MEDIA RELEASE: Friday, June 14, 2013, 4:30 p.m.

REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE
AGENDA

Tuesday, June 18, 2013
1:30 p.m.
(Time is approximate, follows Administration and Finance Committee)
Regional Council Chamber
150 Frederick Street, Kitchener, ON

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

2. DELEGATIONS

   CONSENT AGENDA ITEMS
   Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

3. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA

4. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION
   a) P-13-071, Joseph Schneider Haus and McDougall Cottage – 2012 Operations and 2013 Planned Initiatives (Information)
   b) PH-13-024, Healthy Babies Healthy Children Program Changes (Information)
   c) PH-13-025, Public Health Department Reorganization – Family Health (Information)
   d) CPC-13-004, “Smart on Crime” Series on Rogers Television (Information)
   e) Memo: Canada Learning Bond Enrollment
   f) Memo: Ontario Works Caseload: May 2013

5. REPORTS – SOCIAL SERVICES
b) SS-13-019, Ontario Works Discretionary Benefits Update 35

c) SS-13-020, Child Care Special Needs Resourcing Services 40

d) SS-13-021, Expansion of Convalescent Care Program At Sunnyside Home 44

REPORTS - PLANNING, HOUSING AND COMMUNITY SERVICES

e) P-13-072, Affordable Housing Strategy – Project Updates and Expression of Interest 2013-03: Recommended Priority Projects 47

REPORTS – PUBLIC HEALTH

f) PH-13-028, Summary of the Healthy Kids Panel Report on Childhood Obesity 55
   (staff presentation)

g) PH-13-027, Private Well Water Program Update 62

6. INFORMATION/CORRESPONDENCE

a) Council Enquiries and Requests for Information Tracking List 68

7. OTHER BUSINESS

8. NEXT MEETING

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

DATE: June 18, 2013

FILE CODE: R12-90

SUBJECT: JOSEPH SCHNEIDER HAUS AND McDOUGALL COTTAGE – 2012 OPERATIONS AND 2013 PLANNED INITIATIVES

RECOMMENDATION:

For information.

SUMMARY:

This report highlights attendance, volunteer contributions, programs, curatorial activities and capital development at Joseph Schneider Haus in Kitchener and McDougall Cottage in Cambridge. Both sites experienced successful years in 2012. (Please see Attachment 1 for attendance figures.) Although visitor numbers at Schneider Haus had been expected to increase over 2011, results were affected by the labour disruption in the public schools during fall of 2012 which curtailed class trips. McDougall Cottage, however, because of the broader focus of its programming, continued to draw larger audiences and experienced a sizeable increase in visitation over previous years.

Planned initiatives for the sites include the development of strategic planning priorities for both that will guide growth and development in the years to come. More specifically for Joseph Schneider Haus for 2013, activities associated with the recently opened wash house will be integrated into existing education and interpretation programming. By the end of the year, the woman’s world of this mid-nineteenth century Pennsylvania-German family farm will be authentically interpreted at the Schneider site. For McDougall Cottage, some capital work is anticipated and collaborations with adjacent cultural institutions such as the Cambridge Sculpture Garden and the new Dunfield Theatre will be pursued.

REPORT:

Joseph Schneider Haus

The highlight of 2012 was the official opening of the family wash house at the Schneider Haus site. The opening was held in conjunction with the seasonal event in which the wash house historically played a vital role – a fleece to fabric frolic. On May 27th, sheep were sheared on the grounds, three teams from local guilds demonstrated wool textile arts in a friendly “sheep to shawl” competition and the wash house was a hive of industry with Schneider spinsters in the loft and kitchen helpers at the hearth, cooking up soup to feed the hungry workers. More than 250 visitors toured the new wash house that day, and many received hand-lettered souvenir bookmarks, personalized by the Museum’s resident artist, Debbie Thompson-Wilson.

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

Educational opportunities at Joseph Schneider Haus reflect the provincial grade-specific curriculum requirements. There are also unique learning experiences offered in conjunction with short-term gallery exhibits and the Folk Artist-in-Residence (FAIR) program. This past year 5,466 students,
teachers and accompanying parents participated in one of the 11 core programs or companion gallery programs. These learning opportunities are designed to link constructively with the Ministry of Education curriculum, while at the same time providing an intimate and participatory experience, respectful of the venue as a non-renewable historic resource. The costumed teacher/interpreters that bring alive the life of the Schneider family in the 1850s, offer a unique learning experience that cannot be duplicated in the classroom.

Education attendance did begin to decline toward year end relative to previous years, reflecting diminishing numbers of public school bookings, as well as some cancellations. This decline was the result of the labour disruption between public school teachers and the Province of Ontario, which locally resulted in the suspension of extracurricular activities such as field trips, a situation which continued to impact school visitation well into the spring of 2013.

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

Generally, response to youth programs tended to be weak in 2012. Groups visiting from summer playgrounds (which are outdoor day camps usually run by the municipalities) declined significantly, partly due to the hot weather, and partly the reduced number of playgrounds in operation. Different programming and elimination of a free admission day during March Break reduced visits relative to 2011. However, the demand for the Visiting Cousins program remained strong with a long waiting list. Limited to ten registrants, this special program sees the children outfitted in period costume and working with adult staff to learn skills typical of nineteenth century farm children.

In the spirit of life-long learning, a number of informative lectures were presented at Joseph Schneider Haus. The annual Fellows’ Lecture was delivered by Joanna Rickert-Hall. Joanna’s presentation “1820s Log Schoolhouse: If These Walls Could Talk”, highlighted her recent work documenting local settlement history within the Region of Waterloo, beginning with the history associated with the log schoolhouse located in Waterloo Park.

The spring lecture series generally relates to the work of the residence artist, who in 2012 was Miniature Painter/Limner Debbie Thompson Wilson. Expert medievalists revealed fascinating details of the period to better understand the community that produced the painting emulated by Thompson Wilson. On April 4, Debbie herself presented Methods & Makers of Medieval Manuscripts, followed on April 11, by Early Medieval Manuscripts at Durham by Dominic Marner, of the University of Guelph and on April 18 by Working Women in the Medieval Ages with Mary Rogers also of the University of Guelph. Also for adult learners, Schneider Haus again hosted its popular Backyard Tourist Program series which explored attractions “in our own back yard” by means of bus tours, walks, hikes and more.

Events Programming

Ongoing programming in the historic Haus, the environs and the museum wing continue to consist of a number of major events such as the Quilting Bee and the Heart & Hand Festival offered in combination with theme weekends and minor events such as the Waterloo County Team Crokinole Classic and the Easter Egg Hunt. These offerings are designed to disperse visitor traffic evenly throughout the year and to diversify program offerings. Most events are targeted to families or adults with active seniors becoming an increasingly important audience for museum programming.

In 2012, adult and casual visits increased including those participating in planned Backyard Tourist outings, largely making up for the decline in education numbers and exceeding the adult attendance totals of previous years.
In September, the Haus hosted a Doors Open venue in cooperation with the 100th Anniversary of Kitchener’s Cityhood. Behind-the-scenes tours of the artifact vault and the folk art collections were extremely popular with fully-booked tours running twice an hour all day and more than 400 guests visiting that day.

The Heart and Hand Festival of Traditional Arts returned in 2012 attracting more than 850 visitors to this outdoor celebration of traditional handcrafts, music and storytelling. The festival was rebranded in 2011 and now focuses on individual artisans who can best represent their craft or trade. Each is offered an honorarium and encouraged to demonstrate as well as exhibit their art and to offer, where possible, hands-on opportunities to visitors of all ages. A generous ‘Best of Show’ cash award is offered and visiting public is invited to vote for the People’s Choice award. A “celebrity panel” of judges awards the prize for the ‘Best of Show’ which in 2012 was again sponsored by Royal LePage Scharf Realty. Forty talented artisans, storytellers and musicians participated in this year’s festival with blacksmith Sandy Dunn and coppersmith Steve White winning the Peoples’ Choice award and pysanky artist Ann Cline, the Best of Show.

In 2012 Joseph Schneider Haus also participated in the second annual Culture Days – a collaborative, grassroots Canada-wide movement to raise the awareness, accessibility, participation and engagement of all Canadians in the arts and cultural life of their communities. In co-operation with this national initiative, the Haus hosted authentic War of 1812 re-enactors, demonstrating their muskets and the rest of their military gear. Past Artists-in-Residence, Marlene Pomeroy (2011) and Wesley Bates (2001) who had featured a number of War of 1812 heroes in an important collaborative art project produced to mark the celebrations were on hand to speak with guests.

Visitors that weekend enjoyed chatting with the artists and re-enactors, exploring the new wash house and meeting members of local handcraft guilds who were also invited that weekend to give demonstrations on the grounds.

**Gallery Exhibitions**

Gallery exhibitions designed and presented annually by Schneider Haus staff allow services to be diversified, educational potential to be expanded and new audiences to be attracted. Exhibits also allow staff to partner with individuals and special interest groups to the mutual benefit of all involved.

In 2012, five exhibitions were designed and installed by staff in the Museum’s two gallery spaces.

**Muffs & Buffalo Rugs** for the Schneiders and their Mennonite neighbours, winter was a time for quiet fireside moments, but also for layering on the woollies, bundling the family into the cutter and enjoying a thrilling ride over the snow-packed roads to visit family and friends. This special exhibition celebrated how our ancestors so cannily outsmarted the cold of winter. This exhibit opened December 2, 2011 and continued to April 10, 2012.

**The Illustrated Alphabet: Everyman’s A, B, C** was an intimate look at the alphabet from A through Z through illuminated letters by 2012 Folk Artist-in-Residence Debbie Thompson Wilson and fraktur art from the Museum’s folk art collections, along with printed ABCs and other vintage other education material. The exhibit opened in February and continued to November.

**Crokinole: A Waterloo County Classic** In this exhibit the public learned more about the game of crokinole, purported to have been developed in 19th century Waterloo County. It displayed a series of vintage boards, including the worlds oldest dated to 1875, all from the Schneider Haus collections. Visitors enjoyed taking the opportunity to play the game for themselves, particularly those who attended the annual Waterloo County Crokinole Classic, a team challenge hosted annually by the Museum now in its nineteenth year. Visitors during the summer months also
enjoyed the opportunity to play with their friends in the cool environment of the gallery space. The exhibit ran April through September. The Medieval World Illuminated - This exhibit, which showcased the work of FAIR Debbie Thompson Wilson, included miniature paintings based on illuminations from the medieval best seller, the Book of Hours, illustrated by artifacts from the collections. The Friends of Schneider Haus have since acquired the full series of twelve medieval “labours of the month” for the folk art collections. The exhibit ran from September to November.

Christkindlsmarkt The magic of the Christkindlsmarkt returned to the Schneider Haus November 30 to December 24 of 2012, a little Christmas miracle that only happens every three years at the Museum. Christmas markets have a long history in Germany, dating back to the Middle Ages. The Nuremberger market may be the oldest, though many towns hold large and splendid fairs including Munich, Hamburg, and Frankfurt. In most markets, the Christ Child in a manger is given the prominent position in the church square and small booths are set up around it where everything needed for the Christmas season can be purchased. For the Schneider Haus market, staff and Friends of the Joseph Schneider Haus gift shop committee work with local artisans to make and supply a wonderful range of Christmas decorations and gifts for sale. Locally-made tin, straw and wooden ornaments, Father Christmas figures, beeswax candles, Stollen and hand made candy canes are always available. The Market also provides a wonderful venue for a special companion education program which is generally fully booked through December of the year the market is presented.

Collections and Curatorship

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

Joseph Schneider Haus was fortunate to have enriched its collections in 2012 through a number of generous donations, noteworthy among them a collection of artifacts that descended from the Schneider family to the late Miriam Snyder Sokvitne. A second bequest allows the Museum to better represent Ontario’s First Nations’ decorative arts. A collection of porcupine quill decorated baskets and a grouping of inuit dolls (Inujaak) in traditional dress have come to the museum from a long-time collector of enthnographic material. The inuit artifacts will make their first appearance in an exhibit planned for the summer of 2013 entitled Northern Exposure.

Volunteers and Friends of the Schneider Haus

Volunteers have been an essential element in the success of the Joseph Schneider Haus for almost 30 years. In 2012, 252 generous individuals contributed 6,705 hours of their personal time, continuing to perform their regular responsibilities, along with many ‘one-off’ events and envelope stuffing sessions. Volunteers served their time weekly, participated in monthly committee meetings or assisted with single day events such as the Quilting Bee, Easter Egg Hunt, Heritage Showcase, Heart & Hand Festival, Doors Open and Culture Days.

Volunteers continue to work at the reception desk, assisting staff with general reception duties, greeting visitors and making gift shop sales. Many of our volunteers took on additional shifts in December to help shoppers with their Christkindlsmarkt purchases. One dedicated individual has
volunteered for the past 15 years to assist with collections management projects. The museum is also fortunate to have two retired teacher/librarians who have taken on the responsibility of cataloguing the museum’s library holdings. This past year was a particularly busy one in this regard since the Museum accepted a sizeable collection of books and periodicals which will serve as valuable resources for research on Inuit decorative arts.

The museum’s successful Junior Interpreter Program, which is comprised of a dedicated group of 20 boys and girls between the ages of eight and 17, continues to be an important part of the living history interpretation offered at the museum. Not only do the Junior Interpreters complete their monthly shifts, they also assist at special events throughout the year, such as the Egg Hunt and March Break. Dedicated to serving their community, these youth volunteers are an exemplary group of young people.

The Friends of Joseph Schneider Haus continue to make a significant contribution to the life of the museum. The programs they support and administer annually include the Folk Artist Residency, the Edna Staebler Research Fellowship, the Quilt Block Contest and the Museum Gift Shop. In any given year, however, it is the resident Folk Artist who commits and delivers the greatest number of individual hours to the museum; in 2012, Miniature Painter/Limner, Debbie Thompson Wilson of Guelph made significant contributions to the museum and its public programming by designing three colourful invitations, hosting two exhibits, a lecture series, several demonstrations and a full series of workshops, including two celtic-inspired workshops for the McDougall Cottage audience.

Outreach

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

Joseph Schneider Haus has again partnered with The Grand National Quilt Show in planning the next Canada-wide invitational “Local Colour” which will be hosted in May/June 2013 by Homer Watson House and Gallery. The Haus has co-sponsored this premier textile showcase for the past ten years, has hosted three of its exhibitions and the Manager/Curator has curated each show, often with a curator from the host institution.

The Heritage Wilmot Advisory Committee has presented an annual Heritage Day in Wilmot Township for the past two decades. This premier event offers township residents and business owners a chance to showcase the unique culture and heritage of the area and to learn more about their community. The 2012 Heritage Day was held at St. Agatha Community Centre on Saturday, February 25 with the theme being “Recipes of Our Past: Culinary Traditions in Wilmot Township”. The day focused on food traditions and included recipes, kitchen utensils, and photographs of days gone by. Wilmot is rich in culture whether it is eastern European or Pennsylvania German, so the day proved to be interesting. Joseph Schneider Haus set up a display with cooking equipment of the 1850s, recipes and information of the foodways of the Pennsylvania Germans, and a lecture about Tastes and Traditions in Wilmot kitchens.

The International Plowing Match came to Waterloo Region September 18-22. The five-day event celebrated traditional rural skills and talents, including quilting, cooking, and farming. Joseph Schneider Haus was invited to participate in a food demonstration to represent the Pennsylvania-German foodways of the first settlers in what is now the Region of Waterloo. Staff from McDougall
Cottage also gave a demonstration in the food tent, cooking and serving up several iconic dishes familiar to Scottish families, the founding peoples of Galt and North Dumfries.

For the fifth year, Joseph Schneider Haus served as a weekly depot from June to December for LOFT (Local Organic Food Team Co-op). In 2012 LOFT changed its name to Grand River Organics. Grand River Organics grew from the idea of connecting our communities with local, sustainably grown, organic food from family farms in the Perth, Waterloo and Wellington Regions of Southwestern Ontario. They began offering a seasonal box of organic produce grown by a few local farmers in 2008. Since then they have extended to offer a year-round box with an increasing variety of local fruits and vegetables from an expanding group of organic growers within the Grand River watershed.

**McDougall Cottage**

The former home of two Scottish families, the McDougalls and the Bairds, McDougall Cottage was built c.1858 in downtown Galt, now Cambridge, from local limestone and matched gray granite. It currently serves as a cultural/interpretation centre, displaying its distinctive architectural features, its pocket-sized gardens and its unique interior landscapes. Distinctive features include its spectacular c.1906 hand-painted friezes and ceilings, beautiful hardwood floors, welcoming kitchen and enclosed back porch.

In March 2012, McDougall Cottage opened for the season, marking the site’s tenth full year of operation. Public awareness of the Cottage and its programs has consistently grown from year to year, netting the site an ever-increasing core of regular supporters of its eclectic programs. The Friends of the Cottage have also worked toward raised the visibility of the site.

