ontario with less than $45,000 per year in income, and suggests that new or expanded income-tested benefits may discourage people from seeking additional earnings.
http://cdhowe.org/?p=11348
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: August 16, 2011

FILE CODE: S07-80

SUBJECT: HOMEMAKING AND NURSING SERVICES PROGRAM UPDATE

RECOMMENDATION:

For information

SUMMARY:

The Region of Waterloo has now administered the Homemaking and Nursing Services Program (HNSA) for approximately 20 months, since December 1, 2009, when the program administration was transitioned from the Waterloo Wellington Community Care Access Centre (WWCCAC) to the Regional Municipality of Waterloo. There are currently 186 clients receiving service with 62 additional clients on the waitlist. The HNSA program is currently piloting a project with Waterloo Regional Homes for Mental Health to provide service for some of the more challenging clients with additional mental health support not easily met by the traditional HNSA providers. The Region is currently tendering for the HNSA program to update the contracts for service provision with recommendations being anticipated to be presented to Council for approval in October. A request has recently been placed with the Ministry of Health and Long-Term Care to apprise the Ministry of increased needs in our community for the HNSA services.

REPORT:

1.0 Background

The Homemakers and Nurses Services Program (HNSA) is legislated under the Homemakers and Nurses Act R.R.O. 1990, Regulation 634 Amended to O. Regulation 174/95. Under this program, the Ministry of Health and Long-Term Care contributes to the cost of homemakers or nurses services to eligible clients. It is a claims based discretionary program that is cost-shared on an 80/20 basis with municipalities. The purpose of the program is to provide support to low income clients so they can maintain their health and live independently in the community. Service is provided on a short-term basis in a crisis situation, or over a long period in a chronic situation.

The Region of Waterloo has now administered the program for approximately 20 months, since December 1, 2009, when the program administration was transitioned from the Waterloo Wellington Community Care Access Centre (WWCCAC) to the Regional Municipality of Waterloo. There is one part-time (0.5 FTE) HNSA Social Work Coordinator who conducts home visits with clients, determines eligibility, manages the HNSA waitlist, liaises with contracted HNSA providers, and liaises with other community agencies and clients. There is also one part-time clerical support staff (0.4 FTE) who books home visits, handles invoicing, fields client and agency phone calls, and provides additional clerical support to the program.

The HNSA Program provides light housekeeping, laundry, grocery shopping and meal preparation to low-income clients who meet the financial and physical eligibility guidelines of the program. The Region of Waterloo is currently contracted with three agencies that provide these homemaking services. These agencies are Paramed Home Health Care, the Canadian Red Cross, and Revera...
Health Services. In addition, the HNSA program has contracted with Salvaeh’s Cleaning Service and a non-profit agency, Community Support Connections, to provide intense crisis cleaning that the traditional contracted companies cannot provide. There is also a limited number of private homemaking providers contracted to work with individual clients whose needs for a variety of reasons were not successfully met by the larger providers. HNSA program is not providing nursing services at this time, as these client needs are referred to the Community Care Access Centre.

2.0 Recipients of Service

There are currently 186 clients on the HNSA program. Of these clients, approximately 65% are single adults and 35% are adults with dependants (i.e. older adult relatives, spouses, children). The HNSA clients are normally in receipt of the Ontario Disability Support Program, or Old Age Security. If a client’s income is something other than ODSP, Ontario Works, or Old Age Security, a full financial assessment must be completed in order to determine that the client’s monthly expenses outweigh their monthly income and thus they cannot afford to purchase required homemaking services.

Most of the clients on the HNSA program experience a wide variety of physical and mental health issues. The average amount of service an HNSA client receives is approximately 2 hours/week, but clients may receive more or less depending upon their needs.

There are currently 62 clients on the HNSA program waitlist. With the current waitlist, clients will be assessed for HNSA service in 18 to 24 months. The majority of the referrals come from the Community Care Access Centre; however, there are also referrals from other social service agencies and Waterloo Region Housing.

