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

2. PRESENTATIONS

   a) Rohan Thompson, Project Manager, inREACH, Waterloo Region Crime Prevention Council re: Report CPC-13-005 inREACH: Final Evaluation & Project Status Update

3. DEPARTMENTAL PRE-BUDGET PRESENTATIONS

   a) Social Services – Children’s Services and Employment & Income Support Divisions – D. Bartholomew-Saunders

4. REQUEST TO REMOVE ITEMS FROM CONSENT AGENDA

5. MOTION TO APPROVE ITEMS OR RECEIVE FOR INFORMATION

   a) PH-13-042, Breastfeeding Support Update – 2013 (Information) 8

   b) PH-13-043, Electronic Cigarettes (Information) (Appendices distributed separately) 12

   c) P-13-095, Waterloo Region Museums - Exhibition Policy (Approval) 17

   d) SS-13-036, Children’s Services – Community Innovation Grants (Approval) 28

   e) SS-13-037, Approval of Youth Employment Funds (Approval) 31

   f) Memo: Upcoming Housing Action Plan Consultation Forums 33

   g) Memo: Discretionary Benefits Check-In Survey (Survey Distributed Separately) 60
h) Memo: Cambridge and North Dumfries Employment Facilitation Network
   *(Brochure Distributed Separately)*

REGULAR AGENDA RESUMES

6. REPORTS – PUBLIC HEALTH
   a) PH-13-041, Influenza Update

REPORTS – SOCIAL SERVICES
   b) SS-13-035, New Physiotherapy Funding Model

7. INFORMATION/CORRESPONDENCE
   a) Council Enquiries and Requests for Information Tracking List *(No Items)*

8. OTHER BUSINESS

9. NEXT MEETING – Tuesday, October 22, 2013

10. ADJOURN
TO: Chair Sean Strickland and Members of the Community Services Committee  
DATE: October 1, 2013  
FILE CODE: C06-60  
SUBJECT: INREACH: FINAL EVALUATION & PROJECT STATUS UPDATE  

RECOMMENDATION:  
For information  

SUMMARY:  
This report provides a fourth update on the inREACH project since receiving funding in September 2009 from the National Crime Prevention Centre (NCPC). NCPC is a division of Public Safety Canada. The funding expired on March 31st 2013. The Region of Waterloo provided one time funding for the time period of April 2013 to end of December 2013 up to $427,000. The purpose of this report is to provide a status update on the project. The project has been at full implementation for 2 years and the report provides information about the project activities, final evaluation findings and sustainability efforts to keep inREACH operating past December 31st, 2013, when Region of Waterloo funding expires.  

REPORT:  
1.0 Background  
In September 2009, The Waterloo Region Crime Prevention Council received $3.8 million from the NCPC, to implement a multi-sector, community-based street gang prevention and intervention project. The overall goals of the project are: (1) to assist youth in effectively exiting gangs; (2) to prevent youth from entering gangs; (3) to create systems level changes that remove barriers for youth at risk of gang involvement and already gang involved youth in accessing required services/supports; and (4) to conduct a Process & Monitoring Evaluation. 

inREACH is a collaborative, multi-sector initiative. Current project partners include:  
- John Howard Society of Waterloo Wellington  
- Lutherwood  
- Reaching Our Outdoor Friends (ROOF)  
- St. Mary’s Counselling  
- Waterloo Regional Police Service  
- Mosaic Counselling and Family Services  
- House of Friendship  
- Kinbridge Community Association  
- Preston Heights Community Group  

In addition, inREACH has Memorandums of Understanding with the Waterloo Catholic District
School Board and the Waterloo Region District School Board. Referral partners in addition to
the above are from diverse community organizations including those in the justice sector.

2.0 The Project

The project is comprised of three phases: community needs assessment; community treatment;
and community mobilization. The community assessment was completed in the spring of 2010
and informed the next two phases of the project, community treatment and community
mobilization. Below is a brief summary of the community treatment and community mobilization
phases and some of the activities/initiatives that have been implemented.

Phase 2: Community Treatment

Community treatment began upon approval of a detailed work plan by NCPC in November 2010
and is targeted to provide support to 60 youth per year, ages 13-24, and their families in
Waterloo Region who are actively involved in, associated with or at risk of joining a gang. To
participate in this phase, a thorough screening, intake and assessment is completed for each
youth to ensure the project is working with those youth that are most at risk of gang
involvement. Once youth are accepted into the program inREACH staff develop individual case
plans to best meet the participants’ needs and provide one-on-one counseling, group
therapeutic interventions, housing and employment support, addictions counseling and
recreation activities. The inREACH main office is located at 450 Frederick Street and comprises
a hub model office staffed by the treatment team project partners. Group programming and
individual counseling sessions occur at the office. However, the staff are also mobile and meet
with youth in various community settings across the Region. Referrals can be made by parents,
service agencies, the justice system, schools and the youth themselves.

In addition to the supports directly provided to program participants, the Community Treatment
Team also provides supports to parents/caregivers in the form of referrals and information and
support groups. Areas of discussion typically are around issues relating to substance use,
mental health and the cognitive development of the adolescent brain. The purpose of these
groups is to increase the knowledge and capacity of the parents/caregivers to support and work
with their children.

The treatment team staff has expertise in youth engagement, mental health, employment,
addictions, justice system involvement and overall case management.

Phase 3: Community Mobilization

The purpose of this phase is to engage youth in positive relationships and to provide
opportunities for youth, such as mentoring and recreation, in their own home community. This is
a strengths-based approach which seeks to identify youths’ interests, capacities and talents in
order to help them grow and thrive and reduce risks of involvement in crime.

WRCPC partnered with several community agencies to provide Youth Outreach Workers in five
neighbourhoods in Waterloo Region. The neighbourhoods and corresponding organizations
include: Paulander (Mosaic Counselling and Family Services), Greenfield (House of Friendship),
and Courtland-Shelley (House of Friendship) in Kitchener; Preston Heights/Preston (Preston
Heights Community Group) and Southwood/Christopher-Champlain (Kinbridge Community
Association) in Cambridge.
Community capacity building is also a goal of this phase as it brings together key individuals and organizations to help prevent youth from trending towards joining a gang.

Evaluation

A robust and comprehensive Process and Monitoring Evaluation report was completed in June 2013 by Professor Mark Pancer and associates from Wilfrid Laurier University. The bulk of the data were generated through case file reviews and key informant interviews with project partners, staff and youth program participants. All of the data collected indicate that inREACH is working with the correct youth population, in the correct neighborhoods and using the correct supports and youth engagement strategies to intervene in and prevent youth gang involvement. Below is a sample of the results, lessons learned, and recommendations of the Process & Monitoring Evaluation. For a copy of the complete Process & Monitoring Evaluation, please contact the Waterloo Region Crime Prevention Council.

Evaluation Results

Community Treatment Phase

- The Community Treatment Team served a total of 69 youth by March 31, 2013
- 40% were confirmed gang members
- 66% had other involvement with the criminal justice system
- 53% had addiction issues with drugs and/or alcohol. 86.5% of those addictions were considered severe or very severe.
- 33% lived somewhere other than with their parents (e.g., on their own, with other family members, in foster care/group home, etc.)
- 50% indicated that they had money to meet their basic needs only “sometimes”, “hardly ever”, or “not at all”
- Youth spent on average 49.7 weeks in the treatment program & received on average 40 hours of direct service
- 94.4% of youth participants indicated that they received what they needed to make significant changes in their lives
- Overall the support needed and received was more intense and lengthy than anticipated in the original proposal and workplan

Community Mobilization Phase

- Over 200 unique youth participants were served in this phase in five neighborhoods over 18 months.
- 81.3% of youth participants indicated that inREACH provided them with a trusting adult that they could speak to if they had problems
- 80% indicated that inREACH staff helped them with things that were important to them
- 93.8% indicated that inREACH taught them how to treat others with respect
- 84.4% indicated that inREACH helped them stay out of a gang
- 82.9% indicated that inREACH helped them solve problems without fighting

Project Outcomes

The evaluation indicated that there were positive outcomes at the individual, staff, organization
and community level that occurred as a result of inREACH.

- For youth
  - Improved skills; more positive relationships; greater opportunities; more self-confidence & self-esteem; less likely to get into trouble; more able to work toward a positive future

- For staff
  - Improved skills & ability to collaborate with regards to high risk populations

- For partner organizations
  - Greater collaboration, integration & awareness of resources
  - Greater organizational awareness, a different approach in dealing with at-risk youth, an enhanced ability to attract young people to programs and services through changes in policies and procedures among other service adjustments

- For communities
  - More positive attitude towards young people
  - More resources for youth
  - Greater neighbourhood safety

Lessons Learned

There were many lessons learned in the implementation of the inREACH program that emerged from the evaluation, including:

- Sufficient time must be allocated for planning programs, services and organizational structures especially in hub model type initiatives
- Programs must be allowed to change and develop to meet changing needs
- Relationships are key to successful youth programs and interventions
- Youth must be listened to and involved in program decision-making
- Youths’ strengths, skills, capacities and interests must be recognized
- Partnerships and collaboration are vitally important for project success
- Evaluation and monitoring needs to be appropriate to the program design and implementation and best follow an action oriented evaluation approach
- Funders should work in partnership with program stakeholders and personnel; funding requirements should be negotiated, not dictated

3.0 Challenges

The most significant challenge facing inREACH has been and is a lack of sustainable funding. When the funding from NCPC ran out in March 2013, the Region of Waterloo offered its support by providing one time funding to keep the project running from April 1st, 2013 to December 31st, 2013. The funding provided by ROW enabled the project staff to provide extra time to youth at risk and to engage in several actions to find sustainability. During that time inREACH managed to find a project partner (Lutherwood) that would take over the administrative and overall lead of the project from the Waterloo Region Crime Prevention Council. With Lutherwood willing to become the project lead along with reducing the budget, inREACH would be able to reduce the annual operating budget from approximately $800,000 to $469,000 annually. The costs to
maintain one youth in the program for one year is just over $15,000 when compared to $120,000 for one year in a youth custody facility.