The Cottage serves as an interpretation centre for the folk and founding culture of Galt/Cambridge and North Dumfries and presents monthly events and activities themed to emphasize the area’s Scottish roots and the contributions of the Scots to the Region of Waterloo. The Cottage is open afternoons, five days a week, from March through December. In 2012, staff welcomed to its doors 4,065 visitors, a 15% increase over the average from previous years (see Attachment 1). Much of this growth is attributed to the growing popularity of the Kids in Kilts program, the new walking tours, and the addition of the Musician-in-Residence. Approximately 50% of McDougall’s clients pay casual visits to the Cottage during regular open hours with the balance drawn to the site by its regular monthly offerings, its special seasonal events and unique themed mini-events.

**Programs and Events**

In 2012, McDougall Cottage presented a full program of activities and events for visitors of all ages which included popular monthly events, single day seasonal activities, and larger special events.

Highlights of an ambitious programming year included a series of programs relating to fly fishing and environmental issues of the Grand River presented by naturalist, author, fly fisherman par excellence, Ian Colin James who was “in residence” at the Cottage in 2012. A special Mayday afternoon with three groups of guest Morris Dancers in the garden, lectures on the “Road to Scottish Independence”, “Intensive Vegetable Gardening” for small spaces, and “Finding your own Scottish Ancestors” were popular punctuation marks in a year filled with ceilidhs, concerts and other memorable musical moments. The Kids in Kilts craft afternoons were close to capacity every month as was a pilot PA Day intergenerational program offered in November.

Staff also launched several program initiatives that emerged from the public consultations held in late 2010. A new walking tour was added to the growing series of four presented in 2011. The
Ghost Walk of the neighborhood offered late in October to coincide with the celtic celebrations of Samhain, was so popular that it was repeated the following evening to meet the overwhelming demand.

An exhibition that has become a perennial favourite with quilt artists, quilting aficionados and needle workers and has swelled visitation numbers at the Cottage over the summer months relates to the annual “Wee Quilt Challenge”. Our tenth annual competition invited quilters to get playful with their wee entry to “Plaids at Play”, using a piece of the plaid designed for the Vancouver Winter Olympics. The Cottage hosted the participating quilters at a special Scottish Tea mid-week in May during the Waterloo County Quilt and Fibre Art Festival.

A unique offering in 2012 was a spring and fall bi-monthly series of Gaelic language lessons taught by retired pastor, Reverend Angus Sutherland. By the conclusion of the series, attendees were having brief conversations in the difficult-to-master Gaelic tongue and were planning further coaching sessions with Reverend Angus.

McDougall’s contribution to Culture Days this year was an event entitled “A Taste of Scotland”, which invited visitors to watch cooks create several of the iconic dishes generally associated with this culture, to sample some (including haggis and cock-a-leekie soup) and to learn about traditional culinary techniques and their rich histories. Several local merchants partnered with Cottage staff bringing samples of their products to the McDougall table that day. Visitors enjoyed the tasty treats, discussed the recipes they would ultimately take home, all while being entertained by the Cambridge and District Pipe Band which enlivened the Cottage garden all afternoon. The following day several groups of wee Highland dancers entertained the visitors.

Volunteers and Friends of McDougall Cottage

The base of support for and awareness of McDougall Cottage is steadily growing. Each year more individuals participate in and assist with programming in a variety of ways. A volunteer group has been helping with the presentation and adjudication of the Annual Wee Quilt Challenge, and a group of more than 25 musicians regularly takes part in the popular kitchen ceilidhs. Pipers from the community pipe down the sun from the banks of the Grand River each Thursday in July, August and September, reminding Cambridge residents of the presence of McDougall Cottage in the cultural landscape. Several Volunteers stepped forward to assist with the dynamics of the oversized walking tour group that turned out for the ghost Walk of the neighborhood in October.

Our Scotsman-in-the–garden, John Tennent, was assisted again this year by master gardener Irene Thurston and collectively, they contributed in excess of 185 hours of love and attention to the wee Cottage gardens. The gardens continue to be a huge asset to the site and are admired by our many enthusiastic visitors early spring through the fall months. Other volunteers have performed a variety of services to advance the programs of the Cottage including photography, special event delivery, demonstrations and teaching.

The Friends of McDougall Cottage have begun to make major contributions to the life of the Cottage. This fledgling group began to meet monthly early in 2011 with its primary mission for the year being to guide the Musician-in-Residence (MIR) program through its inaugural year. Throughout 2011, the Committee assisted with the development and delivery of programming and promotional initiatives and supported the Cottage’s first resident musician, Piper Robin Aggus. In March 2012, the Friends presented a Farewell Concert at Café 13 to round out Robin’s residency and to raise funds for 2013. Tickets sold quickly for the event at which the incoming MIR was announced. Celtic guitarist Bob MacLean, originally from Cape Breton, was enthusiastically welcomed as the 2012 Musician-in-Residence. Bob’s year was highlighted by guitar workshops, and featured two concerts: one that demystified the Celtic genre and a second which presented music that would have been familiar to the McDougalls in the 1860s. This period music and its
arrangement was the subject of Bob’s residency-related research in 2012.

In 2012, the Friends explored a number of fund raising options and discussed ways of extending the reach of the music residency. They also helped to raise awareness of the Cottage and its programs by creating a dedicated Facebook page, gathering e-mail addresses for specialized mail-outs and making other links with the community. Their efforts have come a long way in making the McDougall MIR a vital part of the cultural scene in Cambridge. Volunteer hours contributed to McDougall programs and services in 2012 reached 2,365 hours, reflecting increased involvement of the Friends of McDougall Cottage and enhanced programming with greater volunteer engagement.

Planned Initiatives 2013

At Joseph Schneider Haus, activities associated with the recently opened wash house will be integrated into existing education and interpretation programming.

At McDougall Cottage, replacement of the shingle roof is pending and parking options for Cottage clients are being investigated. Staff will continue to hone programming, to increase McDougall’s draw through imaginative offerings. Collaborations with adjacent cultural institutions such as the Cambridge Sculpture Garden and the new Dunfield Theatre will be pursued. The first of a series of policies will be written to guide McDougall’s development in the years to come.

Area Municipal Consultation/Coordination

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

CORPORATE STRATEGIC PLAN:

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

FINANCIAL IMPLICATIONS:

The initiatives listed for 2012 and 2013 are funded through approved budgets administered by Planning, Housing and Community Services.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS:

Attachment 1 – Joseph Schneider Haus and McDougall Cottage Attendance

PREPARED BY: Susan Burke, Manager/Curator

APPROVED BY: Rob Horne, Commissioner of Planning, Housing and Community Services
## JOSEPH SCHNEIDER HAUS ATTENDANCE - FIVE-YEAR OVERVIEW

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Programs</td>
<td>5,466</td>
<td>5,557</td>
<td>7,191</td>
<td>8,442</td>
<td>6,878</td>
</tr>
<tr>
<td>Groups</td>
<td>401</td>
<td>596</td>
<td>516</td>
<td>535</td>
<td>596</td>
</tr>
<tr>
<td>Casual Visitors</td>
<td>10,057</td>
<td>10,338</td>
<td>9,288</td>
<td>10,262</td>
<td>8,194</td>
</tr>
<tr>
<td>Other Museum Clients</td>
<td>1,814</td>
<td>1,771</td>
<td>1,487</td>
<td>1,862</td>
<td>3,047</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,738</td>
<td>18,262</td>
<td>18,482</td>
<td>21,101</td>
<td>18,715</td>
</tr>
</tbody>
</table>

### Education Programs (Schools)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterloo Region District School Board</td>
<td>3,907</td>
<td>3,973</td>
<td>4,188</td>
<td>6,026</td>
<td>4,341</td>
</tr>
<tr>
<td>Waterloo Catholic District School Board</td>
<td>900</td>
<td>816</td>
<td>2,011</td>
<td>1,783</td>
<td>1,547</td>
</tr>
<tr>
<td>Other Boards (French + outside Region)</td>
<td>659</td>
<td>768</td>
<td>992</td>
<td>633</td>
<td>990</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,466</td>
<td>5,557</td>
<td>7,191</td>
<td>8,442*</td>
<td>6,878</td>
</tr>
</tbody>
</table>

### Youth Programs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownie/Guide, 4H</td>
<td>7</td>
<td>72</td>
<td>60</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Summer Playground</td>
<td>38</td>
<td>242</td>
<td>185</td>
<td>161</td>
<td>122</td>
</tr>
<tr>
<td>Summer Sampler / Visiting Cousins</td>
<td>120</td>
<td>132</td>
<td>165</td>
<td>174</td>
<td>195</td>
</tr>
<tr>
<td>March Break</td>
<td>390</td>
<td>902</td>
<td>706</td>
<td>439</td>
<td>215</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>555</td>
<td>1,348</td>
<td>1,116</td>
<td>788</td>
<td>566</td>
</tr>
</tbody>
</table>

### Adult Programs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus Groups</td>
<td>263</td>
<td>74</td>
<td>140</td>
<td>290</td>
<td>395</td>
</tr>
<tr>
<td>Special Interest Groups</td>
<td>70</td>
<td>59</td>
<td>131</td>
<td>70</td>
<td>45</td>
</tr>
<tr>
<td>Lectures / Workshops</td>
<td>227</td>
<td>232</td>
<td>189</td>
<td>170</td>
<td>104</td>
</tr>
<tr>
<td>Backyard Tourists</td>
<td>171</td>
<td>111</td>
<td>152</td>
<td>162</td>
<td>150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>731</td>
<td>476</td>
<td>612</td>
<td>692</td>
<td>694</td>
</tr>
</tbody>
</table>

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

## MCDOUGALL COTTAGE ATTENDANCE – FIVE-YEAR OVERVIEW

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Attendance</td>
<td>4,065</td>
<td>3,366</td>
<td>3,517</td>
<td>3,526</td>
<td>3,598</td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013   FILE CODE: P09-40

SUBJECT: HEALTHY BABIES HEALTHY CHILDREN PROGRAM CHANGES

RECOMMENDATION:

For information.

SUMMARY:

The local delivery of the provincially funded Healthy Babies Healthy Children Program will change as of July 1, 2013 as per the Ontario Ministry of Children and Youth Services new Protocol and Guidelines (2012) for the Program. Local changes and implications for each Program component are described in the Report PH-13-024 as well as communication initiatives.

Healthy Babies Healthy Children Program funding has had cost constraints since 2008. As a result, Public Health has transitioned services to target those most in need over time. The new Healthy Babies Healthy Children Protocol and Guidelines are also designed to be more targeted, Region of Waterloo Public Health has worked closely with key partners to plan for the required changes to the local Healthy Babies Healthy Children program.

Universal contact by a Public Health Nurse will occur postpartum for all consenting families within 48 hours of discharge from hospital. In Waterloo Region, families identified as “not with risk” on the Screen will receive a package of information about healthy child development and information about how to access support in the future if needed. Families identified “with risk” on the Screen will be offered an appointment to complete further assessment and receive Healthy Babies Healthy Children services as appropriate.

REPORT:

The Healthy Babies Healthy Children Program Protocol and Guidelines (2012) were updated and introduced by the Ontario Ministry of Children and Youth Services in the fall of 2012. The Protocol and accompanying Guidelines provide direction on how Boards of Health are to operationalize the requirements for the Healthy Babies Healthy Children Program as per Requirement #7 in the Reproductive Health Standard and Requirement #9 in the Child Health Standard of the Ontario Public Health Standards (2008) to the extent possible within 100% funding from the Ontario Ministry of Children and Youth Services.

The new Protocol and Guidelines indicate that Boards of Health shall provide the services of the Healthy Babies Healthy Children Program to women and their families during the prenatal period and to families with children from birth up to their transition to school. It is designed to help families support healthy child development to assist children to reach their full developmental potential. Family participation in the Program is voluntary and family consent is required for all components of the Program. It is delivered in collaboration with hospitals, midwives, health care providers and
community service providers. The Program now focuses on identifying “with risk” families and having them access services as quickly as possible.

The changes to the Healthy Babies Healthy Children were announced in March 2011. A report regarding the changes to the Program and an initial plan was presented to Community Services Committee on April 11, 2011 in report PH-11-016 for information. The budget for 2013 for the Program was presented on December 11, 2012 in report PH-12-052.

The new Protocol includes the following changes that will be incorporated locally into the Healthy Babies Healthy Children Program in Waterloo Region:

- Public Health Units will ensure the use of the new evidence-informed Healthy Babies Healthy Children Screen at the prenatal, postpartum and early childhood periods (replacing the current Larson and Parkyn screens). Entry into the Program is now via completion of the Healthy Babies Healthy Children Screen. Midwives, hospital nurses, Public Health Nurses and other service providers will complete the Screen for families for entry into the Healthy Babies Healthy Children Program;
- Public Health Units will work in partnership to administer the Screen postpartum. In Waterloo Region, Public Health has worked with the local hospitals to train their staff so that hospital nurses complete the Screen prior to hospital discharge;
- Universal contact by a Public Health Nurse will occur postpartum for all consenting families within 48 hours of discharge from hospital. In Waterloo Region, families identified as “not with risk” on the Screen will receive a package of information about healthy child development and information about how to contact the Health Unit for support in the future if needed. Families identified “with risk” on the Screen will be offered an appointment to return to the Healthy Babies Healthy Children Postbirth Clinic 48 hours after discharge.
- Families participating in the Blended Home Visiting component of the Program will work with a Public Health Nurse and Family Visitor to use the Family Service Plan to establish goals and strategies for achieving those goals. Public Health Nurses have learned new skills through enhanced training stipulated by the Ministry of Children and Youth Services: Promoting Maternal Mental Health During Pregnancy; Keys to Caregiving; and, the Nursing Child Assessment Satellite Training (NCAST) Teaching Scale and Feeding Scale. Family Visitors’ skills will be enhanced through Partners in Parenting Education (PIPE) curricula.

Healthy Babies Healthy Children Program funding has not increased since 2008. As a result, during this timeframe, Public Health has transitioned services to target those most in need. The new Healthy Babies Healthy Children Protocol and Guideline are also designed to be more targeted, with the intention of getting families assessed and, for those who need it, into the Blended Home Visiting component as quickly as possible. With limited Program funding, resources are being allocated to respond to completed Screens and following up with positive Screens to support those families to connect with additional services, including Blended Home Visiting as appropriate.

Local Healthy Babies Healthy Children Program Changes

Region of Waterloo Public Health will be making the following changes to the Healthy Babies Healthy Children Program as of July 1, 2013.

Prenatal Services

As of July 1, the Healthy Babies Healthy Children Prebirth Clinic offered at the hospitals will no longer be operating. Prenatal referrals will come from the Canadian Prenatal Nutrition Program, Midwives and children’s service providers. Changes are being communicated to local health care providers and children’s service providers so that prenatal referrals (either self-referrals from clients or referrals, with consent, from local service providers and primary care providers) will come through
the Region of Waterloo Service First Call Centre. Public Health Nurses responding to Call Centre referrals for screening will complete a Healthy Babies Healthy Children Screen to determine families who may be “with risk.” If the Screen identifies the family as “with risk,” the family will be offered the Healthy Babies Healthy Children Program.

Postpartum Services
As of July 1, all families identified by hospital nurses as “not with risk” on the Healthy Babies Healthy Children Screen, will be provided with information about healthy child development and contact information if they want to follow up with Public Health. Only families identified as “with risk” on the Healthy Babies Healthy Children Screen by hospital nurses will be offered an appointment at the Healthy Babies Healthy Children Postbirth Clinic to initiate the In-Depth Assessment. Completion of the In-Depth Assessment will be done through a home visit.

Breastfeeding assessment and support for some new mothers will be impacted by the Program changes outlined above, as only some families will be seen by a Public Health Nurse at the Healthy Babies Healthy Children Postbirth Clinic in future. Families who give birth at Grand River Hospital will continue to access the local breastfeeding supports available (including lactation consultants at Grand River Hospital). There are currently fewer breastfeeding supports for families who give birth at Cambridge Memorial Hospital. Because not all families will be seen at Postbirth Clinic, Public Health will continue to offer Early Breastfeeding Contact to mothers delivering at Cambridge Memorial Hospital who are “not with risk” and who are breastfeeding. This support will continue until a more comprehensive community breastfeeding plan is developed and implemented. Community stakeholders are being invited to participate in a community dialogue about breastfeeding supports with particular emphasis on the Cambridge community.

Early Childhood Services
The early childhood phase is usually six weeks postpartum to transition to school. Families may self-refer or community agencies may refer families (with consent) by calling the Region of Waterloo Service First Call Centre to have a Public Health Nurse complete a Healthy Babies Healthy Children Screen. Families who have been working with Midwives will have had a Screen completed and will be referred to the Program if risk is identified.

Blended Home Visiting and Service Coordination
When families are confirmed “with risk” through the completion of the In-Depth Assessment (prenatally, postpartum or during early childhood), the Blended Home Visiting component of the Healthy Babies Healthy Children Program is offered to families with their consent. In this part of the Program, a Public Health Nurse, Family Visitor and the family develop goals through a Family Service Plan. The Public Health Nurse, Family Visitor and family work together to accomplish these goals through identified strategies. The Family Visitor and Public Health Nurse may provide referrals and recommendations for other community services. The Public Health Nurse will also take on the role of providing Service Coordination for the family and may take on this role when multiple service providers are involved in supporting the family (e.g. Family and Children’s Services).