3.0 Funding and Service Contracts

The Ministry of Health and Long-Term Care (MOHLTC) has established the Region’s targeted expenditures for the 2011/12 fiscal year at $437,500, which is a decrease from the $475,000 target for the fiscal 2010/11 year. This target is subject to change annually dependent upon the usage in the previous year. In the 2010-2011 period the program was underspent for several reasons including a conservative approach to forecasting hours and costs for the year as staff were becoming familiar with the program variability. Increased networking and partnerships between the HNSA program and other agencies in the Region has created more awareness about the HNSA program leading to increased referrals to the program. A request has recently been placed with the Ministry of Health and Long-Term Care to apprise the Ministry of increased needs in our community for the HNSA services.

The HNSA is currently piloting a project with Waterloo Regional Homes for Mental Health (WRHMH) to provide some of the more difficult-to-serve clients with additional support. With this partnership, 8 current or waitlist clients will receive a homemaker staff trained by WRHMH who will provide the required homemaking duties for the client. However this staff member will have specialized training in working with clients who have mental health needs not easily met by our traditional HNSA providers. These clients, if not served by experienced providers may be at risk of eviction or homelessness, and it is the hope of staff that with this additional support, clients can remain successfully in their own homes.

When the HNSA program was transferred from Community Care Access to the Regional Municipality of Waterloo, the existing contracts with providers were also transferred to the Region. The Region is currently out to tender for the HNSA services to update the contracts for service provision. It is anticipated that decisions on the providers for the future will be determined through the month of September and approval for the successful contractors will be sought from Council in October, 2011.
CORPORATE STRATEGIC PLAN:

Ensuring that those living in low income have access to homemaking and nursing services to maintain their housing, is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Human Services: to “promote quality of life and create opportunities for residents to develop to their full potential”, and specifically, Strategic Objective 4.2 to “enhance services to people experiencing or at risk of homelessness”.

FINANCIAL IMPLICATIONS:

The Ministry of Health and Long-Term Care has approved an expenditure target of $437,500 (gross) for the 2011/12 fiscal year. This expenditure is cost shared 80/20 with the Region. The estimated cost of the HNSA program for the 2011/12 year is expected to be approximately $510,000 (gross). A request has been made to the MOHLTC to increase the expenditure target to $510,000. The MOHLTC has advised that it will revise the target later in the fiscal year once additional claims are submitted that support the Region’s estimate of $510,000. If an increase is approved, this results in an increase to the Region’s 20% share, which can be accommodated in the approved 2011 Regional budget for the HNSA program.

Should the MOHLTC not increase the 2011/12 approval, a decrease to service levels will be implemented to achieve the $437,500 target. It is expected that this can be accommodated through attrition and by not extending service to clients on the waiting list.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance and Legal Services were consulted in the development of this report.

ATTACHMENTS

Nil

PREPARED BY: Helen Eby, Administrator, Resident Care
Kelly Sproule, Coordinator, Homemaking and Nursing Services

APPROVED BY: David Dirks, Acting Commissioner, Social Services
To: Chair Sean Strickland and Members of Community Services Committee  
From: Melanie Garbarz, Public Health Planner  
Amanda Kroger, Manager  
Subject: MEASURING BOARD OF HEALTH OUTCOMES AS REQUIRED BY THE ONTARIO PUBLIC HEALTH STANDARDS  
File No: P20-20

The Ontario Public Health Standards, which were implemented in 2009, have identified 122 Board of Health Outcomes. Public Health is developing ways to measure the success of achieving Board of Health Outcomes, as required. Public Health wishes Councillors to be aware of a series of surveys of community partners that have been planned. **The purpose of the surveys is to assess and improve how we share information related to our mandate and how our partners share information with us (i.e. knowledge exchange).** The results will be utilized to improve Public Health communication and interaction with community partners.