The budget extension by ROW also allowed the WRCPC to look for possible funding opportunities that inREACH might be eligible to receive. Despite many efforts, at this time, inREACH has not been able to secure sustainable funding. The project will be closing its doors and stopping the youth programs by the end of 2013. Notification has gone out to the community and been received with disappointment and a sense of loss as to where to refer this youth population to.

The challenges that inREACH faced in securing additional funding was beyond the control of the WRCPC and its project partners. Letters of support, written by MPs Stephen Woodworth and Peter Braid, were sent to then Minister of Public Safety, Mr. Vic Toews. The Minister also received correspondence from the WRCPC and the Region of Waterloo. In the letters, the Minister was asked to acknowledge the implementation delays due to federal approval processes and to return all or a portion of the lapsed funding (approximately $1,000,000) to the project. At a subsequent meeting with the WRCPC MPs Woodworth and Braid indicated that there would not be any lapsed money returning to the project, because the lapsed funds had already been re-profiled. The decision by NCPC staff to not support the return of funds to the project preceded the final Process and Monitoring Evaluation report.

Another potential opportunity was the Youth Opportunities Fund, from the Ontario Ministry of Children Youth Services. Unfortunately, all funding resources are earmarked only for programs that occur in the Greater Toronto Area. This fund will support community initiatives in priority and disadvantaged neighborhoods in that area alone. Additionally the Ontario Ministry of Culture, Tourism and Sports initially encouraged inREACH staff to submit a proposal. But during funding announcements it became clear that traditional recreation groups received all the funds rather than at risk populations. The WWLHIN funding is also not available to inREACH even though mental health and addictions form a significant part of the challenges faced by gang involved and at risk youth. Finally inREACH was not able to access proceeds of crime funds.

Locally, there was interest from some of the local area funders to be part of a joint funding collaborative to help support inREACH. However, the funders that expressed significant interest, lack the financial resources required to significantly help fund inREACH.

A challenge for the boarder community once inREACH closes at the end of the year will be how the community will be prepared to support and provide service for youth that are gang involved or at risk of gang involvement before they become part of the justice system. The Region of Waterloo is a growing urban center that will face many of the same challenges that other larger urban centers across this country face. Youth gang activities in the Region are growing and prevention is the most effective and efficient approach. However, it appears that youth at risk continue to fall between the cracks of jurisdictional mandates, cross government collaboration and the challenge of including high risk populations in systems designed on the principles of universality and based on the characteristic of the average residents’ needs and capacities.

While youth who are gang involved form a very small part of the overall youth population, the costs associated with their actions and the costs associated with collective inaction are high and becoming more immediate. Only a core funded prevention strategy has the capacity to reduce the high costs of enforcement, incarceration and health care expenses associated with violence and addictions. But funding for these issues tends to be ad hoc, time limited or virtually non existent. It is perhaps the greatest learning from the inREACH experience that street gang prevention needs strategic and long term investment at all levels of government in a sustainable
manner. Projects of a short term nature while clearly able to help program participants and prevent gang associated crimes tend to create a community expectation that cannot be met long term without severely taxing local resources in absence of core supports from other orders of government. As such the WRCPC has identified to other orders of government the need for a greater alignment in all prevention oriented methods.

4.0 Future Directions

inREACH will continue to support youth and the community partners until the end of 2013 but is not taking new referrals.

The final Process & Monitoring Evaluation for inREACH clearly indicates that the inREACH approach to working with youth and community is a promising practice and inREACH is committed to disseminating and making the lessons that have been learned available to the broader community.

To that end inREACH has established an Evaluation Sub-Committee made up of current project partners. This committee is dedicated to developing mechanisms that will allow them to share the information in a very ‘community’ friendly way. Some knowledge sharing activities may include the development of an inREACH Info-Graphic, a document summarizing the comprehensive (160 pages) evaluation, blog posts and webinars. These and other knowledge mobilization activities will begin in October 2013.

The WRCPC has closely monitored the experience of inREACH since it agreed to take on the role of project coordination and administration. Based on the lessons learned the WRCPC has decided to ask the federal government to strike a task force that can investigate and deal with the tension between project accountability and evaluation in a way that is conducive to good project management and positive project outcomes. Evaluations should follow the most recent best practice standards of utilization based evaluation which include:

1. Measurements do not start until the program has trust and traction.
2. Data are of a mixed methodology balancing numbers with the stories that give life to the numbers.
3. Evaluation provides ongoing feedback to encourage program adjustments and the program provides ongoing feedback to evaluators to allow for methodological adjustments.
4. Evaluations avoid laboratory style approaches that have the potential to negatively impact the therapeutic process.

Overall

inREACH project partners and participants can be proud to have accomplished many positive outcomes for many youth in Waterloo Region in a short period of time. These young people will continue to have a better chance by far as a result of the investment in them. The community's appreciation of the Waterloo Region's support and investment has been tangible and wide spread. The Project partners' commitment and passion remains palatable. But it is also fair to say that seeing the project end despite its successes comes as a great disappointment to many, above all the participants. The general tone of discussions is maybe best summarized in the words of a current participant who upon receiving notification that inREACH is closing its doors said to staff: "So you are giving up on us too!"
CORPORATE STRATEGIC PLAN:
Healthy and Inclusive Communities: 4.4.2 Work with the Crime Prevention Council to develop and implement the Street Gang Prevention Project.

FINANCIAL IMPLICATIONS:
At its meeting of March 27, 2013, Regional Council approved a one time allocation of $426,770 from the Hospital Capital Reserve Fund to continue the inReach Program to December 31, 2013. The projected spending to year end is anticipated to be $411,074 or $15,696 less than the Council approval. Any funds not required will remain within the Hospital Capital Reserve Fund.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
inREACH appreciates the significant and stellar support from Regional colleagues in Finance, Legal, Facilities Management and Information Technology. Their input far exceeded the percentage of the budget received from NCPC for administrative costs.

ATTACHMENTS: (2)
1. Info-Graphic
2. inREACH community summary of the evaluation

* The above-noted attachments are distributed separately from the report.

PREPARED BY: Rohan Thompson, Project Manager, inREACH, WRCPC

APPROVED BY: Christiane Sadeler, Executive Director, WRCPC
This is Trent...

...a bright 16-year-old who struggles in school. He has lived in several foster homes and, at times, has difficulty controlling his anger.

He recently became involved in a gang and deals drugs to support his own addiction.

Despite these challenges, Trent shows potential. He is charismatic and experienced for his age. He is also willing to accept assistance when it is offered.

What will the future hold?

**CURRENT PATH**

Trent and his friends have nothing to do on a Tuesday night so they decide to break into an elementary school and have some “fun” smashing computers and spray painting graffiti. They trigger an alarm and are caught by police. Trent receives one year probation.

While on probation, Trent breaks into several cars taking money and other items. He is caught when a car alarm goes off. While being arrested Trent punches the arresting officer, breaking his nose. Trent receives two months in a youth detention facility.

**JUSTICE SYSTEM COSTS**: $7,050

Trent and his friends play in a regular Tuesday night basketball game organized by inREACH, a local street gang prevention program. After one of the games Trent meets Jen, an inREACH worker, who invites him to a community BBQ.

Feeling welcome at the BBQ, Trent soon begins to regularly attend inREACH events and activities.

**inREACH PATH**

That’s tough... Do you think you might be interested in visiting the inREACH office and seeing if they can help you?

Don’t be too disappointed, but I got suspended again. The principal totally has it out for me. Jack and I were smoking up and I’m the only one who got into trouble!

I can have Ken talk to you if you want. You remember Ken, you met him at the BBQ.

He seemed okay, sure.

In REACH provides skills training and helps Trent search for work. He gets a job stocking shelves at a local grocery store. Trent also receives drug counseling. He still occasionally smokes marijuana but no longer sells drugs.

A few months later Trent completes the inREACH program. He and his girlfriend still live together. He is saving money and plans to go to school to become a plumber.

**JUSTICE SYSTEM COSTS**: $26,402

While waiting for his court appearance Trent is caught drinking which breaches his bail conditions. He spends 15 days in provincial jail.

Soon after he is released from prison, Trent and his girlfriend get into an argument. Trent strikes his girlfriend repeatedly with a blunt object breaking multiple bones. The neighbours call the police. Trent is sentenced to three years in prison for assault with a weapon causing bodily harm.

**JUSTICE SYSTEM COSTS**: $127,479

Trent attends the inREACH program and gets individual support to finish high school, address his anger issues and leave his gang. When he turns 18, Trent leaves foster care and inREACH staff help him find an apartment with his girlfriend.