Other Program Components
In addition to these services, Public Health, through the Healthy Babies Healthy Children Program, is expected to have Service Agreements with all key community agencies (e.g. hospitals, Family and Children’s Services). Public Health is currently working with community partners to implement the changes to the local service model and then develop new service agreements. Public Health is also required to participate in Data Collection efforts regarding service provision using the provincial Integrated Services for Children Information System (ISCIS). Staff continue to enter their service data into the provincial database. The final component of the Program is Service and System Integration. Region of Waterloo Public Health participates in the Children’s Planning Table to
contribute to Service and System Integration.

Planning for the Local Changes to the Program
Region of Waterloo Public Health has worked closely with key partners to plan for the required changes to the local Healthy Babies Healthy Children program to meet the new Ministry of Children and Youth Services Protocol and Guidelines within available resources. Staff have met over many months with staff from Grand River Hospital, Cambridge Memorial Hospital, local Midwifery practices, and Family and Children’s Services to make the changes to the Program. Staff also continue to participate in Provincial Healthy Babies Healthy Children workgroups including the Family Service Plan workgroup and Education Initiatives workgroup to inform provincial and local service delivery planning and implementation.

Communication of Program Changes to Community
Communication about the changes to the Healthy Babies Healthy Children Program has been ongoing since the Ministry of Children and Youth Services announced the changes to the Program in 2011. Most recently, communication about the Program changes and local implications for the following groups are currently being rolled out in advance of July 1, 2013:

- Children’s Planning Table
- Children and Youth Services Planning Council
- Alliance for Children and Youth
- Waterloo-Wellington Local Health Integration Network
- Local Midwifery practices
- Local health care providers (family physicians, obstetricians, pediatricians, nurse practitioners, social workers, nurses)
- Healthy Babies Healthy Children Advisory Committee
- Community service providers and peer programs

Appendix A & B includes the key messages being conveyed to health care providers and service providers working with families with young children.

ONTARIO PUBLIC HEALTH STANDARDS:


CORPORATE STRATEGIC PLAN:

The Healthy Babies Healthy Children Program contributes to the Region’s strategic focus area of Healthy and Inclusive Communities (foster healthy, safe, inclusive and caring communities).

FINANCIAL IMPLICATIONS:

The Ministry of Children & Youth Services has approved 100% funding of $2,764,742 for the implementation of the Healthy Babies Healthy Children Program by Region of Waterloo Public Health.

There has been no increase in funding for this program since 2008; a number of reductions in staffing and operating costs have been implemented since then in order to deliver the program.
within the provincial allocations each year. The required changes for 2013 were presented in Report PH12-052 and included a reduction of 2.4 full time equivalent positions and a reduction in operating costs of $33,685 in order to remain within the 100% Ministry of Children and Youth Services 2013 funding allocation for Waterloo Region.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Children’s Services staff have been advised of the changes to the Healthy Babies Healthy Children Program through individual meetings and through the Children’s Planning Table which is the local planning body for children’s services (ages prenatal to 12).

ATTACHMENTS

Appendix A: Healthy Babies, Healthy Children (HBHC) Program Bulletin
Appendix B: Physician Advisory

PREPARED BY: Janet McCreary, Manager, Child and Family Health
Andrea Reist, Director, Child and Family Health

APPROVED BY: Dr. Liana Nolan, Commissioner and Medical Officer of Health
Appendix A:

Healthy Babies, Healthy Children (HBHC) Program Bulletin

Date: June 2013

Subject: The Healthy Babies Healthy Children Program is changing on July 1, 2013. These changes will affect the services for some of your clients/participants.

The provincial Healthy Babies Healthy Children (HBHC) Program’s mandate has changed to focus on working with at-risk families and reaching them as early as possible, including the prenatal period.

HBHC Services include:
- Screening and assessment for risk of poor child development, including birth outcomes
- Promoting positive maternal mental health during pregnancy
- Positive parenting support through home visiting
- Linkage and referrals to community programs and resources

HBHC supports parents to help their children get a healthy start in life.

What are the changes to the local HBHC Program and what do they mean for you?

Prenatal

HBHC Prebirth Clinic appointments with a Public Health Nurse at Grand River Hospital and Cambridge Memorial Hospital will no longer be offered. Prenatal referrals to the program continue to be encouraged and can be made by calling Region of Waterloo Public Health at 519-883-2245.

Action:
- If you have concerns with a family prenatally, with your client’s consent, we recommend that you contact Region of Waterloo Public Health at 519-883-2245 to have an HBHC Screen completed by a Public Health Nurse to assess for suitability for the HBHC home visiting program and/or to refer to other appropriate services.
- If you have any HBHC Prebirth Clinic posters up in your agency, please remove them.

Postpartum

HBHC Postbirth Clinic appointments with a Public Health Nurse at Grand River Hospital and Cambridge Memorial Hospital will only be offered to mothers who are identified as at risk when screened by hospital staff on the HBHC Screen and who may require additional family health supports.

Action:
- For all new mothers, we recommend that they make an appointment for postpartum follow-up with a health care provider within 40 hours of hospital discharge as outlined by the Canadian Paediatric Society and Society of Obstetricians and Gynaecologists: Please advise your clients prenatally of this.
- If you think your client could benefit from the HBHC program, with your client’s consent, contact Region of Waterloo Public Health at 519-883-2245.

Clients may also call Region of Waterloo Public Health directly if they have questions or require additional supports during the prenatal, postpartum and/or early childhood periods at 519-883-2245.

For further information about the HBHC Program, please contact Andrea Reist, Director, Child and Family Health, Region of Waterloo Public Health, 519-883-2002 ext. 5352 (TTY: 519-575-4608) or AREist@regionofwaterloo.ca
Appendix B:

Physician Advisory

Date: June 2013

Subject: Healthy Babies Healthy Children Program is changing on July 1, 2013. These changes will affect your practice.

The provincial Healthy Babies Healthy Children (HBHC) Program’s mandate has changed to focus on working with at-risk families and reaching them as early as possible.

HBHC Services include:
• Screening and assessment for risk of poor child development, including birth outcomes
• Positive parenting support through home visiting
• Linkage and referrals to community programs and resources

HBHC supports parents to help their children get a healthy start in life.

What are the changes to the local HBHC Program and what do they mean for you?

Prenatal
HBHC Prebirth Clinic appointments with a Public Health Nurse at Grand River Hospital and Cambridge Memorial Hospital will no longer be offered. Prenatal referrals to the HBHC program continue to be encouraged and can be made by calling Region of Waterloo Public Health (ROWPH) at 519-575-4400.

Action:
• If you have concerns with a family prenatally, with your client’s consent, we recommend that you contact Region of Waterloo Public Health at 519-575-4400. A Public Health Nurse will complete the HBHC Screen and assess for suitability for the HBHC home visiting program and/or refer to appropriate services.
• If you have any HBHC Prebirth Clinic posters up in your agency, please remove them.

Postpartum
HBHC Postbirth Clinic appointments with a Public Health Nurse at Grand River Hospital and Cambridge Memorial Hospital will only be offered to mothers who are identified as being at risk when screened by hospital staff on the HBHC Screen and who may require additional family health supports.

Action:
• ROWPH recommends that you ensure all new mothers may have an appointment for their infants to be assessed by a health care provider within 48 hours of hospital discharge, particularly for those leaving hospital prior to 48 hours after birth, as outlined by the Canadian Paediatric Society and the Society of Obstetricians and Gynaecologists of Canada. All infants, regardless of length of stay in hospital, require an appointment with their primary health care provider within one week of discharge from the hospital.
• If you think your client could benefit from the HBHC program, with your client’s consent, contact Region of Waterloo Public Health at 519-575-4400.

Clients may also call Region of Waterloo Public Health directly if they have questions or require additional supports during the prenatal, postpartum and/or early childhood periods at 519-575-4400.

For further information about the HBHC Program, please contact Andrea Roist, Director, Child and Family Health, Region of Waterloo Public Health, 519-575-4400 (TTY: 519-575-4698) or ARoist@regionofwaterloo.ca
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013 FILE CODE: A26-20

SUBJECT: PUBLIC HEALTH DEPARTMENT REORGANIZATION – FAMILY HEALTH

RECOMMENDATION:

For Information

SUMMARY:

The Public Health Department Leadership team has worked with the Human Resources Department to adjust the department’s organizational structure to enhance Public Health’s capacity to meet the requirements of the Family Health Standard of the Ontario Public Health Standards. The reorganization has occurred in the context of Healthy Babies Healthy Children Program changes. It also addresses key gaps, particularly the need for increased Public Health focus on health issues in school aged children. The movement to the new organizational structure will be complete as of July 1, 2013. This reorganization has been accomplished by repurposing and reallocating existing resources to address emerging needs and opportunities. The new structure aligns with OPHS Family Health requirements, clarifies and streamlines responsibilities, and optimizes the use of existing resources within the department.

REPORT:

Ontario Public Health Standards – Family Health

The Ontario Public Health Standards outline the expectations for boards of health and establishes requirements for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care as outlined in the Health Protection and Promotion Act. Public Health’s organizational structure is being adjusted to enhance the Department’s capacity to meet the requirements of the Family Health Program Standard of the Ontario Public Health Standards and to respond to recent changes to the mandate of the Healthy Babies Healthy Children Program (See PH-13- 024).

The Family Health Program Standard includes requirements in Reproductive Health and Child Health program areas and focuses on the following topic areas:

- preconception health
- healthy pregnancies
- reproductive health outcomes
- preparation for parenthood
- positive parenting
- breastfeeding
- healthy family dynamics
- healthy eating, healthy weights and physical activity
Family Health Reorganization

Purpose of the reorganization:

- To deliver the revised Healthy Babies Healthy Children program as a separate program within available provincial resources
- To enhance the use of population-based activities within a health promotion framework to promote health and reduce health inequities of children and families in the preconception, prenatal, postpartum, early childhood and school age periods of child development
- To optimize the effective and efficient use of existing staff complement to address an identified gap in Family Health Standard program compliance

Key issues that drove the change:

- Changes in provincial mandate for the Healthy Babies Healthy Children Program to focus HBHC program resources on delivering service to families identified and confirmed with risk using HBHC screening and assessment tools, coupled with continuing provincial funding constraints for this program
- Need to enhance population-level health promotion efforts to support healthy child growth and development within community settings at individual, community and policy levels
- Opportunity to further integrate preconception, reproductive, postpartum and early childhood health promotion activities to provide a seamless public health service experience for families
- Need for increased emphasis on health promotion directed toward school-age children, in addition to current work focusing on preconception health and the health of prenatal women, infants and preschoolers up to the point of school entry
- Input from staff who used an evidence and practice-based planning framework to identify recommendations for health promotion activities in the areas of positive parenting, school channel and immigrant/refugee health
- Opportunity to clarify roles and accountabilities for Family Health requirements and to make it easier for community organizations and the public to find the right point of contact regarding specific Family Health topics and/or stages of child development

The new model will:

- Consolidate HBHC service delivery within one program area and available provincial resources for this program
- Enhance delivery of population-based activities focusing on topic areas within the Family Health Standard at individual, community and policy levels
- Maximize use of existing resources and enhance service experience for families through further integration of Reproductive Health and Child Health activities
- Resource the development of a school channel approach to conduct health promotion work focusing on school-age children, particularly as it relates to chronic disease prevention
- Enhance capacity to expand work on childhood obesity prevention as opportunities arise
- Provide a more even distribution of management workload and staff complements across the Public Health Department

Reorganization Picture and Timelines
The change in organizational structure affects the Child & Family Health, Healthy Living and Infectious Diseases, Dental & Sexual Health Divisions. The organizational chart in Appendix A identifies the new structure which will be completed as of July 1, 2013. Communication about the changes with relevant community partners and stakeholders is underway and is expected to be completed by July 1, 2013. Transitioning of activities across program areas will continue beyond July 1, 2013 and are expected to be complete prior to the end of 2013.

**Infectious Diseases, Dental and Sexual Health Division**

The Infectious Diseases, Dental and Sexual Health Division will now be comprised of six units, with the Reproductive Health Unit being transferred to the Child and Family Health Division. One of the activities of the Child and Family Health Division will transition to this Division. These moves will enhance integration between Reproductive and Child Health program areas and will facilitate a seamless customer service experience between activities targeted to women in child-bearing years and during the prenatal period with services and supports focusing on infancy and early childhood periods. Emergency preparedness and some oral health promotion resources have been redeployed to other units within the IDDSH Division as a result of the move of the Reproductive Health team.

**Child and Family Health Division**

The Child and Family Health Division will continue to have six units. The six units have been reconfigured to now deliver the HBHC program as a separate program from within two geographically based Units (Healthy Babies Healthy Children - Waterloo location and Healthy Babies Healthy Children - Cambridge location). The Healthy Babies Healthy Children Units staff will deliver HBHC follow up assessment to families who screen with risk on the HBHC screen and will provide service coordination and blended home visiting services with consenting families who are eligible and consent to these services. These Units will be funded through 100% provincial HBHC resources.

The additional four units (Reproductive Health & Healthy Family Dynamics, Breastfeeding & Positive Parenting, Healthy Growth & Development and Information & Planning) will focus on promoting health and reducing health inequities for families with children up to the point of school entry. These units will have enhanced focus on population-based Family Health programs and services addressing specific topic areas within the Family Health Standard during the preconception, prenatal, postpartum and early childhood stages of child development. The work of these units will be funded through 75% provincial and 25% regional resources. They will deliver population-based activities related to their respective OPHS Family Health topic areas, and will provide telephone service to the public for all Divisional programs.

Some resources within the current Child and Family Health Promotion Unit are being transferred to the Healthy Living Division to develop and implement a school channel approach to health promotion that focuses on school-age children and builds on chronic disease prevention resources already directed at this population. This reallocation will address a current gap in Family Health Standard compliance.

**Healthy Living Division**

The Healthy Living Division will now be comprised of four units, with a new unit utilizing
resources from the Child and Family Health Division. This new unit will focus on the school channel to coordinate health promotion work with a particular focus on chronic disease prevention in school-aged children.

In addition some activities from the Healthy Eating and Active Communities and Injury and Substance Misuse Prevention units within the Healthy Living Division and some activities from the Child and Family Health Division will move to the new unit to address both Chronic Disease Prevention and Family Health Standards requirements targeted toward school-aged children and their families.

ONTARIO PUBLIC HEALTH STANDARDS:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo’s Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report outlines a revised organizational structure which will contribute to meeting the mandate of Public Health and enhancing capacity to meet the Family Health Standard requirements of the Ontario Public Health Standards.

CORPORATE STRATEGIC PLAN:

The Public Health reorganization described within this report is consistent with and provides support to the following strategic priorities:

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

FINANCIAL IMPLICATIONS:

This reorganization is Full Time Equivalent (FTE) neutral and resource neutral within the Public Health Department.

The majority of the Public Health Department’s budget related to the delivery of Family Health Programs is funded 75% by the Ministry of Health & Long Term Care and 25% Regional Tax Levy. The Family Health requirements also include resources funded 100% by Ministry of Children & Youth Services Healthy Babies Healthy Children (HBHC) program. As a result of rationalization of staffing between the cost shared programs and 100% funded HBHC that was completed at the end of 2012, the overall staff complement for Family Health Programs is 3.3 Full Time Equivalent less in 2013 than in 2012.

Family Health Programming will be delivered within the approved regional and provincial allocations for 2013.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from the Human Resources Department were involved in this reorganization process. Senior Management from Social Services and Planning, Housing and Community Services were informed of this reorganization process to facilitate communication and ease of transition to the new structure.
ATTACHMENTS

Appendix A: 2013 Organizational Chart  (DOCS# 1320171)

PREPARED BY:  Andrea Reist, Director, Child and Family Health  
Sharlene Sedgwick-Walsh, Director, Healthy Living  
Karen Quigley-Hobbs, Director, Infectious Diseases, Dental & Sexual Health  
Anne Schlorff, Director, Central Resources

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

DATE: June 18, 2013

FILE CODE: C06-60

SUBJECT: “SMART ON CRIME” SERIES ON ROGERS TELEVISION

RECOMMENDATION:

For information

SUMMARY:

This report provides an update on the 10-part education series “Smart on Crime” produced in partnership with Rogers Television’s ‘Talk Local’ program. The report will highlight the areas of focus/themes of the episodes and the in-kind value of the partnership.

REPORT:

1.0 Background

In 2010 the Waterloo Region Crime Prevention Council partnered with Rogers Television to present a monthly “Safe Cities” series as part of Rogers TV’s “Talk Local” program, hosted by Mike Farwell. This 10-part TV series took a closer look at issues related to crime, victimization and fear of crime. This opportunity allowed the Waterloo Region Crime Prevention Council to further the dialogue within the broader community, answer questions and feature new initiatives. Copies of each of the Safe Cities episodes are available through our office.