Specifically:

- In October 2010, Public Health initiated the development of measuring the Board of Health Outcomes from the Ontario Public Health Standards.
- In December 2010 a staff advisory committee was created with representation from each division in Public Health. They have explored how to measure the Board of Health Outcomes.
  - The advisory committee determined that the best strategy to capture Board of Health Outcomes that relate to knowledge exchange with community partners is through a survey.
  - The 28 Board of Health Outcomes related to knowledge exchange with community partners will be measured through a series of tailored surveys.
  - There are multiple versions of the survey – 11 in total. Each survey is tailored to a specific audience: Child Care Providers, Dental Health Professionals, Family Development, Hospitals, Long Term Care, Municipalities, Owner/Operators, Physicians, Sexual Health and Harm Reduction Partners, Schools and Health Living and Communities.
  - Some of the surveys were also developed to collect additional information to inform other inquiries that were occurring in Public Health to reduce the potential response burden on our community partners. Just over 2000 community partners...
from Waterloo Region will be receiving a survey. In some situations, where deemed necessary by staff, community partners may receive more than one survey.

- The surveys have been developed and are now in the process of being implemented. The implementation of the 11 surveys has been staggered between July 2011 and December 2011. The majority of the surveys will be implemented via email (i.e. iSurvey) with the others being tailored to the specific audience based on their needs (e.g. dental health professionals via fax and physicians through medical courier). Participation in the surveys is voluntary and will take approximately 10-20 minutes to complete.
  - A thorough communication plan has been developed and shared with PH staff to address any questions from the public.
- A summary report of survey findings will be available in 2012.
MEMORANDUM

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

From: Nancy Dickieson, Director Children’s Services

Copy: Michael Schuster, Commissioner, Social Services

File No.: S05-80

Subject: ON THE TEETER-TOTTER: THE CHALLENGES AND OPPORTUNITIES FOR LICENSED CHILD CARE IN RURAL, NORTHERN AND REMOTE ONTARIO

In May 2011 the Ontario Municipal Social Services Association (OMSSA) held a Provincial forum to gather input into the issues faced by licensed early learning and child care operators in rural, northern and remote parts of Ontario. Many of the challenges experienced by rural operators are similar to those in urban areas but are magnified due to the nature of their location. As a result of the forum OMSSA prepared a report entitled; “On the Teeter-totter: Licensed child care in rural, northern and remote Ontario”. The report highlights many of the challenges that are faced by rural operators along with recommendations that speak to the issues. The implementation of full day kindergarten and extended day programs in schools further complicates some of the challenges experienced.

In Waterloo Region there are 124 licensed early learning and child care centres with 19 of these centres located outside of the urban centres in more rural communities. A copy of the report is attached for Committee’s review.

The attached report addresses Focus Area 3: Healthy and Safe Communities; Strategic Objective 1: (to) improve health by reducing or preventing the environmental and social conditions of behaviours that lead to poor health and/or disparity.

For further information please contact Nancy Dickieson, Director, Children’s Services at 519 883-2177 or ndickieson@regionofwaterloo.ca
On the teeter-totter:
The challenges and opportunities for licensed child care in rural, northern, and remote Ontario

A report from the Ontario Municipal Social Services Association

May 2011

OMSSA
Ontario Municipal Social Services Association
1 Dundas Street West, Suite 2500
Toronto, Ontario M5G 1Z3
www.omssa.com
Introduction
For several years, there have been concerns about the state of the early learning and child care system in rural, northern, and remote parts of Ontario. The combination of a declining population, insufficient funding, and the more recent introduction of the Full-Day Early Learning Kindergarten Program (FDK) has put stress on the licensed child care systems in these areas. Furthermore, as FDK reaches wider implementation in 2012-13, the impact to rural, northern, and remote child care will be irreversible without intervention or something new happening.