**TOTAL JUSTICE SYSTEM COSTS**: $177,205

**TOTAL inREACH COSTS**: $15,670

*In REACH provides skills training and helps Trent search for work. He gets a job stocking shelves at a local grocery store. Trent also receives drug counseling. He still occasionally smokes marijuana but no longer sells drugs.

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SHARING OUR STORY
Lessons Learned from the inREACH Experience
Everyone involved in the project was given the opportunity to provide feedback about their experience with inREACH by completing a survey or participating in an interview, or both.

It was a challenge to condense the full 140-page report into this book of “highlights”.

INTRODUCTION

In September 2009 the National Crime Prevention Centre (NCPC) contributed nearly $3.8 million to the Waterloo Region Crime Prevention Council to create a street gang prevention project, known as inREACH. The program prevents youth in Waterloo Region (13 to 24 years of age) from joining a gang and/or helps them end their gang involvement.

NCPC funding for the inREACH program ended March 31, 2013.

The inREACH program had an impact on local youth in a positive way by:

• helping them identify and achieve personal goals;
• working collaboratively with them to create meaningful activities in their own neighbourhoods; and
• promoting partnerships among community organizations to work together more effectively.

As a result of the inREACH program, there is a greater understanding about the youth gang issue in Waterloo Region and our community is now better equipped to address these challenges.

This document is a summary of “inREACH: Final Process and Monitoring Evaluation Report” (2013) as prepared by Mark Pancer, Karen Hayward and Dianne Heise Bennett. The report was written to explain how the inREACH project was delivered and to provide a picture of how the project helped youth, the project partners, the neighbourhoods and the community-at-large.

If you are interested in reading the full report, “inREACH: Final Process and Monitoring Evaluation Report”, it is available online at www.preventingcrime.ca

Scars upon scars, tears upon tears.
Proof of my weakness, Proof of every single fear.
Fear of never being understood, Fear of being alone.
Fear of losing myself, Fear of the unknown.
Making the very same mistake, Time and time again.
But that is the difference, Between me now, And me then.
Now I know it's not worth it. The pain will go away.
Not now, not soon. But things will be okay.
I know I'm strong enough to do this, To make it through the day.
I've been strong enough so far, At least that much I can say.

– Jillian
Gangs can be a serious and challenging problem. Research shows gang involvement is a complex phenomenon influenced by several factors that place youth at risk for participation in gangs, while other factors serve to protect young people from gang involvement.

The following table identifies key risk and protective factors surrounding gang involvement:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and/or drug use</td>
<td>Coping &amp; Problem-Solving Skills</td>
</tr>
<tr>
<td>Poverty</td>
<td>Engagement in positive activities</td>
</tr>
<tr>
<td>Disengagement from school</td>
<td>Ability to make decisions about their activities and their future</td>
</tr>
<tr>
<td>Lack of a sense of belonging or esteem</td>
<td>Connection with a positive adult</td>
</tr>
</tbody>
</table>

How does inREACH work?

inREACH services are delivered in two ways:

The Community Treatment Team (CTT) provides counselling and a range of supports all within one location (e.g. individual counselling, addictions support, employment training, housing assistance, etc.) to youth actively involved in, or associated with, a gang, or might be thinking about joining a gang.

The Community Mobilization Team (CMT) works in the community in four identified neighbourhoods to enhance the opportunities and activities for young people in those communities, and to help make those neighbourhoods more youth-friendly places where young people feel a sense of belonging and security.

The inREACH project used a multi-faceted approach in both its Treatment and Community Mobilization components including:

- Dealing with addiction and drug use
- Helping youth develop coping skills
- Engaging youth in school or employment
- Providing youth with opportunities to make decisions and to engage in activities which spark their interest

How does the inREACH Community Treatment Team work?

Community Treatment Services: Youth may be referred for treatment by community organizations (e.g., schools, social service agencies), police, probation, family and friends, or may self-refer. Youth meet with one of the treatment team workers to share their story and begin discussing their goals for the future. This allows the treatment team worker and the youth to build a rapport while exploring aspects of the youth's life. Many youth expressed a need for housing, employment, support with school, counselling (for substance use, aggression, familial relationships) as well as basic life skills. Youth who might not benefit from the inREACH program were referred to other community agencies by staff to ensure they received appropriate assistance.

40% were confirmed gang members
66% had some involvement with the criminal justice system
33% lived somewhere other than with their parents (e.g., on their own, with other family members, in foster care/group home, etc.)
53% had addiction issues with drugs and/or alcohol
86.5% of those addictions were considered severe or very severe
50% indicated they had money to meet their basic needs only "sometimes", "hardly ever", or "not at all"

Who were the youth served?

Many youth also faced additional difficulties such as learning disabilities, attention difficulties, history of neglect and domestic abuse, absence from school, anger and anxiety issues, and stressed/problematic family relationships.

COMMUNITY TREATMENT TEAM

How does the inREACH Community Treatment Team work?

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Many youth also faced additional difficulties such as learning disabilities, attention difficulties, history of neglect and domestic abuse, absence from school, anger and anxiety issues, and stressed/problematic family relationships.
“Were the services appropriate?”
“Young people know what other young people want…”
“We had some say in what was going to happen. It’s like hey – what do you guys want to do? What do you want to see in your community, and what are your personal talents or anything that is special to you that you kind of want to show everybody else?”

“Were the services timely?”
“I never waited for anything.”

“Were the youth ultimately satisfied with the service?”
“The inREACH staff in general is all just a great group of people that always seem to have a smile on their face and always welcoming. … we just sort of talk and connect, … we can joke around too or get really serious about other things as well.”
“I get to plan stuff for the community and I get to help out, … So we can get more of a chance to… get more involved in what is happening, so you seem like a leader.”

How does the inREACH Community Mobilization Team work?

Community Mobilization Activities: Youth Outreach Workers (YOWs) spend time connecting with youth in their neighbourhoods with the goal of building rapport and trust with the youth. Once this relationship is formed, YOWs collaborate with youth to gather feedback and information from the youth about what activities/programs they would like to see in their community and then create them. Any youth who resides in one of the four neighbourhoods in which the project works is welcome to participate in project activities. The project provides a range of activities which vary from neighbourhood to neighbourhood, based on youth interest. These activities include youth drop-ins, meal preparation and dinners, an art studio, and a music studio. Youth just need to arrive on time for the planned activity in order to be able to participate; no fee is required.

Who were the youth served?
The Community Mobilization Team worked with many youth living in four identified neighbourhoods for the purpose of connecting them with activities in their community and to help them face life challenges which might put them at risk of gang involvement.

The programs reached the youth they were intended to support, successfully engaged them in community activities and provided them with additional supports and services as needed. Nearly all of the youth surveyed said they liked the staff; enjoyed spending time with friends and meeting new people; and appreciated the opportunity to try new things.

Personal Growth and Skill Development
Everyone involved in the program agreed there were many positive changes for youth in terms of learning life skills, building self-confidence and self-esteem, and improving their outlook on life. Youth strongly agreed inREACH allowed them to express their ideas and concerns, while helping them learn to make good decisions, solve problems, and handle challenges.

Relationships
All youth interviewed spoke very highly of the inREACH program staff and many described how that particular relationship enhanced their participation and learning in the program.

Youth indicated:
- They benefitted from access to positive role models (staff);
- They experienced a greater connection to their community;
- They improved their relationships with others, especially with their families;
- They were treated well by staff and were provided with people to go to for help with a problem;
- They had increased their connection to community activities such as sports and volunteering;
- Some youth talked about the challenges of disassociating from their friendship networks and several mentioned learning from staff to differentiate “real” friendships.
Over 95% agreed that their involvement with the inREACH program had helped them move in the direction in life that they wanted to go.

Organizations

"I have different places helping me out, not just inREACH but they are all connected and they are all working as a team. Everybody that was helping me just did a really great job."

Enhanced Collaboration

Interviews with youth, staff, partners and other program stakeholders indicate the inREACH program had an impact on the way community agencies work with one another.

Greater Awareness of Resources

inREACH enhanced connections among community organizations resulting in greater awareness about the services other agencies provide as well as other resources available in the community. This means youth benefit from more effective referrals when young people are in need of assistance.

Improved Access and More Immediate Services

When community organizations are working together there is improved access to needed and appropriate services each of the partner organizations could not have provided on their own. They served by the project experienced enhanced collaboration in the seamless way that they received the assistance they needed.

Community Services

The inREACH program had positive impacts on the opinions young people held about others in their community.

Nearly 90% of the respondents agreed, their participation in inREACH improved their opinion of the opportunities available to them in their communities. The majority of young people also indicated their opinions of adults, police, other youth, businesses and employers in the community also improved.

Future Outlook

Youth were asked an open ended questions about how the inREACH program has benefitted them. Their responses included:

- Improved life skills
- Learning new things
- Meeting new people and making new friends
- Access to caring/supportive adults or people they can go to for support/advice
- Staying out of trouble
- Getting more involved in the community
- Helped with their creativity/talents
- Allowed them the opportunity to gain hours of volunteer service

Youth reported that they felt more positive about their future as a result of their experience with the inREACH program. Many youth also felt that the inREACH program had helped them make better choices and taught them how handle day-to-day challenges.

"...they make opportunities for kids like me that could never afford to make something of myself but they made something of me."

"[inREACH staff] said 'we will try out some of your recipes you’ve learned' and it’s actually happened. I got a chance to let people actually try my food at a youth centre."