About Talk Local Waterloo Region

Talk Local, Rogers TV’s talk show, offers frank discussion about today’s issues in Waterloo Region. Airing weekdays at 4 pm, 7 pm and 10 pm host Hayley Zimak invites viewers to weigh in with their opinions as she tackles the tough, local issues of the day with a roundtable forum of local politicians, business leaders, activists and concerned citizens.

2.0 The Project

In August 2012 the WRCPC was invited by Rogers Television to partner with them to produce another 10-part monthly series as part of Talk Local to air September through June. The format would be a panel discussion about local crime prevention efforts with the people closest to the issues – those personally affected, professionals, service providers, researchers, local police and more.

This year’s “Smart on Crime” series explored local crime prevention initiatives, showcased partner organizations, highlighted the work, and promoted a better understanding of crime prevention through social development.
Below find a listing of the episode date and topic featured. Episodes are available in our office.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 24/12</td>
<td>What is Crime Prevention? (20 Years after the Horner Report)</td>
</tr>
<tr>
<td></td>
<td>Guests: Peter Ringrose, Ken Seiling, Irvin Waller, John Shewchuk, Christiane Sadeler</td>
</tr>
<tr>
<td>Oct. 29/12</td>
<td>Street Gang Prevention (featuring inREACH program)</td>
</tr>
<tr>
<td></td>
<td>Guests: inREACH staff, WRPS, WLU researchers</td>
</tr>
<tr>
<td>Nov. 26/12</td>
<td>Bullying Prevention</td>
</tr>
<tr>
<td></td>
<td>Guests: Teacher, Students, WAYVE program, WRPS, Cdn. Mental Health Association, John Howard Society, Parents of Children’s Mental Health</td>
</tr>
<tr>
<td>Dec. 10/12</td>
<td>Root Causes of Crime In Waterloo Region</td>
</tr>
<tr>
<td></td>
<td>(featuring “A Snapshot in Time” report indicators with Guests: CPC staff, Women’s Crisis Services, Sexual Assault Support Centre, Family &amp; Children’s Services, YMCA Early Years)</td>
</tr>
<tr>
<td>Jan 28/13</td>
<td>Opioid, Overdose Prevention and FASD</td>
</tr>
<tr>
<td></td>
<td>Guests: CPC staff, Hon. Deb Matthews, Minister of Health &amp; Long Term Care, Sanguen Health Centre, Prevention Overdose Waterloo-Wellington, Lutherwood, persons with lived experience)</td>
</tr>
<tr>
<td>Feb. 25/13</td>
<td>Building Healthy Relationships</td>
</tr>
<tr>
<td></td>
<td>(Guests: Women’s Crisis Services, Sexual Assault Support Centre, Waterloo Region Rainbow Coalition, Kind Fatherhood)</td>
</tr>
<tr>
<td>March 26/13</td>
<td>Enhancing Community Connections:</td>
</tr>
<tr>
<td></td>
<td>The Reintegration of Federally Sentenced Women</td>
</tr>
<tr>
<td></td>
<td>(Guests: CPC Staff, Former GVI Inmates, Accelerator Centre, Elizabeth Fry, Community Justice Initiatives)</td>
</tr>
<tr>
<td>April 22/13</td>
<td>The Youth Criminal Justice Act: 10 Years later</td>
</tr>
<tr>
<td></td>
<td>(Guests: CPC Staff, Crown Attorney, Defense Lawyer, John Howard Society, inREACH)</td>
</tr>
<tr>
<td>May 27/13</td>
<td>Everyone Has a Role to Play</td>
</tr>
<tr>
<td></td>
<td>(Guests: CPC Staff)</td>
</tr>
<tr>
<td>June 24/13</td>
<td>Perceptions and Fear of Crime</td>
</tr>
<tr>
<td></td>
<td>(Guests: TBD)</td>
</tr>
</tbody>
</table>

While local ratings are not available for Rogers Television (Channel 20), Talk Local has the potential to be seen by 160,000 households (subscriber base) in Waterloo Region. Each one-hour episode aired a minimum of 3 times.

The value of this partnership with Rogers TV’s Talk Local is approximately $28,000.00

3.0 Challenges

None

4.0 Future Directions

To be determined.

CORPORATE STRATEGIC PLAN:

Healthy and Inclusive Communities: Enhance community safety and crime prevention
FINANCIAL IMPLICATIONS:

None

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

None

ATTACHMENTS

NIL

PREPARED BY:  Tracy Jasmins, Marketing & Communications Coordinator, WRCPC

APPROVED BY:  Christiane Sadeler, Executive Director, WRCPC
MEMORANDUM

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

From: Tamara Kerr, Social Planning Associate
        David Dirks, Director, Employment and Income Support

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File Code: S09-80

Subject: CANADA LEARNING BOND ENROLLMENT

The Canada Learning Bond (CLB) can be an important step to breaking the cycle of poverty, but the funds remain vastly underutilized in the region. In May 2013 the Region of Waterloo hosted two CLB sign up sessions in Cambridge and Waterloo with the goal to increase the number of children enrolled in the CLB (see April 30, 2013 Information Memorandum). The CLB can be used for a child’s education after high school for part-time or full-time studies.

The Canada Learning Bond (CLB) can amount to a total of $2,000 from the Government of Canada for any child born on or after January 1, 2004 who is eligible for the National Child Benefit Supplement (NCBS) and the child has up to 36 years to use the fund. All Ontario Works participants with children born after this date would be eligible for these funds.

The Canada Learning Bond (CLB) has so far failed to reach four out of five eligible children in Waterloo Region. The staff of Employment and Income Support partnered with Opportunities Waterloo Region, Service Canada, Scotia Bank and the Royal Bank of Canada to host two CLB sign up sessions for Ontario Works and Ontario Disability Support Program participants.

Through the promotion of these funds, fifty-nine (59) individuals accessed Social Insurance Numbers (SIN) from Service Canada, helping to prepare families with the required documentation for enrollment. The events successfully enrolled seventy (70) children in the CLB in Waterloo Region, amounting to an initial deposit of $35,000 from the Government of Canada for these bonds with an additional maturity potential totalling $105,000 over the next fifteen years.

This work supports the Region’s 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; specifically, Strategic Objective 4.1 (to) work collaboratively to reduce poverty.

For further information please contact David Dirks, Director, Employment and Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
MEMORANDUM

To: Chair Sean Strickland and Members of the Community Services Committee
From: David Dirks, Director, Employment and Income Support
Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services
File No.: S09-80
Subject: ONTARIO WORKS CASELOAD: MAY 2013

This memorandum is provided as information for members of Council. Employment & Income Support, Social Services with Finance monitors the Ontario Works (OW) caseload on a monthly basis. Below is a chart summarizing the caseload at the end of May 2013 with comparisons to the months of April 2013 and May 2012 as well as September 2008.

Very briefly,
- The OW caseload at May 2013 was: 8,727
- The OW caseload at April 2013 was: 8,637
- The increase from April 2013 was: 90 (+1.0%)
- The decrease from May 2012 was: 178 (-2.0%)
- The increase from September 2008 was: 2,435 (+39%)

- Waterloo Region unemployment rate for May 2013 was: 7.2%
- Waterloo Region unemployment rate for May 2012 was: 6.8%

Ontario Works Caseload and Unemployment Rate

<table>
<thead>
<tr>
<th>May 2013</th>
<th>April 2013</th>
<th>May 2012</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,727</td>
<td>8,637</td>
<td>8,905</td>
<td>1.0%</td>
<td>(2.0%)</td>
</tr>
</tbody>
</table>
Memo to Regional Council
June 26, 2013

Unemployment Rates – Seasonally Adjusted*

<table>
<thead>
<tr>
<th></th>
<th>May 2013</th>
<th>April 2013</th>
<th>May 2012</th>
<th>% Change April to May</th>
<th>% Change Year to Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>7.3</td>
<td>7.7</td>
<td>7.8</td>
<td>(5.2%)</td>
<td>(6.4%)</td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>7.2</td>
<td>7.1</td>
<td>6.8</td>
<td>1.4%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

*As revised by Statistics Canada

The May caseload continues its slow growth month over month. This is the highest point since August 2012 and it is 39% higher than at the outset of the 2008 recession.

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

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

DATE: June 18, 2013

FILE CODE: S13-40

SUBJECT: STEP HOME SOCIAL RETURN ON INVESTMENT ROLL-UP REPORT (2013)

RECOMMENDATION:

For information

SUMMARY:

The STEP Home Social Return on Investment (SROI) Report shows that for every dollar invested in STEP Home intensive support programs, there is an average return of $9.45 in the areas of improved quality of life, cost reallocation and increased household income as outlined in report SS-13-017, dated June 18, 2013.

REPORT:

1.0 Background
STEP Home (Support To End Persistent Homelessness) was initiated in 2008 and has since expanded to include 12 programs operating out of 10 organizations at 19 sites. These programs work together to offer options and support to end persistent homelessness in Waterloo Region. STEP Home is a signature initiative of the Homelessness to Housing Stability Strategy, through which in 2012, Council endorsed an updated goal for STEP Home to end persistent homelessness for 500 people by the end of 2013 (SS-12-052).

In order to assess progress towards this goal, basic statistics are collected from all programs involved in STEP Home, with results shared each fall through the STEP Home Annual Report. In addition, “special evaluation projects” have been undertaken to deepen the understanding of the issues and approach. In 2011, STEP Home completed an intensive three year evaluation process spanning 2008-2010 (SS-11-039). Beginning in 2011, STEP Home began working on a Social Return on Investment (SROI) evaluation project to further demonstrate value created through the unique STEP Home approach. The project spanned from April 2011 to March 2013 with support through SiMPACT Strategy Group, an internationally accredited organization specializing in SROI.

2.0 Social Return on Investment (SROI) Methodology
A Social Return on Investment (SROI) is used to measure the social value derived from a program. Social value goes beyond a return on investment (ROI) to include value from a variety of stakeholder perspectives including participants. It carefully considers the relationship between inputs, outputs and outcomes, and applies financial proxies to value outcomes,
whenever possible. Social value can be measured within the following categories:

1. Cost reallocation
2. Changes in taxes paid
3. Cost savings
4. Future cost avoidance
5. Increased household income

Some financial proxy values are previously researched through academic studies, while others are determined in a local context. At this point, some outcomes do not yet have financial proxies (e.g., hope, trust) but applying proxies continues to be a work in progress. Details and calculations of each STEP Home analysis, including the impact map, financial proxy values, and notes are available for each project in the form of a SiMPACT SROI Workbook.

3.0 Findings

The two-page Executive Summary of the Region of Waterloo STEP Home Social Return on Investment (SROI) Roll-Up Report (2013) is attached as Appendix 1. The report summarizes value created through two of STEP Home’s Intensive Support Programs (Streets to Housing Stability and Shelters to Housing Stability) at four sites (Cambridge Shelter, YWCA-Mary’s Place, Argus Residence for Young People and Charles Street Men’s Hostel).

Findings demonstrate that the social value created through a one-year investment of $217,955 in the four STEP Home Intensive Support Program sites returned an average value of $2,076,715 which equates to $9.45 for every dollar spent. This value was found in the areas of improved quality of life, cost reallocation and increased household income.

STEP Home’s Intensive Support Programs were identified to create value for three key stakeholder groups within the following categories:

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Categories</th>
<th>Examples</th>
<th>Value Contribution</th>
<th>Overall Value Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants</td>
<td>Wellbeing and community inclusion</td>
<td>quality of life, volunteering, working</td>
<td>45%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Safety and personal health</td>
<td>cost of suicide, personal value of addressing addiction, cost of pain and suffering due to assault, dental issues</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income and education</td>
<td>cost of dropping out of high school</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>2. Government Services</td>
<td>Health care</td>
<td>hospital, addictions treatment, psychiatric treatment, EMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corrections</td>
<td>police, jail</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Income Assistance</td>
<td>Ontario Works, Ontario Disability Support Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Social Services</td>
<td>emergency shelter, counseling, food bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Landlords</td>
<td>Decreased maintenance and turn-over costs</td>
<td>cleaning and repair costs, cost of re-housing</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>
This social value figure of $9.45 for every dollar invested represents a very conservative outcome. SROI utilizes internationally recognized principles of analysis and addresses any measures with a level of subjectivity by using the lowest reasonable financial proxy values and a discount rate to ensure the results were not over-valued.

In summary, the SROI methodology found that there is a remarkably high level of social value created through STEP Home for a relatively small investment. This finding again demonstrates that it makes more sense from both a human and a financial perspective to support people to find and retain housing rather than to leave them in a homeless situation. This was first demonstrated locally through Proactive vs. Reactive Responses: The Business Case for a Housing Based Approach to Reduce Homelessness in the Region of Waterloo (2007) which showed that it is ten times more expensive on a per diem basis for people to cycle through high cost crisis services than it is to provide adequate housing with support. This SROI further monetizes the value of investments to end homelessness – showing that for every dollar invested in intensive STEP Home programs, there is a $9.45 return.

4.0 Next Steps
The results of the report will be shared with all members of the STEP Home Collaborative (Agency Advisory Group, Direct Support Advisory Group and Participant Advisory Group) and the federal Homelessness Partnering Strategy as the project funder. The full report along with the 2-page Executive Summary will be posted on the Region of Waterloo’s website and the Homeless Hub (a Canadian research clearinghouse). Given that there are very few methodologies that can demonstrate the financial and social value of social services, this report will be of great interest to other funders, government contacts, municipalities and programs and will be shared through various networks, meetings and conferences over the next year.

CORPORATE STRATEGIC PLAN:

Working to strengthen the housing stability system and build the community’s capacity to address issues of homelessness is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities and specifically, Strategic Objective 4.5 (to) Work collaboratively to increase the supply and range of affordable housing reduce homelessness.

FINANCIAL IMPLICATIONS:

A total of $30,000 was allocated for the project through the Homelessness Partnering Strategy (2011-2014) 100% federal funding.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Planning, Housing and Community Services participates on the STEP Home Agency Advisory Group (AAG).
ATTACHMENTS

Appendix 1 Executive Summary: Region of Waterloo STEP Home SROI Roll-Up Report - The Story Behind the Number: Uncovering Hidden Value in STEP Home’s Intensive Support Programs (2013)

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

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
APPENDIX 1

Region of Waterloo STEP Home
EXECUTIVE SUMMARY

What is SROI?
- A holistic approach to understanding the value of a program through a variety of stakeholder perspectives including participants.
- The approach is accredited and is conducted through a framework based on a set of internationally-recognized principles.

STEP Home:
- Includes 12 programs at 10 organizations across 19 sites.
- Goal is to provide options and supports to end persistent homelessness in Waterloo Region.
- This report summarizes value created through STEP Home’s Intensive Support Programs (Streets to Housing Stability and Shelters to Housing Stability) at four sites (Cambridge Shelter, YWCA-Mary’s Place, Argus Residence for Yong People and Charles Street Men’s Hostel).

Social Value Created:
The social value created through a one-year investment of $217,955 in the four STEP Home program sites returned an average value of $2,076,715 which equates to $9.45 for every dollar spent.

For information related to STEP Home, contact:
(519) 883-2117
stephome@regionofwaterloo.ca

SOCIAL VALUE OF STEP HOME
STEP Home was shown to create value for the following three key stakeholder groups:

Participants – improves quality of life, increases access to volunteer and employment opportunities, increases ability to address addictions, reduces personal cost of pain and suffering.

Government – avoids more expensive alternative interventions such as hospital, Emergency Medical Services, contact with police, jail, and emergency shelter.

Landlords – decreases unit maintenance and tenant turnover costs.

THEORY OF CHANGE
If people approaching or experiencing persistent homelessness are provided intensive, person-centered and unconditional support, then they will take action to find and retain housing of their choice and enhance their health and quality of life, which helps create a stronger community.

STEP HOME PROGRAM BACKGROUND
STEP Home is a set of interrelated person-centered programs providing options and supports to people approaching or experiencing persistent homelessness in Waterloo Region. Through STEP Home, participants are supported by direct support workers as they move towards housing stability. The STEP Home philosophy acknowledges that it is important to meet each participant ‘where they are currently at’ on their personal journey towards housing stability. This highly person-centred approach is a key ingredient to the value created through STEP Home and to the transitions that participants experience.

STEP Home participants engage in the two identified programs: Streets to Housing Stability (Streets) or Shelters to Housing Stability (Shelters), from one of two starting points. Streets participants are experiencing unsheltered homelessness (where people experiencing homelessness may rest, sleep or stay in a variety of temporary spaces such as parks, sidewalks, stairwells, under bridges, abandoned buildings, cars, or doorways sometimes for only a few hours or one night before moving on). Shelters participants are typically cycling through the emergency shelter system. Both programs feature a low direct support worker to participant ratio, i.e. 1:10, in order to ensure the person centred and intensive support of participants.