As the professional association for the municipal children’s service system managers, OMSSA believes that the crisis is not irreversible. There are, in fact, several concrete and practical solutions that can help rural, northern, and remote child care.

We believe that these solutions are crucial not only to strengthening child care, but to helping the provincial government in its efforts to transform the entire Best Start Child and Family Service System.

This report examines the challenges facing Ontario’s rural, northern, and remote child care system and provides a series of concrete solutions to strengthen licensed child care and to help families and communities across rural, northern, and remote areas of the province. Our report has been drawn from the assessment of the Consolidated Municipal Service Managers (DSSABs) and District Social Services Administration Board (DSSABs) who are responsible for managing their local child care service system.

Our report also builds on the expertise that OMSSA has developed over the last few years in the early learning and child care sector for Ontario, with reports and other products that include:
- *Full-day learning for 4- and 5-year-old children: Building a stronger early learning and child care system in Ontario* (October 2008)
- *Hand in hand: How the province and municipalities can create the best early learning and child care service system for Ontario* (March 2009)
- *Tools for Integrated Early Years Service Planning* (June 2010)
- *An Early Years Capacity-building project for CMSMs and DSSABs* (Spring 2011)

We are confident that the findings of this report, the solutions we propose, and the overall key messages can be a catalyst for action among our provincial, municipal, and community partners.

- More than 8,100 children are at risk of losing their child care, including over 500 children with special needs.
- At least 52 rural child care centres have already closed over the past 2 years.
- Over 200 licensed centres are at immediate risk of closing, with over 600 staff at risk of losing their jobs.
- More than 150 home child care providers are at immediate risk of closing.

*More than 90 towns and villages across rural and northern Ontario will be left with no local licensed child care options.*

OMSSA
On the teeter-totter: Licensed child care in rural, northern, and remote Ontario
www.omssa.com

May 2011
Key messages

1. Licensed rural, northern, and remote child care promotes readiness to learn among children. As licensed child care providers close, children lose opportunities to be exposed to positive developmental opportunities, making them less ready to enter Full-day Kindergarten (FDK) at age 4.

2. Licensed rural, northern, and remote child care plays a key economic role. As child care centres close, communities lose their economic competitiveness and become less attractive to newcomers and business. The availability of licensed child care also enables parents to enter and stay in the workforce, thus building their families’ own economic security.

3. Licensed child care in farm communities protects the safety of children by keeping them in safe, supervised environments. When licensed child care providers close, parents may sometimes have no choice but to leave children at home unsupervised at home, near heavy machinery and dangerous farm implements.

4. The developmental and academic benefits of Full-day Kindergarten notwithstanding, the program has magnified existing structural and economic problems in rural, northern, and remote licensed child care. Challenges of a declining population are magnified because FDK moves a substantial portion of the children from child care to school-based programming. Those 4- and 5-year-old children were key revenue sources that helped to subsidize care for the more expensive infant and toddler populations. To survive, centres must undertake expensive capital retrofiting to transition their services for the younger populations—of which there are fewer and fewer in the first place.

5. Licensed child care is a community necessity, a “public good” essential to the long-term success of children and the community. Accepting that the basic costs of service delivery are higher in rural, northern, and remote areas is part of this commitment to licensed child care. Additional resources are needed, therefore, to ensure equal levels of service for child care and other human services in these areas.

6. The emerging Best Start Child and Family Systems are keys to strengthening child care and to creating integrated service systems for families in rural, northern, and remote communities.

Who responded?

35 out of 47 CMSMs and DSSABs completed OMSSA’s survey, representing 75 percent of our members. The respondents came from the entire geography of Ontario and included rural areas and areas with a greater mixture of urban/suburban and rural geographies.

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The systemic challenges of rural, northern, and remote child care

For many years, there have been concerns about the long-term sustainability of the sector, as populations declined and funding did the same. The expansion of Best Start in the mid-2000s brought some hope, with new investments in child care fee subsidies and the addition of wage subsidies. Still, by the end of the decade, many communities saw their pool of licensed child care sit at levels far below where they should be. For example, in 2008 in Wellington County, there were licensed child care spaces for only 7 percent of the child population, about half of the typical space-to-children ratio.