Opportunities

inREACH gave youth the opportunity to learn new skills and develop their talents. Young people enjoyed a diverse range of opportunities including such things as:

- Organizing dinners and dances
- Outings in the community
- Volunteering
- Civic engagement
- Creating art and music
- Guest speakers
- Sharing meals with friends and family members
- Attending employment training
- Photo-voice projects

Many youth also indicated they learned more about other programs and things they could do in their community, and about where they could go for more help if they needed it.

"Now that I have been with inREACH I feel like it is okay to give other places a shot because through inREACH I have learned about a whole lot of other different places."
Partner Organizations

One of the key goals of inREACH was to produce systemic change – changes in the way systems and organizations in the community approached the problem of gangs and at-risk youth.

Greater Organizational Awareness
The presence of the inREACH project produced changes within local agencies and organizations. Partner organizations improved their understanding of each other. One organization, for example, talked about how agency understanding about gangs had increased through their contact with the police, and how police perceptions about ways of dealing with youth had changed, as well, through their involvement with the project.

Changed Approach in Working with Young People
Partner organizations also changed their approach in working with young people, because they recognized a more flexible and youth-centered approach would be more effective in terms of learning what the young people needed and wanted.

Use of Social Media
inREACH has made extensive use of social media, including Twitter and Facebook, to connect more effectively with young people and this was an idea taken up by some of the partner organizations as a result of the success experienced.

Enhanced Ability to Attract Young People to Programs and Services
The changes in approach, partner organizations made as a consequence of their involvement with the inREACH program resulted in being able to attract more young people to their services and activities, and being more effective in meeting their needs. This happened particularly in the community centres where the Youth Outreach Workers operated.

Changed Perception of Youth
The inREACH program had an impact on the community’s perception of young people, particularly “troubled” or “marginalized” young people. One of the major community events undertaken by inREACH was a community celebration at the Victoria Park Pavilion. The event was planned and hosted by youth from inREACH, and featured artwork and music produced by youth. Family members, friends, teachers and community members were invited to the event, and were impressed by the young people’s art and music, and how articulate they were in making presentations. The visibility of inREACH in the community also served to show community members – even so-called “troubled” youth – could be engaged in a positive way in the community.

Greater Acceptance of Youth
Community residents also became less fearful of young people who often looked “different” and used coarse language. As these young people came more frequently to the neighbourhood centres and to neighbourhood events, residents began to see them in a more normalized, less fearful way.

Greater Safety
Changes were particularly evident in the designated communities in which the Youth Outreach Workers operated as part of the Community Mobilization component of the project. Parents who participated in the parent focus group indicated they saw several changes taking place in their neighbourhoods as a result of inREACH’s presence, including a reduction in the presence of drugs, and a greater feeling of safety among neighbourhood residents.

More Resources
Another positive outcome for communities included the fact inREACH helped bring more resources, improvements and activities to the neighbourhoods. For example, the basketball court at one of the community centres was improved and refurbished as a result of inREACH’s advocacy.

Awareness Communities Need to Address Gang Issue
A final outcome for communities the inREACH project produced, was an awareness of gangs, and how the marginalization of some young people can pose a risk to communities. As community members, we need to be aware of this risk and do something about it.

Community

There is broad consensus the inREACH project had an impact on the community as a whole. Nearly two-thirds of respondents agreed the inREACH program had increased the community’s understanding of the youth gang problem, and having inREACH has made the region a safer place to be. Half agreed the gang problem has improved as a result of the inREACH program.

Nearly 85% of respondents agreed, as a result of the inREACH program’s presence, Waterloo Region was better able to deal with the problem of youth gangs.
In the planning phase, it is important to ensure there is a broad representation of youth, and the needs and wants of the youth are heard. The message was clear from all staff, partners and youth: start where the youth are at. Youth should be a part of the planning process for the future design of the project. In hiring new staff, careful attention should be paid to their philosophy of working with youth, and their ability to attend to what the youth themselves say they want and need.

**Listen to the Youth and Involve Them in Decision-Making**

Listening to the youth was identified as critical and related to other lessons learned. In the planning phase, it is important to ensure there is a broad representation of youth, and the needs and wants of the youth are heard. The message was clear from all staff, partners and youth: start where the youth are at. Youth should be a part of the planning process for the future design of the project. In hiring new staff, careful attention should be paid to their philosophy of working with youth, and their ability to attend to what the youth themselves say they want and need.

**Recognize Youths’ Strengths, Skills, Capacities and Interests**

This evaluation demonstrated so-called marginalized youth have considerable strengths, skills and capacities. When given the opportunity, these young people showed a myriad of skills – in public speaking, music, art, sports and other areas. When these skills were allowed to develop, and when youth were asked what their interests and passions were, they experienced many positive outcomes, including enhanced self-esteem, greater connections to their community, and a desire to work towards a better future. Youth must be given a wide range of opportunities to try new things, develop new skills, and have new experiences. Accomplishments should be celebrated and recognized. Youth must be given the opportunity to develop and demonstrate leadership through planning activities and events, and doing service for their communities.

**Invest Time in the Planning Process**

A community project such as inREACH needs time to learn what the community needs so the program leaders can build strong relationships with partner organizations and develop the program properly. Everyone (youth, families, and staff) should be given the time and opportunity to be a part of the planning process.

**Programs Must Be Allowed to Change and Develop**

Even with the best planning, based on best practices and solid research, programs have to be allowed to adapt to their local context and the needs and characteristics of those the program is designed to help. Programs must be flexible so they can adapt to the needs of the youth and their environment. Programs should focus on relationships, involve youth in decision-making, have organizations work in partnership, and maintain a strong presence in the community.

**Relationships Are Key to Success**

The establishment of relationships takes time, and visibility within the community aids in this process. Relationships were clearly critical to project success. Paramount among the relationships built was the relationship between the staff and the youth. Intervention and community mobilization workers should be given the time and flexibility to establish a presence in the community, and to develop relationships with youth. Without the trust and rapport, youth would not have experienced the successes and benefits they did. Policies to enhance the youth-staff working relationship (e.g., allowing workers to drive youth to appointments) should be implemented whenever it is feasible to do so. The provision of food and the act of preparing meals and eating together also aids tremendously in establishing and strengthening relationships.

**Partnerships and Collaboration Are Important to Project Success**

The collaboration of the partners, and being able to contribute and work with youth in different ways, allowed youth to have access to different services and resources they required and although challenging at times, the collaboration was worth the effort. Frank and open discussion should occur about values, philosophies and approaches to working with marginalized youth. When you have multiple players at the table those individuals need to be committed to a collaboration, which often means, being flexible and open to new ways of working.

**Programs Need to be Accessible to Youth**

Many of the youth who are at-risk do not have the money or resources to get involved in education programs, employment training programs, recreational programs and other activities. Even if they want to get involved in such activities, they are often reluctant to do this on their own. Programs and activities need to be free of charge and should be accessible (geographically close). Workers need to go out to where the youth are, rather than expect the youth to come to an office. Food and activities youth want and are interested in should be provided to attract them to programs and events.

**Evaluation and Monitoring Need to be Appropriate**

Partnership is as important to program evaluation as it is to program development. Project management and staff should be involved in all aspects of any evaluation process set in place and the approach, including measures and methodology to be used, should be negotiated among the researchers and project staff.

**Funders Should Work in Partnership with Stakeholders and Project Personnel**

Partnership is key to the relationship between funders and program personnel. Both parties should be considered equal partners in the funding process. It is also important funding requirements be negotiated if necessary.

**The Youth Are Worth the Effort**

Everyone reported the inREACH program was worthwhile and necessary, despite some of the challenges they may have faced. Project staff, in particular, supported the resources that were expended for the youth, were well worth the effort.
Tryna change the plan, lookin’ for the right direction,
Set my sights, higher than the heightz, fightin’ with depression/
Escaped the gutter solo, I carried all my sorrow,
They wanna live great but aint lookin’ at tomorrow/
A bumpy past so I’m feared without a choice,
I really want better, you can hear it in my voice/
You gotta leave even you wanna stay, I know it’s a long road,
But at least I’m on my way / On my way”

– JB
InREACH: Sharing Our Story

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InREACH Street Gang Prevention

Accessible formats of this document are available upon request.
TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: October 1, 2013
SUBJECT: BREASTFEEDING SUPPORT UPDATE – 2013

RECOMMENDATION:
For information

SUMMARY:

World Breastfeeding Week in Canada is being celebrated from September 29 to October 5, 2013. World Breastfeeding Week is celebrated internationally every year to encourage breastfeeding and improve the health of babies around the world. It commemorates the Innocenti Declaration made by the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) policy makers in August 1990 to protect promote and support breastfeeding. Health Canada promotes breastfeeding as the natural and normal way of feeding infants. Breast milk provides young infants with the nutrients they need for healthy growth and development. The World Health Organization, Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Region of Waterloo Public Health recommend that mothers exclusively breastfeed for the first six months of their infants’ lives and continue breastfeeding, with the introduction of iron-rich complementary foods, for up to two years and beyond. This report outlines the role of Public Health in meeting the Ontario Public Health Standards in relation to breastfeeding and achieving the Baby-Friendly Community Health Service designation as per the Ministry of Health and Long Term Care Public Health Accountability Agreement.