“Getting housing through STEP Home gave me a sense of belonging and the feeling that I was worthy of having a normal life and a home.”
- Participant
Region of Waterloo STEP Home
EXECUTIVE SUMMARY

PARTICIPANT PROFILE
People participating in the Intensive Support Programs under the umbrella of STEP Home are youth and adults approaching or experiencing persistent homelessness. They are familiar with extreme poverty and have usually been experiencing homelessness for several years. Many have been exposed to violence, discrimination, social isolation, and have experienced serious trauma due to emotional, physical and sexual abuse. Participants often face a host of circumstances which include problematic substance use, physical, mental health and cognitive issues and experience challenges navigating community systems (e.g., health care, mental health, income support and transportation). These challenges can increase barriers and prevent people from achieving housing stability on their own.

SROI ANALYSIS AND RESULTS
The Social Return on Investment (SROI) analyses highlighted in this STEP Home SROI Roll-Up Report brings forward the value created for stakeholders across the region as participants’ housing instability, safety and personal health issues and lack of income and education are addressed. The reduction of system access barriers also increases participants’ sense of well-being and community inclusion. The results illustrate the value of the Region’s investment to achieve STEP Home outcomes.

The results indicate that the value provided to program participants (80%), government (18%) and landlords (2%) as a result of a one-year investment of $217,955 in STEP Home ranges from $8.25 to $10.64 in social value created for every dollar invested. This means that that program sites returned an average value of $2,076,715 which equates to $9.45 for every dollar spent. This represents not only the value of outcomes related to supporting people approaching or experiencing persistent homelessness but also the value of the avoidance of the alternative outcomes people would experience if they continued to experience or move towards a persistently homeless situation.

The SROI ratios represent minimum value as the most conservative estimations were made throughout the analysis of STEP Home’s Intensive Support Programs. Further, the essence of hope and other intangible outcomes created for STEP Home participants could not be completely captured in financial terms. This means that the overall social value of STEP Home is more than likely to be higher than the value presented in the SROI ratio.

*NOTE*
Full analysis details, including references, financial proxies, and all calculations are available upon request. The complete STEP Home SROI Roll-Up Report is available at www.regionofwaterloo.ca

SROI analysis conducted in partnership with: SIMPACT STRATEGY GROUP www.simpactstrategies.com | 403 444-5683

DOCS# 1392397 Page 6 of 6
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013

FILE CODE: F11-30

SUBJECT: ONTARIO WORKS DISCRETIONARY BENEFITS UPDATE

RECOMMENDATION:

For information

SUMMARY:

The Province of Ontario capped its share of funding for Discretionary Benefits on July 1, 2012. Through the 2013 Budget process Council approved $2 million in expenditures above the Provincial cap. This report summarizes the experience to-date with the Ontario Works Discretionary Benefits Program (OWDB) as outlined in report SS-13-019, dated June 18, 2013.

REPORT:

1. Background

Under the Ontario Works Act a Consolidated Municipal Service Manager (the Region of Waterloo) can provide certain discretionary benefits to Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants. There are two types: health-related and non health-related. These benefits are cost-shared with the Province (85.8%/Province, 14.2%/Region for 2013).

In 2012 the Province introduced a cap on the level of funding for the OWDB, resulting in a projected $3.5 million shortfall in 2013 if gross expenditures remained at the 2012 level of $6.0 million. In presenting funding options to Council, staff considered:

- The elimination of the Community Start Up and Maintenance Benefit, effective January 1, 2013. This Benefit was used to establish a new principal residence, prevent eviction or the discontinuance of a utility and address a threat to health and welfare
- The availability of funds to assist with last month’s rent through the Community Homelessness Prevention Initiative
- The 5 priority areas of funding identified through survey by social assistance participants, community agencies and Region staff (adult dental, last month’s rent, vision care, food hampers, late payments /connection fees) within an array of services
- The importance of meeting basic needs (food and shelter) and ensuring a person’s health and safety

Council approved a 2013 budget of $4.5 million or $2 million above the estimated Provincial cap, with $1 million added to the OWDB Program as ongoing funding and $1 million approved on a one-time basis. The approved budget with expenditures to the end of May 2013 is provided as an attachment to this report.
2. Implementation

In anticipation of and then in response to the approved 2013 Budget, the following actions were taken:

- During the months of December 2012 and January 2013 staff reduced the range and level of approvals for discretionary benefits consistent with the options presented during the Budget process.
- Policy development and training of staff to implement the approved budget was completed in January 2013.
- Business practices have been reviewed and changed to ensure full use of a participant’s basic and mandatory benefits (e.g., for shelter costs and medical transportation) in place of discretionary benefits.
- Orientation of community agencies and ODSP staff to the revised OWDB Program was conducted in January and February 2013.
- The OWDB database within Employment and Income Support was modified to align with the new policies and approved Budget to promote consistency and integrity in individual approvals and better track expenditures.
- Council has approved a Funeral rate for 2013 in line with the approved 2013 OWDB Budget (see Report SS-13-015, Funeral Rates, April 30, 2013).
- Regional Housing staff has met with community housing providers to discontinue the practice of charging last month’s rent or to allow for payment over time. As well, staff are working with housing providers to implement remedies to avoid the formal eviction process.
- In the area of public transit, staff within Employment and Income Support are: auditing individual case files to ensure approvals for funding are accurate and current; working with GRT to explore alternative, less expensive options and streamline business and approval processes; and, are surveying Ontario Works participants concerning their travel needs and patterns to identify the most appropriate options.
- Staff is meeting with Food Hamper providers concerning the 2014 Budget and their programs.
- As well, staff is working with key community stakeholders to develop a longer term vision for the delivery of services within the community.
- Finally, social assistance participants, community agencies and Regional staff are being surveyed a second time to confirm the priorities from the 2012 survey and receive feedback on the implementation of the revised OWDB Program in 2013.

3. Experience

This will be a transitional year for the discretionary benefits program as the Region experiences the full impact of the elimination of the Community Start Up and Maintenance Benefit, plans for the loss of one-time transition funding (e.g., Community Homelessness Prevention Initiative) and monitors the demand for and usage of discretionary benefits. The attachment provides the approved discretionary items, expenditures to the end of May 2013 and the approved 2013 Budget.

Minor changes in individual and smaller categories have been introduced. In reviewing the experience staff would highlight in terms of the estimates for individual items:

- Dental expenditures will exceed the estimated amount as payment for dentures could not be stopped due to contractual commitments and approved predetermination estimates until later in the year. Adult emergency expenditures (the program approved in the 2013 Budget) are consistent with the estimate.
- Food Hamper expenditures are capped at the estimated amount.
- The under-expenditure in late payment/connections for utilities results largely from the use of
one-time funds within the Waterloo Region Energy Assistance Program and the Community Homelessness Prevention Initiative. This will be an issue once these one-time funds are exhausted

- Funeral costs are driven by the number of funerals and rates have been increased effective June 1, 2013
- Appliance repairs/purchase/mattresses may not be utilized given the criteria for their use. The decision not to fund furniture (with the loss of the Community Start Up Benefit) is a need identified by staff
- Eviction prevention is significantly under spent. Funds are only approved if there is an actual eviction notice. That there are no funds to assist a person to move to more affordable accommodation, unless there is an actual threat of eviction or a person is leaving an “institution” (e.g., emergency shelter through the Community Homelessness Prevention Initiative funding), may place an individual in crisis. A change in criteria is being considered

4. Summary

Spending within the OWDB Program is projected to be within the 2013 approved Budget. As staff gains experience, there are adjustments which can be made to better support participants (e.g., funds to support a move to more affordable accommodation). Steps are being taken to maximize funding outside the OWDB (e.g., use of mandatory benefits) and streamline business processes. Work is underway with internal (e.g., GRT) and community partners to address areas where funding has been reduced or eliminated. Potential challenges within the program for the coming year are being identified. A more fulsome report on the status of the Ontario Works Discretionary Benefits Program will be presented as part of the 2014 Budget process.

CORPORATE STRATEGIC PLAN:

The provision of Discretionary Benefits supports the Region’s Corporate 2011-2014 Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.1: (to) work collaboratively to reduce poverty.

FINANCIAL IMPLICATIONS:

The following chart summarizes the 2013 Budget and Year to Date experience to the end of May 2013 for the OWDB Program.

<table>
<thead>
<tr>
<th></th>
<th>2013 Budget</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Budget Actual Variance</td>
</tr>
<tr>
<td>Expenditures</td>
<td>$4,467,200</td>
<td>$1,861,333 $1,749,000</td>
</tr>
<tr>
<td>Provincial Subsidy (1)</td>
<td>$2,116,858</td>
<td>$882,024 $846,117</td>
</tr>
<tr>
<td>Tax Stabilization Reserve Fund (2)</td>
<td>625,000</td>
<td>260,417 260,417</td>
</tr>
<tr>
<td>Capital Levy Reserve Fund (2)</td>
<td>375,000</td>
<td>156,250 85,766</td>
</tr>
<tr>
<td>Total Funding</td>
<td>$3,116,858</td>
<td>$1,298,691 $1,192,300</td>
</tr>
<tr>
<td>Regional Property Tax funding (3)</td>
<td>$1,350,342</td>
<td>$562,642 $556,700</td>
</tr>
</tbody>
</table>
(1) Estimated Provincial Subsidy
(2) One-time funding approved in 2013. Total budget = $1.0 million
(3) Regional contribution prior to TSRF funding related to economic conditions

Total expenditures to the end of May are $1.75 million, with a Regional Property tax contribution of $556,700. The year to date budget for OWDB is $562,643 for a surplus of $5,942 or 1.1%. Any program surplus will result in a reduced transfer from the Tax Stabilization Reserve Fund.

At this time, year end projections on individual items cannot be reasonably completed. However, based on year to date experience, it appears that the OWDB Program will be within budget. Future Periodic Financial Reports will provide details on year to date and year end projections later this year.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
Finance has been consulted in the preparation of this report.

ATTACHMENTS

A- Ontario Works Discretionary Benefits (2013 Budget and Year to Date Experience)

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

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
ATTACHMENT A

The Regional Municipality of Waterloo
2013 Operating Budget
Ontario Works Discretionary Benefits
$ in 000s

<table>
<thead>
<tr>
<th>Item</th>
<th>May Y-T-D Actual</th>
<th>2013 Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental for adults</td>
<td>748</td>
<td>900</td>
<td>152</td>
</tr>
<tr>
<td>Food hampers</td>
<td>293</td>
<td>700</td>
<td>408</td>
</tr>
<tr>
<td>Vision care for adults</td>
<td>127</td>
<td>320</td>
<td>193</td>
</tr>
<tr>
<td>Late payments/connections</td>
<td>0</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Funeral costs</td>
<td>226</td>
<td>300</td>
<td>74</td>
</tr>
<tr>
<td>Travel/bus tickets</td>
<td>104</td>
<td>250</td>
<td>146</td>
</tr>
<tr>
<td>Orthotics</td>
<td>1</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Drugs/medical supplies</td>
<td>73</td>
<td>186</td>
<td>113</td>
</tr>
<tr>
<td>Interpreter services</td>
<td>59</td>
<td>170</td>
<td>111</td>
</tr>
<tr>
<td>Mobility aids</td>
<td>17</td>
<td>87</td>
<td>70</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>9</td>
<td>35</td>
<td>26</td>
</tr>
<tr>
<td>Appliance repairs</td>
<td>3</td>
<td>35</td>
<td>32</td>
</tr>
<tr>
<td>Furniture/appliance purchase</td>
<td>2</td>
<td>50</td>
<td>48</td>
</tr>
<tr>
<td>Eviction prevention</td>
<td>70</td>
<td>614</td>
<td>544</td>
</tr>
<tr>
<td>Contingency</td>
<td>440</td>
<td>440</td>
<td></td>
</tr>
<tr>
<td>Emergency response</td>
<td>16</td>
<td>75</td>
<td>59</td>
</tr>
<tr>
<td>Purchase of mattresses</td>
<td>1</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Purchase of documents</td>
<td>0</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 1,749</strong></td>
<td><strong>$ 4,467</strong></td>
<td><strong>$ 2,718</strong></td>
</tr>
</tbody>
</table>
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013

SUBJECT: CHILD CARE SPECIAL NEEDS RESOURCING SERVICES

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve a net increase in the staffing compliment of 0.7 full time equivalent positions in Children’s Services to support access for special needs resourcing services, effective July 1, 2013 with a $0 net Regional Levy impact as outlined in report SS-13-020, dated June 18, 2013.

SUMMARY:

REPORT:

1.0 Background

As the Consolidated Municipal Service Manager (CMSM), Children’s Services has responsibility for planning, development and delivery of licensed early learning and child care services in Waterloo Region. This includes services that support children with special needs to attend licensed early learning and child care settings. Currently services are provided through service agreements with seven agencies, who work together with support from staff to deliver services under a partnership agreement. The partnership called the Child Care Special Needs Resourcing Partnership (CCSNRP) formed over seven years ago with a goal of providing more coordinated services across Waterloo Region. Through individual service agreements with the seven agencies funding has been provided by the Region of Waterloo to deliver support services to children with special needs in all licensed child care settings in Waterloo Region. In 2012 over 760 children in 126 licensed child care settings received some level of support through the seven agencies. The total 2013 budget allocation for provision of special needs support services totals $3.9 M.

2.0 Restructuring Process

In 2011 the CCSNRP engaged in a service planning and review process which resulted in the decision to restructure the existing model. Since then the CCSNRP has worked collaboratively to define a new model. The final outcome was an agreement to consolidate or group like service functions, resulting in a new three agency model. Several benefits were identified:

- Enhanced principles of shared accountability, service excellence and region wide services,
- Equitable, streamlined and consistent services delivered across Waterloo Region;
- Improved supports for children with special needs based on best practice;
• Existing resources and expertise are maximized; and,
• Increased ability to respond to changes in the early learning and child care system.

The new model for delivery of special needs resourcing services aligns service functions into three distinct agencies. The chart below outlines the model, agencies and functions aligned with each. The new model consolidates Resource Consultants, enhanced staffing supports and developmental assessment under agency one; specialized assessment and therapy services under agency two; and child protection supports under agency three. In the new service model the existing intake or service access function would be moved to be housed within Region of Waterloo, Children’s Services.

The new model was developed and endorsed by all members of the CCSNR, which also determined that a selection process was needed to move to the three agency model. To ensure an open and transparent process all seven agencies were invited to submit an expression of interest in taking on the service functions of one of the three agencies. Preset selection criteria were used to evaluate the expressions of interest. A selection committee reviewed proposals and determined the successful agencies. In January 2013 the three successful agencies were notified and the information was shared with the remaining four agencies. All CCSNR member agencies were in support of the final outcome.

A transition team comprised of senior and front-line staff from the three agencies and Region of Waterloo have developed a plan of action to support the restructuring process throughout 2013. A one year transition period was determined to allow those agencies who would no longer be providing service to plan and implement change within their organizations. The three agencies which will form the new model also needed time to determine internal organizational structures, hire staff and begin service delivery. It is anticipated that the current CCSNR services will end on December 31, 2013 and the new special needs resourcing services will begin on January 1, 2014.
3.0 Single Point of Access

In the existing model of the CCSNRP a coordinator position for the Special Needs Access Point was housed at one of the agencies providing service. This position has an intake function, receiving referrals for service on behalf of all seven agencies as well as assisting with service coordination and statistical reporting. In the new model, the CCSRNP has recommended that this position be housed at the Region of Waterloo. Staff is in support of this direction as it will allow for greater accountability, tracking of service demand, and alignment with other special needs services delivered by the Region of Waterloo. This position will also provide coordinated intake for the Infant & Child Development Program as a first step towards single point of access for families requesting special needs supports for their children.

This staffing position will be funded through a reallocation of up to $90,000 from the existing Special Needs Core Funding. In addition up to $20,000 from the Infant & Child Development Program budget can be directed to support this position from a vacant part time position in that program area. This funding reallocation has no impact on the existing 2013 budget. Staff is recommending activation of this position, which is currently vacant, effective July 1, 2013 to coincide with the hiring process for the three Agencies in the new model.

4.0 Transition Timelines

A transition team consisting of senior staff from the three agencies and the Region of Waterloo has developed a timeline which identifies key activities and steps that need to be achieved in 2013. As of January 1, 2014, the new model is anticipated to be operational. The three agency model will require completion of revised service agreements with the three agencies and ending of existing agreements for four agencies. The three agencies in the new model anticipate starting a selection and recruitment process in July 2013 with all positions filled and ready for service delivery by January 2014. In the interim, services that support children with special needs continue to be delivered at all licensed early learning and child care settings. Regular communication updates are provided to all seven agencies. Further communication regarding the changes coming for 2014 will be sent out later in the fall of 2013 to ensure parents and child care operators are informed.

CORPORATE STRATEGIC PLAN:

The provision of support services for children with special needs aligns with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic Objective 4.6: (to) Collaborate with the community to support the development of services for children.