It is important to state that the introduction of Full-day Kindergarten (FDK) is not the primary cause of the challenges in rural, northern, and remote child care. In fact, FDK offers many development and academic benefits for children, and OMSSA continues to support the program. In particular, Full-day Kindergarten demonstrates a clear understanding of the importance of blending the best of early childhood education with school-based early learning.

What Full-day Kindergarten has done, however, is to take the structural problems of the rural, northern, and remote child care system and magnify them.

The challenges of a declining children’s population are magnified because FDK moves a substantial portion of children from child care to school-based programming. The funding challenges are magnified because those 4- and 5-year-old children were key sources of revenue that helped to subsidize care for the more expensive infant and toddler populations. Now, to survive, centres must undertake expensive capital retrofiting to adapt their services for the more expensive younger populations—of which there are fewer in the community in the first place.

Closing the doors

For many licensed child care providers, it does not make sense to undertake the expensive retrofitting process, and instead they sometimes are closing their doors to children and families.

Our research found that at least 52 rural, northern, and remote licensed child care centres have closed in the past two years. Two-thirds of municipal service managers reported that at least one licensed centre closed in their area, and 8 communities reported the closure of 3 or more centres. Looking ahead, CMSMs and DSSABs forecast that over 200 more licensed centres are at immediate risk of closing.

“The problem isn’t always the lack of child care spaces. Sometimes, it’s the inability to fill all the spaces that affects the providers’ ability to stay open. But just because there are fewer children overall, it doesn’t remove the needs of those families who do require services in small communities.” (CMSM, Eastern Ontario)
Licensed home child care is at risk too. In many rural communities, licensed home child care plays a significant role, as parents prefer to put their children in nearby homes rather than in more distant centres. Home child care operators sometimes provide the only child care option in communities where more formal centre-based programs are not available. Yet at least 150 licensed home child care providers are at risk of closing. Moreover, service managers report that when a home child care operator closes because of business difficulties, it is difficult to get them to reopen once the business climate changes. Our survey found that that there are at least 90 towns, villages, and hamlets where the community’s only licensed child care centre is at risk of closure. In other words, children and families in at least 90 communities could have no local licensed child care options whatsoever.

**Why are centres closing?**
There are multiple reasons why rural child care centres are closing, but the two most common reasons are declining enrolment and staff recruitment.

The problem of declining enrolment stems from the fact that there are simply fewer children using licensed child care in rural, northern, and remote communities. Broad demographic trends are working against child care centres in rural communities, where there are fewer families with younger children. As well, the introduction of full-day kindergarten is moving 4- and 5-year-olds from formal, licensed care into school-based programming.

A second reason for closures is that rural, northern, and remote communities are having serious difficulties attracting and retaining qualified staff to work in child care centres. Pay scales are generally lower than in urban areas (and lower than in school-based full-day kindergarten programs). Even though the cost of living is generally lower in non-urban communities, the wage differentials are sufficiently large to deter early childhood educators from settling in these areas. The lack of qualified staff means that many centres are staffed and even supervised by underqualified workers—which directly lowers the quality of care for the children.

**Where will families go?**
With fewer options for licensed child care in centres or in homes, there is a real chance that families will increasingly turn to the informal and unlicensed child care sector.

This is an unfortunate trend, because much of the provincial government’s efforts have focused on supporting the advancement of licensed child care. The original Best Start initiative, together with the report from the Early Learning Advisor,
made very clear that there is a goal to strengthen the licensed child care community. The Best Start Child and Family System work similarly is intended to keep licensed child care as a foundation for the broader service system. Yet, the reality in rural, northern, and remote Ontario is the very opposite: licensed child care is weakening and unlicensed care is growing.