REPORT:

The Board of Health is mandated to address the following requirements related to breastfeeding within the Ontario Public Health Standards (2008), Family Health Program Standards, Child Health.
- Requirement #4: The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: breastfeeding.
- Requirement #5: The board of health shall increase public awareness of: breastfeeding
- Requirement #7: The board of health shall provide advice and information to link people to community programs and services on the following topics: breastfeeding

Baby-Friendly Initiative accreditation
As per the above requirements and the Ministry of Health and Long Term Care Public Health Accountability Agreement, Region of Waterloo Public Health is required to become Baby-Friendly Initiative accredited. Being a Baby-Friendly Public Health Unit supports Waterloo Region families in informed decision making and, regardless of infant feeding method, is respectful and supportive to all. The focus is on creating a cultural shift and normalizing breastfeeding, using a comprehensive approach. Baby-Friendly Initiative supports families in feeding their infants by creating a supportive environment for breastfeeding through consistent service and messages. All public health staff,
students and volunteers must have the same knowledge to welcome families to breastfeed when receiving any public health service and to direct families to appropriate information and support as needed.

The following activities are being completed to meet Baby-Friendly Initiative accreditation requirements:

- **Baby-Friendly Initiative Policy:** Region of Waterloo Public Health Standard Operating Procedure #2-40: "Support, Promotion and Protection of Breastfeeding" [DOCS_ADMIN-#1270138-SUPPORT, PROMOTION AND PROTECTION OF BREASTFEEDING](#) was approved on November 29, 2012 and presented to the Community Services Committee on January 29, 2013 in Report PH-13-005. This Standard Operating Procedure states that, "Region of Waterloo Public Health shall support, promote and protect breastfeeding for residents of Waterloo Region by implementing the Breastfeeding Committee for Canada’s Baby-Friendly Initiative Integrated 10 Steps Practice Outcome Indicators for Hospitals and Community Health Services". Plaques summarizing how Public Health does this are being created for the Standard Operating Procedure and will be displayed in various Region of Waterloo Public Health locations in the Fall of 2013.

- **Baby-Friendly Initiative Staff Education and Orientation:** In September and October 2013, all Region of Waterloo Public Health staff (including Emergency Medical Services), students and volunteers are scheduled to learn about the Baby-Friendly Initiative and related expectations through online staff training. Staff working directly with breastfeeding families have additional training expectations and will receive relevant training in September and October 2013. Emergency Medical Services will also receive supplementary training specific to supporting families to initiate and maintain breastfeeding in non-emergency situations in November of 2013.

- **Baby-Friendly Initiative Resource and Website Review/Revision:** As part of the Baby-Friendly Initiative requirements, all Region of Waterloo Public Health public and professional resources, including website contents, comply with the Baby-Friendly Initiative and the International Code of Marketing of Breast Milk Substitutes (The Code). The Code includes the following provisions:
  - no advertising or images of products under The Code (formula, bottles, soothers, etc.);
  - no free samples of products under The Code;
  - no resources developed by companies that market products under The Code;
  - and no company brand names (e.g., recommending only one brand of breast pump)

The resource review and all required modifications for compliance were completed by August 30, 2013. Over 2800 catalogued resources were reviewed. Going forward; staff will ensure development and purchase of any resources and/or materials are in compliance with the Code. In addition, an evaluation of the current Region of Waterloo Public Health Infant Feeding website pages is underway. To assist in the evaluation, a community and staff survey will be conducted in the Fall of 2013, to receive feedback on how the Region of Waterloo Public Health Infant Feeding website pages can better suit the community’s needs. Based on the feedback received from the surveys, current research, and review of the best methods for sharing information, changes will be made to the Infant Feeding pages, while maintaining Baby-Friendly Initiative compliance.

**Community Breastfeeding Alliance of Waterloo Region**
To create a supportive community environment for breastfeeding requires multi-sector partnerships to identify and respond to breastfeeding needs and/or concerns in the community. The Community Breastfeeding Alliance of Waterloo Region is a collaboration among residents, local government, community and business organizations, health-care providers and health care organizations that supports and promotes the goals and objectives of the Baby-Friendly Initiative in our community. Public Health staff provide facilitation support to this Committee. On September 15, 2013, the Community Breastfeeding Alliance of Waterloo Region hosted a free community event promoting breastfeeding and celebrating recent breastfeeding successes in the Region of Waterloo. Regional Council Members were invited to attend this community event. Regional Chair Ken Seiling and Councillor Yvonne Fernandes celebrated with Alliance members and more than 120 enthusiastic community members interested in protecting, supporting and promoting breastfeeding. Special attention was made to celebrate the 10 year anniversary of Breastfeeding Buddies, the Baby-Friendly Initiative Designation of Grand River Hospital, and the declaration by the City of Kitchener of all City of Kitchener facilities being breastfeeding friendly. As well as a time for celebration, this successful event provided an opportunity to share information, network and demonstrate community support for breastfeeding.

Community Breastfeeding Supports
Region of Waterloo Public Health is working with external partners to enhance and develop breastfeeding supports in Waterloo Region. A community dialogue will be held this Fall with relevant community stakeholders including, but not limited to, local birthing hospitals, Family Health Teams, Midwifery practices, Nurse Practitioner Practices and Community Health Centres to identify community breastfeeding support objectives, needs and capacities which will lead to action planning and work plan development.

Call Response
Region of Waterloo Public Health operates a Call Response Line to support families, increase their knowledge and improve their breastfeeding skills. Families are encouraged to call the Service First Call Centre to access telephone information, support, and linkages to community services and resources from a Public Health Nurse. Telephone support is available during business hours, Monday through Friday. In addition to breastfeeding, the Call Response Line provides information related to prenatal and postnatal questions, parenting, growth and development, child nutrition, and provides linkages to internal and external community services and resources.

Early Breastfeeding Contact
Any breastfeeding woman who delivers at Cambridge Memorial Hospital, delivers Out-of Region, does not qualify (as deemed without risk) for the Healthy Babies Healthy Children program and/or has a midwife, is offered face to face breastfeeding support with a Public Health Nurse through the Region of Waterloo Public Health Early Breastfeeding Contact service. The Early Breastfeeding Contact service is an interim service comprised of a clinical breastfeeding assessment and follow-up phone call. This service has been implemented in the Cambridge area which currently has limited breastfeeding community supports. The service is an interim measure of providing breastfeeding community supports while Region of Waterloo Public Health continues to work with community partners to influence the creation and/or enhancement of supportive breastfeeding services in the Region.

Breastfeeding Surveillance
Breastfeeding surveillance is a requirement for Baby-Friendly Accreditation. The Region of Waterloo Public Health Infant Feeding Study examined infant feeding practices at various times in a child’s development from birth to 18 months. The study began in September, 2011 and concluded in April, 2013. Data collected from the study is being analyzed with a final report expected by year-end. In addition to the Infant Feeding Study, Region of Waterloo Public Health is participating in a
Locally Driven Collaborative Project (funded by Public Health Ontario). This project consists of various health units working together to develop a standardized data collection tool and method that could be used across the province for breastfeeding surveillance. The project started in October 2012 and is expected to conclude in October 2014.

ONTARIO PUBLIC HEALTH STANDARDS:
This report provides information to show how the Board of Health is meeting the requirements related to breastfeeding of the Ontario Public Health Standards and the Baby-Friendly Accreditation requirement in the Accountability Agreement with the Ministry of Health & Long Term Care.

CORPORATE STRATEGIC PLAN:
BFI contributes to the Region’s strategic focus area #4 – Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities.

FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS:
NIL

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

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: October 1, 2013
FILE CODE: P13-80
SUBJECT: ELECTRONIC CIGARETTES

RECOMMENDATION:
For information

SUMMARY:
This report summarizes the current information and research available on electronic cigarettes. Outlined below are: reasons for use, availability and potential regulations, potential health concerns, feasibility for smoking cessation, and the implications on comprehensive tobacco control.

REPORT:
What is an electronic cigarette?
Electronic cigarettes (e-cigarettes) are tobacco-free battery powered devices that look and feel like real smoked tobacco products (such as cigarettes, cigars or pipes). Other names for the e-cigarette include personal vaporiser, electronic vaporiser or electronic nicotine delivery system/device (ENDS/ENDD). This product is used as an alternative to smoked tobacco products and usually consists of three main parts:

1. A battery
2. A cartridge that contains liquid to be vaporised
3. An atomizer that heats the liquid and turns it into a vapour

The liquid solution (also known as e-liquid or e-juice) is vaporised by the e-cigarette and inhaled into the lungs by the user. E-liquid usually contains:

1. Propylene glycol (~95%)
2. Nicotine of varying amounts (some claim to be nicotine free)
3. Flavouring and colouring agents
4. Other impurities and additives

E-cigarette companies have not disclosed the complete contents of e-liquids. Initial testing of some liquids has shown wide variation between brands and products as well as variation between labelling and contents (i.e. nicotine has been found in products claiming to be nicotine free).

Reasons for use
E-cigarettes have been marketed as:

1. A safer alternative to traditional smoked tobacco products
2. A smoking device that can be used anywhere, including locations where smoking is prohibited
3. A smoking cessation aid

Two studies have looked at the reasons why people use e-cigarettes and found some of the main reasons include:

1. To quit smoking or avoid relapse
2. Perceived to be less toxic than smoked tobacco products
3. Less expensive than regular cigarettes
4. A way to deal with smoke-free situations
**Availability and Regulations**

In various provinces, including Ontario, vendors such as convenience stores, gas stations, tobacconists and mall kiosks are openly selling e-cigarettes. Another large unregulated market for buying and selling the product (with and without nicotine) is on the Internet.