FINANCIAL IMPLICATIONS:

The 2013 Children’s Services budget totals $40,982,772. Of this total $3,942,609, ($3,281,137 Provincial, $691,110 Regional tax levy) is allocated to special needs resourcing services. Approximately $90,000 would be allocated from within the existing approved budget to support the staffing and ancillary costs for the 1 FTE, single point of access position. In addition funding for a vacant 0.3FTE staff position in the Infant & Child Development Program will be redirected to offset any additional staffing and operational costs associated with the position. The net increase in the staff complement is 0.7 full time equivalent positions.

The 2013 costs for the staffing position is $43,395 and the annualized cost is $86,790. These costs
can be funded within the 2013 approved Children's Services budget and will have no additional impact on the Regional tax levy.

In the revised service agreements which will become effective January 1, 2014 the remaining budget will be allocated as follows: K-W Habilitation $2,984,649, KidsAbility $484,149, Family and Children's Services $383,811. Further information will be provided later in 2014 with regards to the restructuring process.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The assistance of Finance and Legal services is required.

ATTACHMENTS

PREPARED BY: Barbara Cardow, Manager Special Needs Resourcing & Infant and Child Development Program
    Nancy Dickieson, Director, Children’s Services

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner Social Services
TO:       Chair Sean Strickland and Members of the Community Programs Committee

DATE:   June 18, 2013

FILE CODE:  A02-30

SUBJECT:  EXPANSION OF CONVALESCENT CARE PROGRAM AT SUNNYSIDE HOME

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve in principle the expansion of Sunnyside’s Convalescent Care Program from 10 beds up to a maximum of 25 beds, through the conversion of up to 15 long-term care beds at Sunnyside Home, pending the approval of the Waterloo-Wellington Local Health Integration Network and the Ministry of Health and Long-Term Care as outlined in report SS-13-021, dated June 18, 2013.

SUMMARY:

The Waterloo-Wellington Local Health Integration Network (WWLHIN) has made an application to the Ministry of Health and Long-Term Care (MOHLTC) to increase the size of the Convalescent Care Program at Sunnyside Home from 10 to 25 beds. If approved, up to 15 of Sunnyside’s long-term care beds could be converted to convalescent beds. Sunnyside Home would continue to be the only provider of Convalescent Care in the WWLHIN area. Should the proposal be approved by the WWLHIN, staff will bring forward a report detailing the program changes and resource implications. As convalescent care beds are funded at a higher per diem than long-term care beds, it is anticipated that the enhanced revenue will offset the increased resources required to support the expanded program, with no impact on the Regional levy.

REPORT:

Convalescent Care is a short-stay program for persons who need time to recover strength, endurance or functioning and who are anticipated to return to their residences in the community upon discharge from the program. Admissions are coordinated by the Community Care Access Centre and may not exceed 90 days. The rationale for the program is as follows:

- To expand the range of options for persons who do not need acute care but cannot yet manage at home; and,
- To improve patient flow throughout the health care system by reducing unnecessary/avoidable emergency room visits and/or wait times, length of hospital stays and unnecessary/avoidable long-term care home admissions.

Convalescent care clients generally have a higher acuity level than long-stay, long-term care home residents and require a mix of services with a strong rehabilitative focus. Care-planning and delivery is interdisciplinary with a goal-oriented discharge plan.
Sunnyside has been providing Convalescent Care services under the MOHLTC current program since 2005. Annual statistics indicate that clients have been successfully discharged to their own homes or to other levels of care such as retirement homes (over 76% in 2011). Very few (two clients total in 2011) have required additional hospital care, or admission to long-term care. Another benefit has been the ability to care for clients, who are non-weight-bearing outside of the hospital, as they await their readiness for rehabilitation. Satisfaction surveys have demonstrated a very well received program. The Sunnyside Convalescent Care program has provided services for clients from all areas of the WWLHIN, as well as for out of region clients.

The current 10-bed convalescent care program is housed in the Greenfield home area of Sunnyside Home which is shared with one respite bed and 15 long-term care residents. The application proposes that the entire Greenfield home area be dedicated to short stay services, with 25 convalescent clients and 1 respite client. While the combination of short stay clients and long-term care residents has been workable, there is a distinct difference in philosophy between the two client groups and establishing a complete home area for short stay will be beneficial.

Should the application be approved, the conversion of 15 long-term care beds to convalescent care beds would be required. This would take place over a number of months through internal transfers and vacancies. Given the long wait list for long-term care, any reduction in the number of long-term care beds in the community is of concern. The WWLHIN has advised that 186 new beds coming on stream in the area later this year and in 2014 will more than offset the loss of beds in the system due to this conversion.

The application is also consistent with the Integrated Health Service Plan of the WWLHIN. The expansion of convalescent beds in the WWLHIN is a key initiative to further advance the LHIN’s strategic priority to maximize and better coordinate transitional care across the health system and to get residents home faster after an acute health episode and keep them at home as long as possible and appropriate. Further, the expansion of the Convalescent Care Program supports the recent Living Longer, Living Well report and Ontario’s Action Plan for Health Care, to “support the local delivery of health, social, and community care services with a focus on helping older Ontarians to stay healthy and stay at home longer.”

CORPORATE STRATEGIC PLAN:

The expansion of convalescent beds at Sunnyside Home is consistent with the Region’s Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; specifically Strategic Objective 4.7 (to) collaborate with the community to support older adults to live healthy, active lives.

FINANCIAL IMPLICATIONS:

The incremental per diem for Convalescent Care Beds of $70.94, equating to $388,397 annually for 15 new beds, exceeds the funding provided for long-term care home beds and funds the additional staffing, therapy and equipment resources required by this client group. It will also offset the loss of revenue received for seven (7) of the fifteen (15) beds which currently attract a premium as preferred accommodation/private long-term care beds for an annual revenue of $45,990. The net increase in revenue from the conversion is $342,407.

There is no anticipated impact on the Regional levy due to the conversion of the beds. Should the proposal be approved by the WWLHIN, staff will bring forward a report detailing the staffing and financial implications of the expanded program.
OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Finance Department has been consulted in the development of this report.

ATTACHMENTS

nil

PREPARED BY: Helen Eby, Administrator, Resident Care
Gail Kaufman Carlin, Director, Seniors’ Services

APPROVED BY: Douglas Bartholomew-Saunders, Commissioner, Social Services
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013

SUBJECT: AFFORDABLE HOUSING STRATEGY – EXPRESSION OF INTEREST 2013-03 - RECOMMENDED PRIORITY PROJECTS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the following with regard to the Region of Waterloo's Affordable Housing Strategy, as described in Report P-13-072, dated June 18, 2013:

a) Endorse Report No. P-13-072, Affordable Housing Strategy – Project Updates and Expression of Interest 2013-03: Recommended Priority Projects, dated June 18, 2013, including the list of recommended Priority Projects attached as Appendix A;

b) Authorize the Commissioner of Planning, Housing and Community Services to execute and deliver all documentation required by the Province of Ontario and the Region of Waterloo for the purpose of funding affordable housing projects as described in Report No. P-13-072;

c) Authorize the Regional Chair and Regional Clerk to execute such agreements and documentation in a form satisfactory to the Regional Solicitor, as may be required to process the advance of funding to approved projects as described in Report No. P-13-072;

d) Authorize staff to finalize individual grant requests and conditions with each of the Priority Project proponents; and

e) Request that the Ministry of Municipal Affairs and Housing redirect any unspent Investment in Affordable Housing for Ontario Program funding in other Service Manager areas to the Region of Waterloo.

SUMMARY:

On October 29, 2008, Regional Council endorsed the current Affordable Housing Strategy (AHS) for the period 2008 to the end of 2013, with a goal of helping to create at least 500 new units of sustainable affordable housing. Two priority areas identified in the new Strategy relate to affordability and supportive housing. As of the end of May 2013, there were 429 units completed under the new AHS, consisting of 307 new affordable rental units that have been built and occupied, including 129 affordable to lower income households and 81 units of supportive housing, and 122 units under the Affordable Home Ownership program. There are currently 55 rental and supportive affordable housing units under construction that when completed will bring the total unit count to 484.

On February 8, 2012 Regional Council approved the Program Delivery and Fiscal Plan for a $12.8 million notional allocation, which included allocating $10.3 million for new affordable rental and supportive housing developments. The Region currently has $1,753,563 unallocated Year 3 capital funding that must be allocated before December 31, 2013 or the funds may be reallocated by the Province to another Service Manager. On March 27, 2013, Regional Council approved issuing a new call for Expressions of Interest (EOI) for new affordable rental and
supportive housing targeting developments that can meet the program guidelines, with a preference for supportive housing proposals with support dollars in place (P-13-028).

Six proposals from private and non-profit proponents were received by the May 16, 2013 deadline, with a total request for funding of over $6 million. In addition, a request has been made by Kitchener-Waterloo Habilitation Services for funding for two units in addition to the 21 units previously approved by Regional Council. This report also contains recommendations on three new projects as priority projects that could be forwarded to the Province for approval once they have met the Province’s requirements to enter into a contribution agreement. The proposed three new Priority Projects and one current Priority Project represent up to 14 new affordable rental and supportive housing units. These 14 could bring the AHS total to 498 new units created.

REPORT:

On October 29, 2008, Regional Council endorsed the Affordable Housing Strategy (AHS) for the period 2008 to the end of 2013 to help create at least 500 new units of sustainable affordable housing (P-08-105). Two priority areas identified in the AHS relate to affordability and supportive housing. The Region issues calls for EOIs when new senior government funding is available to identify community partners with the interest and capacity to create new affordable rental and supportive housing.

In July 2011, senior levels of government announced a New Framework for Affordable Housing 2011-2014 that will invest $1.4 billion across Canada to address housing needs. This was followed in November with the announcement of the Investment in Affordable Housing for Ontario Program (IAH), which will provide $480.6 million for affordable housing in Ontario over four years. The Region of Waterloo’s notional allocation of $12.8 million is divided over Years 2 to 4 (April 1, 2012 to March 31, 2015) of the Program. On February 8, 2012 Regional Council approved the Program Delivery and Fiscal Plan for the $12.8 million notional allocation, which included allocating $10.3 million for new affordable rental and supportive housing developments (P-12-017).

Expression of Interest 2013-03

In April 2013, the most recent call for Expressions of Interest (EOI 2013-03) was issued to the community for the purpose of identifying proponents interested in constructing more affordable rental and supportive housing in Waterloo Region. Due to the Province’s timing requirements on allocated the remaining Year 3 funding prior to the end of 2103, eligible proponents were required to currently own the site or have an accepted offer to purchase the property that they are submitting the expression of interest on. Eligible proponent must also have all municipal approvals in place to be in a position to apply for a building permit by October 31, 2013.

The priorities of the Region’s AHS are to create sustainable affordable housing that addresses pressing needs in the areas of affordability and supports. The first priority is to create units affordable to the lowest income households in the Region by targeting 40 per cent of all new units created to be available at 65 per cent of the Canada Mortgage and Housing Corporation average market rent. At this rent level, units will generally be affordable to households receiving Ontario Works (OW), Ontario Disability Support Program (ODSP), earning minimum wage, and seniors on fixed incomes.

The second priority area is to increase the supply of housing with supports by helping to create at least 100 affordable supportive housing units. These additional supportive units may be located in new projects or added to current stock through partnerships with support agencies and housing providers. There are more than 1,426 households in the Region in need of not
only safe and appropriate affordable housing, but also supports to allow them to live independently. As our population grows, so will the demand for housing with support services, which can range from support for seniors, those with mental health issues, persons with physical or cognitive disabilities to support for people needing help with basic life skill tasks.

Another key component of the AHS is to foster partnerships with community groups that have demonstrated commitment and dedication towards the creation and operation of affordable housing projects in Waterloo Region. The Region's AHS and the program objectives and priorities outlined in EOI 2013-03 are consistent with the Province's Investment in Affordable Housing for Ontario Program. Each proposal was evaluated using the following program objectives that were set out in EOI 2013-03, released by the Region:

- To build new sustainable affordable rental housing, including housing available to lower-income households;
- To create a range of supportive housing in either new or existing developments that provide support services to allow families and individuals to live independently;
- To create affordable housing that addresses economic, environmental and community sustainability;
- To build housing that supports unmet affordable and supportive housing needs in less serviced areas of the Region;
- To build affordable housing that supports the planning and land-use policies of the Region of Waterloo and Area Municipalities, including transit-supportive development within or in immediate proximity to the Region’s Central Transit Corridor, including development in Station Areas;
- To build affordable housing that is sensitively integrated into the community (e.g. through design excellence and use of quality materials);
- To build energy efficient and well-designed housing that delivers adequate unit sizes, provides for overall visitibility and accessible units;
- To building affordable housing that is located on or near a Grand River Transit route and in close proximity to schools, recreational facilities, shopping and services;
- To incorporate partnerships with organizations and agencies to address other community interests; and
- To dedicate at least 40 per cent of the units to households currently on the Region’s centralized waiting list for Community Housing.

EOI 2013-03 also identified the following preferences that were used to assess how proposals address current housing and support need, leverage resources, are financial viable and sustainable:

- include a mix of market rent units that would not receive IAH funding;
- Provide for unit sizes that meet or exceed the targets in the EOI;
- Achieve the Affordability Targets with a per unit funding allocation at considerably less than the maximum allocation eligible;
- Involve partnerships with other organizations that address broader community interests and social development (e.g. incorporates space for community programs, incorporate youth employment opportunities during construction);
- Have a proven track record in developing and managing affordable rental housing projects and experience working with the proposed target client group(s) and/or has contracted with experienced firms and agencies;
- Demonstrate the capacity and financial capability to undertake the proposed development;
- Have a long term intent to have units remain on the market as affordable housing beyond the term of the contribution agreement;
Will provide supportive housing and have funding in place to provide support to the intended target client group;

- Propose 1-bedroom units for single non-seniors;
- Propose large (4/5 bedroom) ground-oriented units for large families; and
- Address other high needs households on the Region’s centralized waiting list for Community Housing.

Responses Received Under EOI 2013-03

The EOI 2013-03 review team consisted of staff from Housing, Social Services, and Legal Services. Proponents that met the basic requirements of the EOI were also interviewed by members of the review team. This part of the process allowed an opportunity for the groups to elaborate on their proposal and for staff to seek clarification. Staff also discussed the proposed sites with Area Municipal planning staff to review Area Municipal interest and confirm approvals that may be required for each of the proposals.

Following the meetings with the groups, the projects were categorized and given priority based on how they addressed the program criteria and their construction readiness. The names of proponents, locations and size of projects, funding sources, and level of allocation may change given that some proponents may incorporate for the purpose of building and maintaining projects while others still have not finalized the purchase of suitable property for the project.

The Region received six new proposals from non-profit and private sector proponents for a range of projects throughout the Region with a total request for funding of over $6 million. In addition, a request has been made by Kitchener-Waterloo Habilitation Services, a previously approved Priority Project, for funding for two additional units. Of these seven requests submitted under EOI 2013-03, the four recommended Priority Projects described in this report most fully met the evaluation criteria. Each of these projects incorporates innovative elements that complement both the range of units currently offered within the Region’s Affordable Housing Strategy, and Regional and local priorities (see Appendix A). The projects include up to 14 units and a total funding request of at least $1,753,563. Several standard pre-conditions to the authorizing of the advance of funding are recommended by staff. These include receipt of a letter of commitment from a lender confirming that the project can be financed, an undertaking from CMHC, if applicable, to insure the first mortgage, confirmation that the property and the proponent are not engaged in any litigation or legal proceedings which may impact the Region's interest in funding the project, and that appropriate liability, planning approvals, and support service agreements, if applicable, have been secured for the project.

Priority Projects

The following three proponents most fully meet the EOIs objectives and priorities and are recommended for IAH funding under the Region’s AHS funding. These proposals are at a project development stage and staff will work with the proponents to bring these projects to the construction-ready stage within Year 3 of the IAH Program. In addition, a request has been made by K-W Habilitation for funding for two additional units to the 21 units previously approved by Regional Council (P-12-028). These four projects represent the creation of up to 14 units, including 12 supportive housing units and $1,753,563 in IAH funding. All four projects propose that at least 40% of the units will have rents at or below 65 per cent of average market rent. Three of the recommended Priority Projects are from non-profit proponents that have demonstrated a long term commitment to maintain the affordability of newly created housing units after the term of agreements with Region. The individual project funding will be subject to additional refinement with project proponents.
DeafBlind Ontario

DeafBlind Ontario is proposing to create a new four bedroom home on Zeller Drive in Kitchener for individuals who are both deaf and blind and thus require 24/7 support. The site combines two builder lots in a new subdivision and the proposal is to create an accessible bungalow with program and office space in the basement accessed by a lift. The building would be fully wheelchair accessible and constructed to meet the requirements for of Group 1 Division B3 of the Ontario Building Code, including a sprinkler system and fire separation in the walls between the sleeping area and between the main and lower floors.