**Why licensed child care matters to rural, northern, and remote families**

Quality, licensed child care benefits **children** developmentally and physically. Without quality, licensed child care opportunities, the youngest children in a rural, northern, or remote community will not have access to the same kinds of developmental experiences that their urban counterparts have. There is a degree of irony in the impact of Full-Day Kindergarten on rural, northern, and remote child care. The very program intended to promote school readiness in 4- and 5-year-old children is contributing to the disappearance of programs for younger children. The result could be that fewer children in non-urban areas will enter Full-day Kindergarten ready to learn.

Particularly in farm environments, quality, licensed child care also reduces physical risks to children. Sometimes without quality, licensed child care as an option, parents have no choice but to leave children unsupervised in environments with access to dangerous, heavy machinery. This poses a potential serious safety issue for young children.

**Quality licensed child care allows rural, northern, and remote families to enter and remain in the workforce.**

Parents rely on child care to enable them to enter and stay in the workforce. Having child care nearby means parents can drop their children off on the way to work and pick them up on their way home. Without licensed child care available locally, parents might have to travel to other communities to access child care services, making them more likely to try to use unlicensed, informal care that is more conveniently located. This economic risk is more prevalent for Ontario’s vulnerable populations, such as those in receipt of Ontario Works, who rely on child care as a necessary support to re-enter and remain in the workforce.

**Why licensed child care matters to rural, northern, and remote communities**

The fact remains that many licensed child care centres and providers in rural, northern, and remote communities struggle to operate in an environment where the basic costs of service delivery are so much higher than they are elsewhere in the province. Were they to be in any other business sector, these operators would be left to fight for survival in the marketplace. The reality is, however, that licensed
child care is not simply another business that should be left to the vagaries of the “market.”

In rural, northern, and remote communities, child care is a community necessity, a “public good” that is essential to the long-term success of children and the community.

The absence of quality, licensed child care puts an entire community at risk. Some areas will be hit more seriously than others, but in every community these closures will have a major economic impact on the long-term competitiveness of the community. Not only might existing staff lose their jobs, but the closure of child care centres can affect the attractiveness of a community to those who are looking at re-locating. Young families are less likely to move to a community if there is no quality child care facility.

There is a direct link between the disappearance of rural, northern, and remote child care and the decline in the economic attractiveness and competitiveness of these communities. Among the negative cascading effects of child care closures are:

- Families have to travel farther to access child care services, meaning higher gasoline and travel costs and more time spent commuting to child care centres.
- Staff who are laid off lose their income and, by extension, their spending power in their local community.
- A loss of business taxes, with fewer child care providers operating as businesses.
- Potential impact on social assistance caseloads, since people might no longer be able to work without the availability of licensed child care.
- The loss of a community amenity that attracts new residents and businesses.

“The closure of rural child care centres would have a ripple effect on our small communities. They rely on the local restaurants for lunches and the loss of revenue to the restaurant in one community would be approximately $10,000 annually. Most centres hold accounts at local businesses including pharmacies, grocery stores, print shops, newspapers, utilities, and cleaning companies. In two of our communities, the rent paid by the child care centres help sustain a recreation centre and a private company.” (CMSM, Southwest Ontario)
Concrete solutions to helping rural child care

OMSSA members identified many pressing problems facing rural, northern, and remote child care today, including problems within the sector (staffing challenges, centre viability) and challenges of rural, northern, and remote communities in general (transportation and accessibility, declining populations).

But our members also proposed concrete solutions to some of these challenges, to help move the discussion forward in a constructive manner. The following are solutions for all parties—the federal, provincial, and municipal partners, along with community and other sector organizations—to consider so as to strengthen rural, northern, and remote child care:

Most generally, we believe that the commitment to a strong early learning and child care system must extend across the entire prenatal-to-12 service system. The provincial commitment to Full-day Kindergarten must be matched by a commitment to the early learning and child care opportunities for children of all ages.