In Canada, the regulation and sale of e-cigarettes is a Federal responsibility. Only one type of e-cigarette can be sold legally:

- E-cigarettes without nicotine, that do not make a health claim, can be sold provided that they meet the safety requirements of the *Canada Consumer Product Safety Act*.
- E-cigarettes that deliver nicotine. These would need to be regulated as a new drug under the *Food and Drug Act* and have not yet received this market authorization. In addition, the delivery system within the electronic smoking kit that contains nicotine must meet the requirements of the *Medical Devices Regulations*.
- E-cigarettes that are marketed with a health claim as they do not comply with the *Medical Devices Regulations*.

In August 2012, the Ontario Ministry of Health and Long Term Care informed Public Health Units that the *Smoke-Free Ontario Act* (SFOA) does not cover e-cigarettes since the products do not contain tobacco.

**Potential Health Concerns**

Presently there is little known about the health effects of electronic cigarettes. Although propylene glycol is generally considered safe for oral consumption, the long term health effects of inhaling it into the lungs repeatedly over days, months or years, has not been assessed. It is known that propylene glycol can cause irritation when inhaled with the most common side effects being dry mouth/throat, throat irritation, dry cough and nosebleeds. Additionally, the health risks of second-hand vapour, while much lower than second-hand smoke, have yet to be evaluated and could potentially pose a health risk.

In 2009, Health Canada issued a public advisory “not to purchase or use electronic smoking products,” as they may pose health risks and “have not been fully evaluated for safety, quality and efficacy.”

**Smoking Cessation**

Officially, e-cigarettes have not yet been approved as smoking cessation aids; they have not met the efficacy, safety and quality standards required by regulatory authorities. Furthermore, some e-liquids have been found to contain up to 70 ingredients and most manufacturers do not include labels disclosing the composition of the e-liquids or the manufacturing process. This variability in composition as well as design among e-cigarette brands and the lack of manufacturing standards means that nicotine delivery can vary substantially impacting the utility as a nicotine replacement therapy. It is impossible to know whether or not the e-cigarette even contains nicotine or how much nicotine it contains from looking at the product. However, e-cigarette companies and users have claimed that this product can be successfully used as a smoking cessation device.

It has also been suggested that e-cigarettes could be used for harm reduction purposes. Harm reduction for tobacco control is defined by the Ontario Tobacco Research Unit as “reducing exposure to disease-causing toxins among smokers who can’t quit completely.” Because the toxins and carcinogens in burned tobacco are the primary cause of illness and death, not nicotine, e-cigarettes are considered to be less harmful than cigarettes. There is a need for more evidence to
determine if e-cigarettes are an effective harm reduction tool. Currently, only licensed and approved nicotine-containing cessation aids are recommended for smoking cessation and tobacco harm reduction.13

Implications for Comprehensive Tobacco Control
Comprehensive tobacco control has made tremendous progress in previous decades and involves the de-normalization of both tobacco use and the tobacco industry.14,15 De-normalization strategies include:

- Protection from public exposure to tobacco use in order to change the norms and perceptions of the acceptability and use of tobacco products.15
- Ensuring appropriate controls are placed on the Tobacco industry and access to tobacco products.14,15

E-cigarettes do not contain tobacco and therefore, the Smoke-Free Ontario Act does not apply to the sale or use of this product. Consequently, Tobacco Enforcement Officers, including those with the Regional Municipality of Waterloo, do not have powers of enforcement with this product.

Therefore, the following should be taken into consideration by the various levels of Government:

- It is important to consider if the sale, advertisement and use of e-cigarettes is considered either direct or indirect promotion of tobacco use.15
- E-cigarettes are currently marketed openly and without restrictions on the Internet and in many retail locations using flavourings and styles which make the products enticing for children and youth.15
- The SFOA de-normalizes tobacco use by making smoking less visible and reducing cues for smokers, especially those trying to quit.15,16 Use of e-cigarettes in public places and workplaces may undermine the Smoke Free Ontario Act (SFOA) since e-cigarettes mimic tobacco products.
- There have been reports of tobacco companies purchasing e-cigarette companies or starting to develop e-cigarettes as part of their products.7,17

Next Steps

- Public Health will continue to monitor the issue as new health reports and research become available, and await the release of a literature review by the Ontario Tobacco Research Unit prior to making any further recommendations.
- Public Health will post a fact sheet on the Region of Waterloo website that includes: a description of e-cigarettes, the current legal status, potential health risks and the Health Canada notice on e-cigarettes.
- Public Health will advise citizens looking for nicotine replacement therapy or support to quit smoking to consider products that have been evaluated and approved for safety and efficacy, such as the nicotine patch, gum, lozenge, inhaler or mouth spray and can contact Public Health at 519-575-4400 for more information.
- Public Health will report back to Community Services Council in one year or when significant new findings are available.

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 that supports ongoing education for Board of Health members to help them remain abreast of relevant trends and emerging public health issues.
CORPORATE STRATEGIC PLAN:
Strategic Focus Area 3: Healthy and Safe Communities – Support safe and caring communities that enhance all aspects of health.
Strategic Focus Area 6: Service Excellence – Foster a culture of citizen/customer service that is responsive to community needs.

FINANCIAL IMPLICATIONS:
NIL

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:
NIL

ATTACHMENTS
Supporting documents available online:

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

Works Cited


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

DATE: October 1, 2013

FILE CODE: C06-60

SUBJECT: WATERLOO REGION MUSEUMS - EXHIBITION POLICY

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve the Exhibition Policy for the Waterloo Region Museums, as described in Report P-13-095, dated October 1, 2013.

SUMMARY:

A Council-approved Exhibition Policy is one of the requirements of the Ontario Ministry of Tourism, Culture and Sport (MTCS) for museums receiving a Community Museum Operating Grant (CMOG). Following a recent Community Museum Standards Review by MTCS staff, the Waterloo Region Museum was advised to update its Exhibition Policy, primarily in recognition of the significant changes in the exhibit program resulting from the opening of the Waterloo Region Museum. The deadline for the updated policy is October 31, 2013. In keeping with all of the policies related to the Community Museum Standards requirements, this Exhibition Policy applies to all of the museums operated by the Region (Joseph Schneider Haus, McDougall Cottage, Doon Heritage Village, Waterloo Region Museum, Waterloo Region Hall of Fame). Development and implementation of the revised Exhibition Policy achieves Recommendations 12 and 13 from the recently completed Cultural Sites Program Review.

REPORT:

The Ontario Ministry of Tourism, Culture and Sport has undertaken a review of policies and procedures at each of the almost 200 community museums that receive operating grant funding under the Community Museum Operating Grant Program. This review took place from 2010 through 2012. The review looked at the eight standards that the Ministry adjudicates museums against: Community, Research, Human Resources, Interpretation & Education, Exhibition, Collections, Conservation, and Physical Plant. Each standard includes requirements for policies, procedures and practices. Please see Attachment 1 for the requirements of the Exhibition Standard.

The Ministry’s review of the Waterloo Region Museum against the eight standards resulted in a request that the museum review and revise its Exhibition Policy, and develop processes for the evaluation of exhibits. The Waterloo Region Museum met or exceeded the Ministry’s requirements in all other standards, and no further requests were made. The Ministry noted that the request to review the Exhibition Policy is a direct result of the opening of the Waterloo Region Museum and the related expansion of the museum’s exhibition program.

The Region of Waterloo’s museums - the Waterloo Region Museum, Doon Heritage Village, Joseph Schneider Haus and McDougall Cottage - have had an Exhibition Policy since 1984. The original policy and several subsequent revisions have all been approved by Regional Council.
The revised Exhibition Policy (see Attachment 2) reflects the key elements required by the Ministry in such a policy, as well as current museum industry thinking about exhibition planning and development.

**Area Municipal Consultation/Coordination**

Community Services staff regularly liaise with staff who work in museums and art galleries that are owned and operated by the area municipalities. A draft copy of this policy was circulated for comment to staff at the City of Waterloo Museum, Cambridge Galleries, and Castle Kilbride.

**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 Waterloo Region Museum and Joseph Schneider Haus are each recipients of a Community Museum Operating Grant (CMOG); in 2012 these grants totalled $128,304. Submission of a revised Exhibition Policy, approved by Regional Council, prior to October 31, 2013 is needed to meet the requirements for a grant in 2014.

**OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:**

A draft copy of this policy was circulated for comment to the Region of Waterloo Archives.

**ATTACHMENTS:**

Attachment 1 – Ministry of Tourism, Culture and Sport Exhibition Standard Requirements
Attachment 2 – Waterloo Region Museums Exhibition Policy

**PREPARED BY:** Tom Reitz, Manager/Curator

**APPROVED BY:** Rob Horne, Commissioner of Planning, Housing and Community Services
Ministry of Tourism, Culture and Sport Exhibition Standard Requirements
Exhibition Standard

Objective of the Exhibition Standard

The museum's exhibits provide an important link between the community and its heritage. In the planning and presentation of exhibitions, the museum will strive for accuracy of information, relevance to the community, effective communication, opportunities for learning, and the safe display of artifacts.