Elmira Developmental Services Corporation

Elmira Developmental Services Corporation (EDSC) received funding under the Region's Affordable Housing Strategy in 2009 to create an innovative supportive housing building for 4 individuals with development disabilities on Snowgoose Drive in Elmira. EDSC are proposing to replicate that model on a property they acquired on McGuire Lane, Elmira. The proposal is to create 14 rental units in two apartment buildings. The funding request is only for the 12 one-bedroom units that would be occupied by clients of EDSC. The additional two-bedroom unit in each building would be made available people for live-in support and funded separately. The site also has sufficient room for two additional seven unit buildings for a total of four buildings and 42 units. The proponent has indicated that they would proceed with one building at this time if there was not sufficient funding for the full request.

King Street Properties (Elmira) Ltd.

King Street Properties (Elmira) Ltd. was one of first proponents to participate in the Region's Affordable Housing Strategy, creating 4 units at 15 Memorial Drive in Elmira in 2003. King Street Properties (Elmira) Ltd. is now proposing to redevelop the neighbouring property located at 17 Memorial Drive by rehabilitating the existing two-bedroom unit and making it accessible and adding a second, two-bedroom unit.

Kitchener-Waterloo Habilitation Services

Kitchener-Waterloo Habilitation Services received an allocation for a 21-unit affordable supportive housing building as part of the redevelopment of their property at 108 Sydney St. S. in Kitchener. Kitchener-Waterloo Habilitation Services recently broke ground on a new facility on the site to accommodate their administration and program space and are in the final design stage of the affordable supportive housing building and are requesting up to two additional units. They will start construction on the apartment building once the first phase is complete. Occupancy is expected late in 2014.

Potential Priority Projects

There are three proposals that address several of the EOI's objective and priorities and are in the development and construction stage, but because of required municipal approvals and/or additional refinements, are not recommended for Year 3 IAH funding. As proposed, these Potential Priority Projects would represent 31 units and $3.47 million. Staff is proposing to work with these Potential Priority Projects proponents to continue to refine their proposals. Should any of the four Priority Projects, including Kitchener-Waterloo Habilitation Services, not be able to proceed within the required timeframe or additional funds become available through the Province from other Service Managers, their allocation could be used by one or more of the Potential Priority Projects.
JD Development Group

JD Development Group is proposing to build a 16 unit apartment at 659 Stirling Avenue S., Kitchener for persons with developmental disabilities requiring minimal support and seniors or family members with a mix of one and two bedroom units. Support for the residents with developmental disabilities would be provided by family members or outside agencies.

Maxwell Building Consultants

Maxwell Building Consultants is proposing to redevelop two lots containing single detached homes located 184 and 186 Erb Street E., Waterloo into 12 one-bedroom units in a stacked townhouse configuration. The proponent is planning to develop a total of 21 units on the site.

Mr. Shain Arnott

Mr. Arnott completed 16 affordable housing units as part of a mixed-use revitalization project at 90 Peel Street in New Hamburg in 2011. The proponent owns a triplex located at 319 Peel Street, New Hamburg and is proposing to extensively rehabilitate the triplex, bringing it up to current Ontario Building Code standards. The triplex contains one, one-bedroom unit and two, two-bedroom units.

Next Steps

There are many factors that can influence the delivery of affordable housing. Recognizing that the schedules of proponents can move quickly or be delayed, the following next steps represent the anticipated process should Regional Council approve the recommendations in this report:

- Staff will work with the recommended Priority Projects to finalize financial requirements, development approvals and design to achieve construction readiness by the end of October 2013. Proponents will also be required to meet with Regional staff to discuss developing smoke-free policies for new buildings, including the many health benefits occurring to both tenants and building conditions. Proponents will further be required to discuss with Regional staff and local agencies opportunities to create employment for youth as part of the development and construction of selected projects. Should projects with funding allocations not be able to proceed within the time requirements (e.g. unable to obtain building permit, equity, financial viability), staff will work with the Potential Priority Projects to ensure IAH funding is fully utilized. Should there be any remaining funds allocated for new affordable rental and supportive housing within any given year as outlined in report P-12-017, staff will transfer funding to the Ontario Renovates program;

- Staff will complete all of the documentation required by the Province of Ontario or the Region of Waterloo for each project and finalize the amount of grant required for each project. In finalizing project details, staff will review capital costs and operating budgets with project proponents with a view to refining the per unit grant requests outlined in the attached table of priority projects and reducing rents;

- Staff will complete all necessary legal agreements to ensure the appropriate security of the funds allocated in a form satisfactory to the Regional Solicitor;

- As private sector proposals are finalized, site specific capital facilities by-laws will need to be enacted. Staff will continue to place corresponding project specific by-laws, in accordance with the Region’s Municipal Housing Facilities By-law, on Regional Council agendas for enactment; and
• Staff will finalize other formal legal agreements with each proponent that may be required to be approved by the Province and/or the Region.

Area Municipal Consultation/Coordination

Regional staff reviewed the proposed sites with Area Municipal staff to determine any issues, concerns or implications relating to any potential new projects. Area Municipal staff was generally supportive of the recommended Priority Projects as affordable housing developments within their respective municipalities. In EOI 2013-03, proponents were also requested to consult with the Area Municipality prior to submitting their proposal and advised that successful proponents would be required to continue to work collaboratively with the Area Municipality on an ongoing basis.

CORPORATE STRATEGIC PLAN:

Allocating IAH funding and assisting the recommended priority projects through development will assist in achieving Council's Strategic Objective 4.5 by increasing the supply and range of affordable housing.

FINANCIAL IMPLICATIONS:

Funds in the amount of $10.3 million from the Investment in Affordable Housing for Ontario Program (IAH) will be utilized for new affordable rental and supportive housing. The IAH grants will be received from April 1, 2012 to March 31, 2015. As proposed, the four Priority Projects would represent 14 units and $1,753,563 million in IAH funding. This program will not impact the current tax levy for housing programs as funds from senior levels of governments are being utilized.

The Region will continue its existing policy of providing limited grants to offset Regional Development Charges for rental and supportive project priorities which proceed to building permit stage on a first come, first served basis, as contained in Council-approved Report P-03-046. The Region has also adopted the Optional Property Class for New Multi-Residential Development that provides equalized tax treatment (a tax ratio of 1.000) for new multi-residential developments relative to residential properties for 35 years (F-02-031). The Optional Property Class for New Multi-Residential Development applies to all projects developed under the new AHS.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff from Social Services, Finance and Legal Services has been consulted in the preparation of this report.

ATTACHMENTS:

Appendix A - EOI 2013-03 Priority Projects

PREPARED BY:  Jeffrey Schumacher, Supervisor, Housing Supply Initiatives
                Deb Schlichter, Director of Housing

APPROVED BY:  Rob Horne, Commissioner of Planning, Housing and Community Services
# Appendix A - EOI 2013-03 Priority Projects

<table>
<thead>
<tr>
<th>Recommended Priority Projects</th>
<th>Potential Priority Projects</th>
<th>Early Stage Proposals</th>
<th>Conceptual Projects</th>
<th>Not Recommended At This Time</th>
</tr>
</thead>
</table>
| Elmira Developmental Services Corporation  
McGuire Lane, Elmira  
6 units, new construction  
up to $120,000/unit  
up to $720,000/total | JD Development Group  
59 Stirling Ave. S. Kitchener  
16 units, new construction  
up to $108,750/unit  
up to $1,740,000/total | | | |
| DeafBlind Ontario  
15-19 Eden Oak Trail (lots 1 & 2), Kitchener  
4 unit, new construction  
up to $140,000/unit  
up to $560,000/total | Maxwell Building Consultants  
184 and 186 Erb Street E., Waterloo  
12 units, new construction  
up to $120,000/unit  
up to $1,440,000/total | | | |
| King Street Properties (Elmira) Ltd.  
17 Memorial Dr., Elmira  
2 units, renovation/new construction  
up to $116,781.50/unit  
up to $233,563/total | Shain Arnott  
319 Peel St., New Hamburg  
3 units, renovation  
up to $96,766/unit  
up to $290,298/total | | | |
| Kitchener-Waterloo Habilitation Services  
108 Sydney St. S., Kitchener  
2 additional units, new construction  
up to $120,000/unit  
up to $240,000/total | | | | |

- Priority projects proposed to be submitted to the Province when construction-ready and funding is available.
- Projects which require further refinement before submitting to the Province, as funding is available.
- Projects which require further development before consideration by Regional Council for future funding under the AHS.
TO: Chair, Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013

FILE CODE: P13-80

SUBJECT: SUMMARY OF THE HEALTHY KIDS PANEL REPORT ON CHILDHOOD OBESITY

RECOMMENDATION:

THAT the Regional Municipality of Waterloo, as the Board of Health, endorse the recommendations of the report “No Time To Wait: The Healthy Kids Strategy”, as outlined in Appendix 1 attached to Report PH-13-028, dated June 18, 2013;

AND THAT a copy of Report PH-13-028 and the resolution be sent to the Ontario Minister of Health and Long Term Care, the Association of Local Public Health Agencies and the Ontario Public Health Association for information.

SUMMARY:

In early 2012, the provincial government set a target to reduce childhood obesity by 20 percent in five years. In order to accomplish this task, a panel of experts was brought together to provide advice on the strategies and interventions that would be required. The work of the panel included a literature and best practice review; soliciting input from experts in the field of child health/growth and development; and talking to parents, caregivers, and youth. The result was the release of “No Time To Wait: The Healthy Kids Strategy” report. The report focuses on a three part strategy:

1. Start all kids on the path to health;
2. Change the food environment; and
3. Create healthy communities.

This report provides a summary of the strategy, the key recommendations and gives insight into the activities already being implemented within Region of Waterloo Public Health.

At a recent meeting of alPHA (Association of Local Public Health Agencies) on June 3, 2013, Minister of Health and Long-Term Care, Deb Mathews and Minister of Children and Youth Services, Teresa Piruzza addressed the audience as Co-Chairs of the inter-ministerial committee to address the recommendations of the Healthy Kids Panel. The inter-ministerial committee includes the Ministries of Municipal Affairs & Housing; Tourism, Culture & Sport; Agriculture and Foods; Education; Aboriginal Affairs; Health & Long Term Care; Children and Youth Services. There is commitment from the government to work with the tabled recommendations and to move to implementation as soon as possible. Both Ministers also identified that opportunities still exist to provide feedback on the recommendations including possible implementation strategies. As a result, ROWPH will be reviewing the recommendations further to determine what partnership and collaborations might be helpful to provide further feedback to the Healthy Kids Committee or to consider for development at the local level.
REPORT:
Childhood obesity continues to threaten the health of thousands of children and has the potential to significantly impact our health care system as the corresponding rise in chronic diseases requires ongoing medical attention. According to Statistics Canada, over 30% of children between 5 and 11 years of age are considered overweight or obese using the WHO BMI-for-age-cut-offs and just under 30% of children 12 to 17 years of age using the same measures.1 It is also estimated that in 2009, obesity cost Ontario $1.6 billion in direct health care costs.2 Many experts and health care professionals have been sounding the warning bells that this health issue will have long term effects on the health of our communities unless we take collective, comprehensive action to change our approach in addressing obesity and overweight in children.

The Minister of Health and Long-Term Care created the Healthy Kids Panel to determine how the Provincial government might best meet its target of a 20 per cent reduction in childhood obesity by 2017. The panel was comprised of health care providers including public health, educators, researchers, non-government organizations as well as members of the food industry and the media.

Over the course of their work, the expert panel talked with parents, caregivers and youth to ask what would be helpful to them in addressing their own and their children’s health. Over 19 “experts” in the areas of research, academia, education, and public health were asked for input on what the strategy should look like in order to create the greatest impact. Other stakeholder groups were also provided with an opportunity to provide written input to the panel and finally, several evidence-based reports from around the world were reviewed in order to identify the key elements of a successful strategy to combat obesity and improve child health.

The result of all the research, consultations and review of best practice is a three pronged strategy each containing a number of recommendations (see Appendix 1). The first prong of the strategy is to “Start all kids on the path to health.” This is a focus on preconception, prenatal health for parents and their children. The second prong is “Change the food environment.” Parents do their best to ensure healthy foods are eaten at home but, have little control over the choices available in the community. This prong focuses on making healthy food choices easier. And finally, “Create healthy communities.” This prong focuses on ensuring that all sectors in our communities are working together to make changes, to ensure that children are not faced with barriers to programs, services, and supports that are designed to help them live more active, healthier lives.

While the Provincial government is considering the almost thirty recommendations of the Healthy Kids Panel, ROWPH has a number of activities in our current programming that address many of the recommendations of the panel.

Start All Kids on the Path to Health
Recommendations under this part of the strategy focus on educating women at preconception, prenatal and the first years of baby’s life. For example:

Recommendation 1.1: Educate women of child-bearing age about the impact of their health and weight on their own well-being and on the health and well-being of their children. ROWPH currently works in partnership to provide a number of prenatal programs including Growing Healthy Together (Canada Prenatal Nutrition Program); Healthy Babies, Healthy Children; Adolescent Prenatal classes; Preparing for Parenthood; Multicultural Prenatal Health Fair; and child health fairs. ROWPH also participates in broader activities that support this recommendation such as the pedometer lending program through Waterloo Region Walks and the Ontario Public Health Association Reproductive Health working group.

Recommendation 1.3: Adopt a standardized prenatal education curriculum and ensure courses are
accessible and affordable for all women. Best Start Ontario has developed evidence-based prenatal education modules to use in community settings and it is used in prenatal programs offered in Waterloo Region including Conestoga College Childbirth and Parenting Series, (Conestoga College is a partner of ROWPH).

Recommendation 1.4: Support and encourage breastfeeding for at least the first six months of life. The importance of breastfeeding is part of our prenatal programs and a key area of focus of the Community Breastfeeding Alliance of Waterloo Region that ROWPH facilitates. Breastfeeding support is offered by Public Health Nurses through Early Breastfeeding Contact services for families giving birth at Cambridge Memorial Hospital, the Healthy Babies, Healthy Children Program and by peers through the breastfeeding Buddies Program. In addition, ROWPH is currently in the process of becoming accredited as a Baby-Friendly organization which has a significant focus on breastfeeding and is required by public health accountability agreements.

Change the Food Environment
Parents report that they understand the need for nutritious foods as part of healthy growth and development for their children. Yet, parents often feel as though the environment around them doesn’t support healthy food choices. The recommendations related to this piece of the strategy address the need for regulations regarding advertising to children; caloric and nutrition information on foods served in restaurants; and access to healthy choices in settings such as community and recreation centres.

Recommendation 2.5: Support the use of Canada’s Food Guide and the nutrition facts panel. ROWPH supports the use of these tools to help educate children on making healthy food choices. Nutrition teaching kits that meet the Ontario Curriculum, Grades 1-8: Health and Physical Education, 2010 and refer to Canada’s Food Guide and the nutrition facts panel are available for loan from the Public Health Resource Centre. Canada’s Food Guide and nutrition facts panels are also part of the prenatal program content.

Recommendation 2.6: Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers and non-governmental organizations to support community-based food distribution programs. ROWPH has supported the creation of neighbourhood markets throughout the region since 2007, and recently sponsored research through the Healthy Communities Partnership to identify ways that the Region and area municipalities could reduce the barriers for residents and businesses wishing to establish temporary farmers’ markets in more neighbourhoods.

Recommendation 2.10: Develop a single standard guideline for food and beverages served or sold where children learn and play. ROWPH has partnered with Nutrition for Learning, a not-for-profit organization that provides breakfast and snacks to children in Waterloo Region, to develop a set of nutrition standards that meet Ontario’s School Food and Beverage Policy, Waterloo Catholic District School Board School and Nutrition Policy and the Ministry of Child and Youth Services Student Nutrition Program Guidelines. These nutrition standards are implemented in all breakfast and snack programs that are coordinated by Nutrition for Learning.

Create Healthy Communities
The third piece of the strategy is focusing on the need for entire communities to come together and play a role in supporting the healthy development of our children. Addressing obesity goes beyond just food to include the need for recreation and physical activity, as well as support for positive mental health and effective management of stress. Many of the recommendations address the need for communities to come together and develop strategies that are inclusive of all residents.

Recommendation 3.3: Make schools hubs for child health and community engagement. ROWPH has recently created a new team within the Healthy Living division that will have the responsibility
for developing a ‘school channel’. The idea behind the channel is two-fold. One is to create the single point of access for schools to public health information and supports. The second is to work with at-risk schools to develop school wellness committees. These committees bring together students, teachers, parents and community members who will identify the school community health needs and develop strategies to address them. It will be the role of public health to help foster the development of the committees and ensure access to the resources needed to create sustainable school supports. Development is set to begin July 2013.

Recommendation 3.5: Develop the knowledge and skills of key professions to support parents in raising healthy kids. ROWPH has trained Ontario Early Years staff on the NutriSTEP® questionnaire which provides: early identification of potential nutrition problems; parent referral to community resources; and parental nutrition education. A Health Care Provider Strategy to enhance communication and relationships between ROWPH and health care providers is currently under development and will include a knowledge transfer component.