As well, the emerging Best Start Child and Family Systems must be developed to specifically strengthen licensed child care and to create integrated service systems for families in rural, northern, and remote communities. As communities think creatively about new service models, they must intentionally work to ensure that licensed child care remains as a strong foundation for their local service system.

In addition to these broad, system-oriented solutions, OMSSA members identified other issue-specific solutions:

Some concrete solutions to increase centre viability, include:
- Provide base operational funding for centres. There are basic costs to running a centre regardless of the number of children enrolled. Centres require a degree of stable operational funding to ensure they are viable, and should not be forced to rely solely on parent enrolment fees to operate.
- Increase access to free or low-rent spaces in schools and other community spaces.
- Promote carpooling and offer free rural bus or gas vouchers to help parents with accessibility challenges.
- Ensure flexibility with legislation and make changes to the Day Nurseries Act, including revising the scale and criteria for income testing.
- Change the Day Nurseries Act in terms of allowing more flexibility of age ratios.

Some concrete solutions to support licensed home child care, include:
- Change staffing ratios, making it worthwhile to stay open and licensed.
- Eliminate the 2-under-2 rule. Make it 3-under-3.
- Expand capacity to care for school-age children before and after school.

“Most rural and remote centres are operating at 30-to-50-percent capacity, with the same overhead costs. Fees are increased and wages and staff are reduced in order to balance budgets, leading to loss of qualified staff, lowering program quality, and accelerating the loss of enrollment.” (CMSM, Eastern Ontario)
Some concrete solutions to staffing challenges, include:
- Offer more competitive salaries to attract better qualified staff.
- Offer a northern-rural incentive to attract and keep local staff.
- Support full-time employment opportunities as much as possible.
- Promote ECE training to high school students and adults.

Some concrete solutions to building and infrastructure challenges, include:
- Provide capital dollars for renovations and relocations.
- Support the operational costs of buildings.
- Increase health and safety funding to address ongoing facilities and material issues.

Promote and market the benefits of licensed child care as a provincial strategy. Make families aware of the benefits to the children, including school readiness and developmental benefits.

Conclusion
This report provides some concrete measures of the challenges facing rural, northern, and remote child care in Ontario. It also provides some concrete solutions to these challenges.

Licensed child care in rural, northern, and remote communities requires a comprehensive solution that does not base its funding solely on the numbers of children in the system. The declining child population in these areas makes a population-based funding solution entirely inappropriate.

There are basic service costs of operating in areas with low population density and wide geographies—much higher costs than are found in the urban and suburban parts of Ontario. These costs-of-service realities must be factored into any sustainable funding solution.

The presence of licensed child care in a community is a basic, essential service—a "public good"—for the population. The presence—or absence—of licensed child care is also directly linked to the economic competitiveness of a community. Without licensed child care, communities cannot attract new families or new businesses, creating a negative spiral of decline and abandonment.

The time to act is now. Provincial and municipal partners must come to an understanding that an investment in licensed child care is a smart investment in rural, northern, and remote communities.

OMSSA is pleased to offer this analysis of the rural, northern, and remote child care environment. We look forward to continuing to work collaboratively with our provincial, municipal, and community partners and are confident that our discussion will be a catalyst for strengthening rural, northern, and remote child care and the broader Best Start Child and Family Systems across Ontario.
MEMORANDUM

To: Chair Sean Strickland and Members of the 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: JULY 2011

This memorandum is provided as information for members of Council. Employment & Income Support, Social Services with Finance monitors the Ontario Works (OW) caseload and expenditures on a monthly basis. Below is a chart summarizing the caseload at the end of July 2011 with comparisons to the months of May 2011 (the last formal memorandum to Council), July 2010, and September 2008.