Requirements

1. The museum has a written exhibition policy stating that it will:
   a) Ensure that the themes and number of exhibits are consistent with the museum's statement of purpose and the needs and interests of the communities it serves
   b) Demonstrate a commitment to accuracy and objectivity in exhibit presentation
   c) Demonstrate a commitment to ethical behaviour in exhibit presentation
   d) Meet conservation standards in exhibit design, materials and use of artifacts
   e) Meet municipal, provincial and federal legislative requirements that have an impact on exhibit presentation (e.g. safety codes, copyright, disability legislation).
2. All exhibits are consistent with the museum's exhibition policy.
3. The museum has an exhibition schedule comprising a mix of permanent and temporary exhibits.
4. The museum ensures the relevance, accuracy and effective communication of each exhibit by:
   a) Establishing clearly defined objectives and evaluating exhibits against their objectives
   b) Using appropriate expertise, including staff, volunteers, community groups, or consultants
   c) Carrying out sufficient research.
5. The museum ensures that all staff (including volunteers) involved in the planning, preparation and installation of exhibits have the necessary skills and training.
6. The museum ensures that exhibits are safe for visitors and staff by:
   a) Placing hazardous materials in display cases
   b) Adequately supporting, securing or providing barriers against heavy objects or moving parts that could cause injury
   c) Training staff in the safe operation of exhibits (e.g. machinery)
   d) Meeting legislated requirements in the handling and display of firearms.
7. The museum endeavours to ensure that exhibits are accessible and capable of being used and enjoyed by visitors of all ages and abilities.
8. The museum ensures that exhibits effectively promote learning and enjoyment through:
   a) Providing a variety of interpretation methods to meet a range of visitor needs
   b) Regularly replacing artifacts in permanent exhibits with other examples from storage, to refresh the exhibits for the community's enjoyment as well as for conservation purposes.
9. A portion of the museum's budget is allocated annually for exhibit development, design, construction, maintenance and evaluation expenses.
10. The museum ensures that exhibit preparation activities that are harmful to artifacts are carried out in a workshop that is isolated from collection areas (i.e. display and storage). Such activities would include those that produce dust, excessive heat or vibrations, and those that involve the use of aerosols and solvents (e.g. paints and varnishes).
Waterloo Region Museums Exhibition Policy

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<tr>
<td><strong>Title:</strong> Exhibition</td>
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<tr>
<td><strong>Applies to:</strong> Joseph Schneider Haus, McDougall Cottage, Doon Heritage Village, Waterloo Region Museum, Waterloo Region Hall of Fame, herein known as “the Region’s museums”</td>
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<td>Revision Date: 2013</td>
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I  INTRODUCTION

An exhibition is a physical experience. That experience involves all the senses and “faculties” - looking, listening, reading, touching, doing or making, watching, responding and thinking. It takes place in a setting, and visitors are influenced – attracted, bored or repelled – by things such as design, colour and light. Exhibits are also a social setting – visitors are aware of others in the space and often visit with friends or family and interact with them in the exhibit.

The Region’s museums exhibits provide one of the primary links between the people of Waterloo Region and its heritage. Successful exhibits are both scholarly and popular, meeting the needs of people of all ages and experience. Research shows that people trust museums highly and expect them to provide reliable information. The best exhibits use this position of trust to encourage people to reflect on society’s contemporary challenges.

In the planning and presentation of exhibits, the Region’s museums will strive for relevance to the community, effective communication, opportunities for learning, enjoyment, accuracy of information, and the safe display of artifacts. Staff will create exhibits that promote a professional image of the Region and its museums.

Exhibits may be of short or long duration, may be static, or interactive and media rich, and they may be installed in exhibit galleries, historic buildings as room settings, historic landscapes, or in venues deemed to be appropriate by museum staff.

II  AUDIENCE

When developing exhibits, the Region’s museums think about audiences first. The audience is considered from the very start and at every subsequent stage in the development of exhibits. The museums’ exhibits must be inclusive. The Region’s museums should see their audience as everyone and aim to engage with the widest possible range of people.

The museums’ exhibits seek to capture a broad range of interest levels, ages and abilities. The intent is to actively seek new and wider audiences in the community, and to appeal to as many audiences as possible. Broadening the audience requires a high quality product that connects with people in a new way.

Audiences for exhibits at the Region’s museums can be broadly broken down as the following:

1. **Local Community**
   a. long-term residents
   b. new arrivals
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<td>c. families</td>
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<td>d. individuals</td>
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2. **Education**
   a. students
   b. educators

3. **Tourism**
   a. visiting friends and relatives
   b. independent travelers
   c. group tours

Four overriding principles will enable the museum’s exhibits to reach these audiences:

1. **Community Engagement** – Offer experiences which viewers can personally connect with.
   a. Connect with visitors through their present lives.
   b. Communicate why the community matters and what it stands for.

2. **Inspiration** – Through innovative experiences, stimulate creative thought and actions.
   a. Inspire people to take action and think about their community in new ways.
   b. Generate an emotional response.

3. **Dialogue** – People see museums as places that stimulate ideas and where learning is active.
   a. Be a catalyst for meaningful dialogue on relevant issues.
   b. Be a place where people can go to share their own stories.

4. **Cooperation/Co-creation** – Audiences are creators as well as consumers of knowledge. Their insights and expertise enrich and transform the museum experience for others.
   a. Encourage the participation of people from the community in exhibit planning and development.
   b. The audience’s sense of belonging will come from doing groundbreaking work with the museums.

### III ACCESS

When referring to access (or being accessible), the Region’s museums mean access in its very broadest sense. This includes physical access, psychological, emotional, intellectual, cultural and financial access, as well as access for people with disabilities.

Exhibits will be designed to maximize physical, intellectual, and emotional access. More broadly, accessibility will be driven by legislative guidelines found in the AODA, Regional policies, as well as adopting appropriate legislative standards from other jurisdictions.

Physical access will recognize the need to provide varied and comfortable viewing positions, solid walkways, and safe circulation patterns for visitors of various ages and abilities. It is understood that areas of the living history exhibits may be inaccessible to some people. Museum staff will be trained to inform visitors of these limitations, and alternatives such as visual presentations will be developed.

Intellectual access will be addressed by considering the various learning styles that visitors use. The museums will offer different delivery methods based on the target audience; these may include different levels of interpretive material, material in multiple languages and other delivery methods as
appropriate.

For exhibit graphics and other textual material, industry standards such as using a minimum text size, using plain language, captioning of audio-visual materials and other media-based exhibit components will be adopted.

Key to accessibility is using the language of the audience. The museums’ exhibits will speak to people on their own terms. This is achieved in a number of ways including:

- avoiding language that research has shown to be off-putting
- using short, simple words and phrases
- avoiding long, complex words and phrases
- avoiding jargon
- using short sentences
- writing shorter paragraphs; and
- trying to write in the same style that people naturally speak.

IV EXHIBIT CONTENT, TOPICS AND THEMES

History is happening every day. The Region’s museums have an important role to play socially, culturally and economically in capturing and sharing our changing community.

Exhibits will reflect the museums’ statements of purpose/mission, ensuring that exhibit themes and content and the exhibition presentation formats support the museum’s statement of purpose/mission.

The Region’s museums are rooted in this place; they help shape and convey a sense of identity and contribute to local distinctiveness, counterbalancing the effects of globalization. Thus, the museums’ long term exhibits will serve to extend the visitor’s understanding of the people, culture, and history of Waterloo Region, while also connecting the Region to the world. Exhibits will answer questions such as what makes Waterloo Region unique; what forces are shaping its current realities and future potential; and what is the audience’s connection to the Region’s ever evolving story.

Temporary exhibits offer an opportunity to spark community dialogue. They will be a key tool to keep people coming back and sustain interest in the museums. A wide range of exhibit themes will be presented with topics chosen to appeal to defined target audiences with the objective of promoting increased attendance, encouraging repeat visitation, and attracting media attention. These short-term exhibits will allow the museums to focus on a topic in greater detail, and/or explore aspects of the community not covered in the long-term exhibits.

In keeping with Region of Waterloo policies, museum industry best practices, and the Canadian Museums Association Code of Ethics, the following exhibit development principles will be used to guide the planning, design and creation of exhibits in the museums:

1. Maintain the primary focus on the culture, history, and heritage, through time, of the area that is now Waterloo Region. As noted above, exceptions from this principle will be made in temporary exhibits which may offer content, topics and themes beyond Waterloo Region.

2. Consider the relative importance of the person or group, event, or historical activity in the context of the Region’s overall history.

3. Reflect, and respect, community and cultural diversity. Working to reflect the Canadian
Region of Waterloo
MUSEUM POLICIES

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<tr>
<td>Museums Association code of ethics, staff will ensure a culturally respectful approach to the values and traditions of all groups which are part of the community. The Region’s museums need to proactively tell the story of the community, consciously focusing on multiple narratives and diverse stories. The museums must speak to diverse cultures and represent the historical and contemporary diversity and character of the region and how people of many different backgrounds have contributed to the community’s continuing story. Waterloo Region is a very collaborative community, and the Region’s museums will actively seek input from and listen to the community.</td>
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4. **Make links with known cultures.** The Region’s museums exhibits must seek out and create links with known cultures. Visitors can be risk-averse. If they are to be attracted to trying something new they will be looking for reassurance that it will not be all new; that there will be some type of connection rather than outside their experience, so that they can feel confident they have a good chance of a positive interaction.

5. **Link yesterday, today, and tomorrow.** At what point does something become “historical”? We are making history every day. The Region’s museums exhibits can help interpret “what’s going on” in the community and the world beyond. The museum’s exhibits will help the community look forward by understanding not only the past but by being places that will also capture the stories of today.