**Next Steps**
The Healthy Kids Panel identified some key milestones for the first twelve months after the release of the report. It was suggested that a cross-ministry committee be established to create an implementation plan for the recommendations; introduction of legislation to ban advertising to children under 12 and point-of-sale displays of sugar-sweetened beverages; expansion of healthy eating and physical activity programs that have shown to be effective; as well as establish indicators and surveillance for reporting on the strategy.

At a recent meeting of alPHa (Association of Local Public Health Agencies) on June 3, 2013, Minister of Health and Long-Term Care, Deb Mathews and Minister of Children and Youth Services, Teresa Piruzza addressed the audience as Co-Chairs of the inter-ministerial committee to address the recommendations of the Healthy Kids Panel. The inter-ministerial committee includes the Ministries of Municipal Affairs & Housing; Tourism, Culture & Sport; Agriculture and Foods; Education; Aboriginal Affairs; Health & Long Term Care; Children and Youth Services. There is commitment from the government to work with the tabled recommendations and to move to implementation as soon as possible. Both Ministers also identified that opportunities still exist to provide feedback on the recommendations including possible implementation strategies. As a result, ROWPH will be reviewing the recommendations further to determine what partnership and collaborations might be helpful to provide further feedback to the Healthy Kids Committee or to consider for development at the local level.

**ONTARIO PUBLIC HEALTH STANDARDS AND ORGANIZATIONAL STANDARDS:**
This relates to a number of areas within the Chronic Disease Prevention and Family Health Standards including:
- Chronic Disease Prevention requirements 3,5,6,7, & 8;
- Family Health—Reproductive Health requirements 2,3,4,5 & 7;
- Child Health requirements 4, 5, 6, 7, 9 & 11.

**CORPORATE STRATEGIC PLAN:**
- 4.0 Foster healthy, safe, inclusive and caring communities and specifically:
- 4.2 Foster healthy living through information, education, policy development and health promotion.
- 4.6 Collaborate with the community to support the development of services for children.

**FINANCIAL IMPLICATIONS:**
Region of Waterloo Public Health programming for Chronic Disease Prevention and Family Health
standards is achieved through the use of Public Health cost-shared budget resources. Expenditures are cost shared 75% by the province and 25% regional tax levy. The Healthy Babies, Healthy Children program uses 100% provincial funding.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
Appendix 1: List of Recommendations from Healthy Kids Panel


PREPARED BY:  Sharlene Sedgwick Walsh, Director Healthy Living
              Andrea Reist, Director Child & Family Health
              Karen Quigley-Hobbs, Director IDDSH
              Heather Wdowiak & Karem Kalin, Public Health Nutritionists
              Marc Xuereb, Public Health Planner
              Deb Azim Fleming, Manager Child & Family Health

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

Sources:
1. No Time To Wait: The Healthy Kids Strategy, 2013. Pg 7
2. Ibid
APPENDIX 1
NO TIME TO WAIT: THE HEALTHY KIDS STRATEGY
SUMMARY OF RECOMMENDATIONS

START ALL KIDS ON THE PATH TO HEALTH
Laying the foundation for a lifetime of good health begins even before babies are conceived, and continues through the first months of life. We must provide the support young women need to maintain their own health and start their babies on the path to health
1.1 Educate women of child-bearing age about the impact of their health and weight on their own well-being and on the health and well-being of their children.
1.2 Enhance primary and obstetrical care to include a standard pre-pregnancy health check and wellness visit for women planning a pregnancy and their partners.
1.3 Adopt a standardized prenatal education curriculum and ensure courses are accessible and affordable for all women.
1.4 Support and encourage breastfeeding for at least the first six months of life.
1.5 Leverage well-baby and childhood immunization visits to promote healthy weights and enhance surveillance and early intervention.

CHANGE THE FOOD ENVIRONMENT
Parents know about the importance of good nutrition. They told us they try to provide healthy food at home, but often feel undermined by the food environment around them. They want changes that will make healthy choices easier.
2.1 Ban the marketing of high-calorie, low-nutrient foods, beverages, and snacks to children under age 12.
2.2 Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.
2.3 Require all restaurants, including fast food outlets and retail grocery stores, to list the calories in each item on their menus and to make this information visible on menu boards.
2.4 Encourage food retailers to adopt transparent, easy-to-understand, standard, objective nutrition rating systems for the products in their stores.
2.5 Support the use of Canada’s Food Guide and the nutrition facts panel.
2.6 Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers, and non-governmental organizations to support community based food distribution programs.
2.7 Provide incentives for food retailers to develop stores in food deserts.
2.8 Establish a universal school nutrition program for Ontario publicly funded elementary/secondary schools.
2.9 Establish a universal school nutrition program for First Nations communities.
2.10 Develop a single standard guideline for food and beverages served or sold where children play and learn.
CREATE HEALTHY COMMUNITIES

*Kids live, play and learn in their communities. Ontario needs a co-ordinated all-of-society approach to create healthy communities and reduce or eliminate the broader social and health disparities that affect children’s health and weight.*

3.1 Develop a comprehensive healthy kids social marketing program that focus on healthy eating, active living—including active transportation, mental health and adequate sleep.

3.2 Join EPOD(...Together Let’s Prevent Childhood Obesity) International and adopt a co-ordinated, community driven approach to developing healthy communities for kids.

3.3 Make schools hubs for child health and community engagement.

3.4 Create healthy environments for preschool children.

3.5 Develop the knowledge and skills of key professions to support parents in raising healthy kids.

3.6 Speed the implementation of the Poverty Reduction Strategy.

3.7 Continue to implement the Mental Health and Addictions Strategy.

3.8 Ensure families have timely access to specialized obesity prevention programs when needed.
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: June 18, 2013

FILE CODE: P23-20

SUBJECT: PRIVATE WELL WATER PROGRAM UPDATE

RECOMMENDATION:

For information.

SUMMARY:

This report summarizes Public Health’s activities and program plans that are related to private well water activities in 2013 and 2014. Residents of Waterloo Region that do not obtain drinking water from a municipally-treated system rely on a private supply of water, usually from a well. In collaboration with numerous partners, Public Health continues to facilitate and encourage private well owners to use the free provincial water testing services. Water testing is the responsibility of the well owner. Provincial guidelines recommend testing private water supplies for bacteria at least three times per year.

Public Health recognizes that private well owners do not sample their well water as often as recommended. In an effort to increase well water testing, Public Health is working to make it easier for private well owners to test their water. These activities include: increasing the frequency of water sampling service at rural locations from monthly to weekly; offering a new email system that reminds residents three times a year to test their water; and implementing a promotion plan that will encourage rural residents to test their water. In addition, Public Health Inspectors will now be following up on all water samples that were not processed by the laboratory due to insufficient information. Public Health is able to improve our water testing service and undertake new promotional activities within existing budgets as a result of efficiencies realized through a review of program services and resources. It is anticipated that these efforts will translate into more well water submissions in the coming years.

REPORT:

The availability of safe drinking water is vital to a community’s health and well-being. Residents of Waterloo Region that do not obtain drinking water from a municipally-treated system rely on a private supply of water, usually from a well. Most residents who rely on private water supplies live in rural areas or rural settlement areas. Private drinking water supplies are the responsibility of the owner. Public health units do not identify, assess, or inspect these private water supplies.

Wells are the most common type of private water supply for rural properties. It is estimated that approximately 8,000 private wells are currently in use for drinking water purposes in Waterloo Region.¹ This estimate is derived from regional statistics on the number of households serviced by municipally-treated drinking water services² and population estimates³. Region of Waterloo

Water Services estimates that approximately 9,000 households or 29,000 people in Waterloo Region (approximately five per cent of the total regional population) were not connected to a municipal water supply system in 2011. There are fewer private wells than total households because rural households can share wells.

**Private Water Testing**

Bacteriological testing is the most common practice of testing private water because microbial pathogens pose the greatest risk to the safety of drinking water.\(^4\) *E. coli* is considered to be the species of coliform bacteria that is the best indicator of fecal pollution, and its presence in a water sample may also indicate the presence of other pathogens. According to the Ontario Drinking Water Standards, an adverse test result occurs when there is greater than 5 total coliforms bacteria or greater than zero *E. coli* bacteria present in a 100 mL private well water sample.

Provincial guidelines encourage well owners to test their well water for bacteria three times each year. Public Health provides water sample bottles free of charge from many locations throughout Waterloo Region (see Appendix A for specific pick-up/drop-off locations, times, and dates). As of this summer, Public Health is increasing free testing services by allowing samples to be dropped off at rural locations every week rather than once a month (see Appendix A). Public Health is anticipating that this change in service will make water testing more convenient and accessible for rural residents.

Water samples submitted for bacteriological testing are sent to the Public Health Ontario London Laboratory for analysis. Water testing results are available to the private well owner within five business days. If a water sample tests positive for *E. coli*, a Public Health Inspector will call the owner and discuss their sample result, water source details, and options for mitigating health risks. When insufficient information is provided or a sample is more than 48 hours old, the sample cannot be processed by the laboratory. In an effort to increase sampling rates, a Public Health Inspector will now also follow up by phone on rejected water samples to provide education about proper sample submission.

Through an arrangement with Region of Waterloo Laboratory Services, Public Health also encourages well owners to test for nitrates and fluorides. This testing service can be purchased ($14.50 per sample for cost-recovery) from a Public Health location and dropped off at any water sample location on the last Tuesday of the month (see Appendix A). A Public Health Inspector will call the well owner and discuss their sample result, water source details, and options/actions for mitigating exposure risks. According to the Ontario Drinking Water Standards, an adverse test result occurs when there is greater than 10 mg/L of nitrates and greater than 1.5 mg/L of fluorides present in a water sample.

**Private Water Testing Results**

Private water sampling results from bacteriological tests are received from the Public Health Ontario London Laboratory. See Table 1 for aggregate water sampling results from 2004 to 2012. There continues to be a general downward trend in the percentage of adverse results of total coliforms and *E. coli* in Waterloo Region since 2005. In 2012, 45 of the 1,915 water samples (2.3%) submitted for testing indicated a presence of *E. coli* bacteria. This represents the lowest percentage of samples containing an *E. coli* result since Public Health began monitoring this information from the Province in 2004. It's not clear why fewer samples are adverse; the trend may suggest greater attention to water quality by well owners. It should be

---


noted that the sampling results cannot be interpreted as a representation of the overall quality of private well water in the region, as many rural residents do not regularly test their water and samples with adverse results are more likely to be re-sampled than well water without quality issues. In 2012, there was a 16 per cent decrease in the number of samples submitted for bacteriological testing, compared to the average of the previous four years (see Table 1). This decrease has been recognized by Public Health and is a motivator for the increased service outlined in this report.

Table 1 - Private Water Sample Test Results for Bacteria (*Total coliforms and E. coli*) in Waterloo Region – 2004 to 2012

<table>
<thead>
<tr>
<th></th>
<th>Total coliforms</th>
<th></th>
<th>E. coli</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Water Samples (#)</td>
<td>*Adverse Results (#)</td>
<td>Percentage</td>
<td>Water Samples (#)</td>
</tr>
<tr>
<td>2004</td>
<td>1,704</td>
<td>689</td>
<td>40.4%</td>
<td>1,704</td>
</tr>
<tr>
<td>2005</td>
<td>1,887</td>
<td>856</td>
<td>45.4%</td>
<td>1,887</td>
</tr>
<tr>
<td>2006</td>
<td>1,717</td>
<td>734</td>
<td>42.7%</td>
<td>1,717</td>
</tr>
<tr>
<td>2007</td>
<td>1,401</td>
<td>540</td>
<td>38.5%</td>
<td>1,401</td>
</tr>
<tr>
<td>2008</td>
<td>2,475</td>
<td>496</td>
<td>20.0%</td>
<td>2,475</td>
</tr>
<tr>
<td>2009</td>
<td>2,264</td>
<td>349</td>
<td>15.4%</td>
<td>2,264</td>
</tr>
<tr>
<td>2010</td>
<td>2,051</td>
<td>264</td>
<td>12.9%</td>
<td>2,051</td>
</tr>
<tr>
<td>2011</td>
<td>2,291</td>
<td>384</td>
<td>16.7%</td>
<td>2,291</td>
</tr>
<tr>
<td>2012</td>
<td>1,915</td>
<td>251</td>
<td>13.1%</td>
<td>1,915</td>
</tr>
</tbody>
</table>

* Adverse Water Quality Criteria Based on Ontario Drinking Water Standards


Promotional Activities Update

In 2013 and 2014, Public Health will be encouraging private well owners to test their water through various activities. Public Health’s promotional activities will focus on the key message of “Sample your Water”. Regular water testing for bacteria is one of the most concrete measures well owners can use to determine whether or not their drinking water is safe. Promotional activities will be designed to encourage rural residents to test their water and ensure they are aware of the new weekly testing service. A variety of communication channels will be used, such as media releases, electronic and paper advertisements, presentations, and social media communication. One important part of the promotion is the implementation of a new email system that reminds residents three times a year to test their well water.

Public Health’s rationale for undertaking these activities is to make it easier for rural residents to test their water. Evidence suggests that the common barriers for well owners to regularly test their water include: complacency, inconvenience, lack of a perceived problem, lack of time, cost, and privacy concerns. Many rural households also have water treatment devices in their home which may provide them with the false assurance that regular testing of their water is not needed. Public Health is able to improve our water testing service and undertake new promotional activities within existing budgets as a result of efficiencies realized through a review of program services and resources. It is anticipated that these efforts will increase the number of well water submissions in the coming years. Public Health will undertake an evaluation of the effectiveness of these promotional activities over time and report findings.
ONTARIO PUBLIC HEALTH STANDARDS:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to the compliance with the Safe Water requirement of the Environmental Health Program Standard.

CORPORATE STRATEGIC PLAN:

Focus Area 1: Environmental Sustainability: Protect and enhance the environment
Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities
Focus Area 5: Service Excellence: Deliver excellent and responsive services that inspire public trust

FINANCIAL IMPLICATIONS:

The proposed awareness activities will be delivered within existing budgets which are cost shared 75% by the Province of Ontario’s Ministry of Health and Long Term Care and 25% regional tax levy.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Water Services, Transportation and Environmental Services Department

ATTACHMENTS

APPENDIX A – Water Sample Bottles Drop-Off & Pick-Up Locations

PREPARED BY: Peter Ellis, Public Health Planner
Bethany Mazereeuw, Manager, Information & Planning, Health Protection & Investigation
Dave Young, Director, Health Protection & Investigation

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
APPENDIX A – Water Sample Bottles Drop-Off & Pick-Up Locations

"Water Bottle Pick-Up Frequency from Township & Rural Locations to be increased from monthly to weekly beginning in mid-summer 2013"

Exact locations, office hours, telephone numbers, and pick up drop-off/ pick-up frequencies are on reverse side of page.
**WHERE bacteriological sample bottles can be picked up during regular business hours**

**NOTE:** Nitrate / fluoride sample bottles are only available for purchase at Public Health Locations.

<table>
<thead>
<tr>
<th>Urban Locations:</th>
<th>WHEN bacteriological sample bottles can be dropped-off for testing</th>
<th>WHEN nitrate / fluoride sample bottles can be dropped-off for testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region of Waterloo Public Health (2 Locations)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Waterloo, 99 Regina Street South (1st Floor)</td>
<td>Monday to Thursday 8:30 am – 4:30 pm</td>
<td>Last Tuesday of the month 8:30 am – 4:30 pm</td>
</tr>
<tr>
<td>• Cambridge, 150 Main Street (Main Floor)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHEN nitrate / fluoride sample bottles can be dropped-off for testing**

**WHEN** bacteriological sample bottles can be dropped-off for testing

**EVERY Tuesday** (Beginning in mid-summer 2013)

<table>
<thead>
<tr>
<th>Township Offices &amp; Rural Locations:</th>
<th></th>
<th>Last Tuesday of the month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North Dumfries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 1171 Greenfield Road, Cambridge, N1R 5S5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phone: 519-621-0340</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 8:30 am – 4:30 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wellesley</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 4639 Lobsinger Line, St. Clements, N0B 2M0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phone: 519-699-4611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 8:30 am – 4:30 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wilmot</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 60 Snyder’s Road W, Baden, N3A 1A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phone: 519-634-8444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 8:30 am – 4:30 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Woolwich</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 24 Church Street W, Elmira, N3B 2Z6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phone: 519-669-1647</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 9:00 am – 5:00 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Woolwich Community Health Centre</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 10 Parkside Drive, St. Jacobs, N0B 2N0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ph: 519-664-3794</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 9:00 am – 8:00 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Linwood Vet Clinic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Address: 3860 Manser Road, Linwood, N0B 2A0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phone: 519-698-2610</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tuesday Office Hours: 7:00 am – 5:00 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting date</td>
<td>Requestor</td>
<td>Request</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>27-Nov-12</td>
<td>S. Strickland</td>
<td>That the matter of mandatory CPR and AED training for all Regional employees be referred to staff to report back with options for a Health &amp; Safety staff training policy.</td>
</tr>
</tbody>
</table>