Very briefly,

- The OW caseload at July 2011 was: 9,063
- The increase from May 2011 was: 318 (3.6%)
- The increase from July 2010 was: 544 (6.4%)
- The increase from September 2008 was: 2,771 (44%)

- Waterloo Region unemployment rate for July 2011 was: 6.4%
- Waterloo Region unemployment rate for July 2010 was: 7.3%

Ontario Works Caseload and Unemployment Rate

July 2011
Ontario Works Caseload

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This is a surprising report, as the caseload appears to climb sharply during months when we would expect it to decline. The caseload now exceeds the level for which additional staffing was approved (see report SS-09-025, First Quarter Income Support Report, April 21, 2009). It is the highest it has been since October 1999 and 44% higher than at the outset of the recession. Nevertheless the increase in July was the largest of the two months (June and July), 268 cases or 3%. The large increase may be in part a result of strategies undertaken to mitigate the impact of the postal disruption upon Ontario Works recipients. If so, then there should be an adjustment down in the August caseload. Pending August caseload information, staff will present Council with staffing resource considerations in September 2011.

The provision of social assistance supports Focus Area Three of the Corporate Strategic Plan, Healthy and Safe Communities; Strategic Objective One: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and/or disparity.

If you have any questions or comments or for further information, please contact David Dirks at Phone: 519-883-2179 or ddirks@regionofwaterloo.ca
To: Chair Sean Strickland and Members of the Community Services Committee

From: Nancy Dickieson, Director Children’s Services

Copy: Michael Schuster, Commissioner, Social Services

File No.: S03-80

Subject: CHILD CARE SPECIAL NEEDS RESOURCING PARTNERSHIP RECOGNIZED FOR LOCAL MUNICIPAL CHAMPIONS AWARD

In 2010, the Ontario Municipal Social Services Association (OMSSA) in celebration of its 60th anniversary created the Local Municipal Champions award to recognize the great work done by individuals or teams from amongst Consolidated Municipal Service Managers (CMSM) and District Social Services Administration Boards (DSSAB) staff across the province. Teams could include partners from community organizations and/or initiatives working together with a CMSM or DSSAB. All eligible nominations were reviewed by OMSSA’s Board of Directors and winners chosen were acknowledged at the OMSSA spring symposium.

The Child Care Special Needs Resourcing Partnership (CCSNRP) of Waterloo Region was submitted and chosen for the Local Municipal Champions awards and recognition program. The work of CCSNRP was on display at the OMSSA Spring Symposium in London from June 6-8, 2011.

The CCSNRP was formed in 2003 when seven agencies and the Region of Waterloo came together to create and support the capacity of Waterloo region licensed Early Learning and Child Care Programs in identifying and meeting the needs of children with special needs. Since its formation the partnership has developed; a single point of access for services called the Special Needs Access Point (SNAP), a transition to school protocol, a process for distribution of funding, common roles and responsibilities, shared professional development and increased availability of support services to licensed early learning and child care centres to meet the needs of children with special needs.

The seven agencies of the CCSNRP are; KidsLink, Kidsability, Community Living Cambridge, KW Habilitation Services, Developmental Services Access Centre, Family and Children’s Services, and Elmira Association for Community Living.
This partnership addresses Focus Area 3: Healthy and Safe Communities; Strategic Objective 1: (to) improve health by reducing or preventing the environmental and social conditions or behaviours that lead to poor health and/or disparity.

For further information please contact Nancy Dickieson, Director, Children’s Services at 519-883-2177 or ndickieson@regionofwaterloo.ca
<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>23-Mar-11</td>
<td>Budget Committee</td>
<td>Staff report regarding the potential for long-term funding support for Opportunities Waterloo Region.</td>
<td>Social Services</td>
<td>Fall 2012 (prior to the 2012 budget process)</td>
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<tr>
<td>21-Jun-11</td>
<td>S. Strickland</td>
<td>Staff report with update on the status of Child Care operators not in compliance with Children's Services Division Service Contact Policy</td>
<td>Social Services</td>
<td>Dec-2011</td>
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