6. **Consider the availability of artifacts, oral histories and archival material to support and illustrate the story.** The Region is the steward of large collections of artifacts and the public hopes to see many of these in the museum’s exhibits. The Region’s museums also have the opportunity to share artifacts and archival material from public and private collections from around the world. The museums will respect intellectual property rights and copyright legislation as required.

7. **Build the exhibits on accurate research.** Research is fundamental to the process of understanding our heritage and high quality research will be reflected in the Region’s museums exhibits. It is understood that exhibits are based on thorough research. This research, in and of itself, is insufficient to produce engaging, successful exhibits, but it will critically inform the interpretive and design decisions undertaken to create an exhibit.

8. **Balance tradition with daring.** The community has global aspirations, and is not afraid to do new things or to do things differently. The Region’s museums must share those aspirations to be relevant. Exhibit’s must be bold, innovative, provocative, and challenge visitors to ask vital questions.

9. **Incorporate leading edge technology to reflect the local technology field and creative industries, as resources allow.**

10. **Exhibit themes that may be politically sensitive or controversial will not be avoided.** The Region’s museums need to balance tradition with daring, and should not avoid provocative or controversial topics. People prefer museums to present them with a variety of views on contentious subjects and to allow them to reach their own conclusions. This gives museums an opportunity to stimulate thoughtful discussion and dialogue. Such topics will be discussed by senior museum staff early in the planning process. Working groups may be established, or other opportunities provided for discussion with stakeholders. Most critically, audience input regarding the topic will be sought through informal discussions or via thorough audience research. Staff may also provide a report to Regional Council, for information or direction.
Exhibits may be rented from other institutions for presentation in Regional museums, as facilities and resources permit. These exhibits will expose local audiences to subjects of national and international interest. The selection of traveling exhibits will be influenced by many factors, most notably community interest, rental fees, availability and insurance requirements.

V  EXHIBIT VENUES

Exhibits will be installed in spaces managed by the Region that currently include Joseph Schneider Haus, McDougall Cottage, Doon Heritage Village, Waterloo Region Museum and the Waterloo Region Hall of Fame. This variety of spaces has widely differing conditions, ranging from environmentally-controlled gallery spaces to historic buildings and landscapes.

The Region will attempt to provide optimum conditions in spaces in which artifacts are exhibited, to comply with accepted conservation and security standards as outlined in the museums’ Conservation Policy. Spaces designated for exhibitions will meet existing building codes, fire safety regulations and other related legislative requirements.

VI  RESOURCES

Personnel

Organizations that are successful have multi-disciplinary thinking and behaviour at the core of their operations. Multi-disciplinary teams are creative, solve problems and make things happen. The Region’s museums use a team-based process to develop exhibits, drawing members from throughout the organization.

Exhibit teams are generally led by senior staff that are responsible for the overall success of the project. The project lead has overall responsibility for shaping the exhibit content, setting schedules, budgets, allocation of tasks to team members, and supervising the work of contracted consultants (e.g. designers, audience researchers, fabricators). Exhibit teams always include at least one educator to ensure that educational programs are developed hand-in-hand with the creation of the exhibit itself. Marketing and public relations staff are constantly updated and consulted as work progresses. Other team members may include but are not limited to curatorial staff, researchers, and other staff as needed. This ensures that a cross-function, multidisciplinary group of individuals develop the exhibits.

All disciplines are seen as equal in this team environment – no one area carries more weight than another. This means that the solution to a marketing problem may come from education staff or the best idea for how to display a particular set of objects may come from the guest services staff.

Exhibit content will be developed by exhibits and curatorial staff in conjunction with educational staff to optimize educational effectiveness and ties to the Ontario education curriculum. This will also facilitate the design of special cooperative activities and components that extend the educational nature of the exhibit, both for school groups and casual visitors.

Staff will encourage the participation of individuals from the community in temporary and long-term exhibits as advisors, lenders, guest curators, content developers and demonstrators, involving them in planning exhibits and activities held in conjunction with exhibits.

The Region’s museums will use only qualified persons to carry out its exhibit activities.
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**Collections**

It has been said that great collections make great museums. In reality, there are many factors that go into creating a great museum, but among a community's civic institutions, the collecting, preservation and documentation of that community's material heritage set museums apart from all the rest. Museums can present collections in ways that challenge assumptions and stimulate people to think about the world today and how it might be different in the future.

Artifacts and images for exhibition shall be drawn from the Region’s collections and from other collections, both public and private.

Artifacts for exhibition from the Region’s collections must be in stable condition, catalogued and mounted/installied in a safe manner. Staff will consider the implications of conditions in these exhibit spaces when choosing artifacts for exhibition, demonstration or hands-on use. Considerations will include the physical environment, case and exhibit fabrication materials, safety of the artifact, staff and public interacting with the exhibit, security, access and duration of the exhibit. The museums will not exhibit artifacts that may be hazardous to visitor and staff health and safety, without proper mitigation and precautions. The museums will meet legislated requirements in the handling and display of firearms.

Particularly fragile or light-sensitive objects which are nationally certified or deemed to be irreplaceable records of the Region’s past will not be exhibited continuously for more than six months within any two year period. Such decisions will be made by the curatorial staff responsible for the collections, with input from museum conservation staff. In long term exhibitions, the museums will exchange artifacts on exhibit as appropriate, to refresh exhibit content.

If an artifact on exhibit is deemed to be at risk, staff may choose to replace it with a replica or reproduction. All replica/reproductions will be labeled as such while on exhibit.

Staff using and/or engaging with artifacts and interactive elements in exhibits will endeavour to minimize the threat of personal harm and physical damage to the object. They will receive training to assist them in artifact handling and the safe operation of interactive elements.

Artifacts from the Region’s collections in off-site venues will be exhibited in conditions consistent with those in its own facilities.

**Finances**

Exhibits are one of the most financially demanding aspects of a museum’s operation and are among the highest profile products made available to the public by a museum. Undertaking exhibits without adequate financial support will reflect poorly on the museums and the Region. There is a minimum financial threshold that is necessary to produce professional exhibits. The cost of producing exhibits that meet the publics’ expectations with respect to media and hands-on opportunities far exceed this minimum. The annual operating budget for each museum will include amounts for exhibit development, design, construction, maintenance and evaluation. The number and type of exhibits produced each year will be adjusted to assure the ability to produce professional exhibits.

Procurement of goods and services will follow approved Regional policies and procedures.
Region of Waterloo
MUSEUM POLICIES

Section No. 4.0  Policy No. 4.1

Financial resources must also be allocated to ensure proper upkeep and maintenance of exhibits, regardless of their duration or source.

Fabrication and Preparation

The museums will maintain exhibit fabrication and preparation facilities separate from collection storage and exhibition spaces to ensure the safety of staff and artifacts.

Where possible and practical, the Region’s museums will strive to be environmentally friendly in developing, mounting and disposing of exhibits. The museums should produce and/or purchase exhibit equipment that can be reused in future exhibits.

VII  PLANNING AND EVALUATION

The museums will develop annual and long term exhibition schedules comprising a mix of long term and temporary exhibits. The planning, development and implementation of each exhibit will follow this policy document, using standard museum industry processes.

The exhibit planning process will include goal setting, as well as consideration of the evaluation process to be used. Further details regarding evaluation processes will be developed and refined separately from this policy.

The basic premise of evaluating a museum’s exhibits is “did it achieve or have the impact that was intended?” The evaluation would typically consider the following criteria (from Excellent Exhibits by B. Serrell):

1. Comfort
   An excellent exhibit helps the visitor feel comfortable – physically and psychologically. Good comfort opens the door to other positive experiences. Lack of comfort may prevent positive experiences.

2. Engaging
   An excellent exhibit is engaging for visitors. It entices them to pay attention. Engagement is the first step toward finding meaning.

3. Reinforcing
   In an excellent exhibit, the exhibits provide visitors with abundant opportunities to be successful and to feel intellectually competent – beyond the “wow” of engagement. In addition, exhibits reinforce each other, providing multiple means of accessing similar bits of information that are all part of a cohesive whole. Visitors are confidently on their way to having meaningful experiences.

4. Meaningful
   An excellent exhibit provides personally relevant experiences for visitors. Beyond being engaged and feeling competent, visitors find themselves changed, cognitively and affectively, in immediate and long-lasting ways.

The Region's museums will undertake surveys to refine our knowledge and respond to public expectations in the future. These efforts will be in line with the scope of the activity being examined. For example small exhibits may not require formal evaluation or audience research. Large exhibit projects, or those that incorporate experimental or out of the ordinary approaches (i.e. “daring” or
“risky”), may demand more rigour and resources.

Evaluation tools to collect the data will vary and may include: surveys, interviews, tracking and time studies, as well as more practical work such as prototyping and other testing during exhibit development. Qualitative and quantitative methodologies will be employed to provide a broad based understanding of what is taking place within the museum’s exhibits. The Region’s museums will also examine and may engage in other methods for gathering visitor data.

VIII OUTREACH

The Region is committed to ensuring public access to its collections and in using community resources to identify this access. In keeping with this commitment, the museums shall, when possible, mount exhibits for travel beyond the boundaries of the Region in the interest of increasing public awareness of its people, culture, and history; participate in exhibits planned by other institutions; and cooperate with community organizations and agencies in preparing exhibits that meet community needs.

IX REVIEW

The Exhibition Policy will be reviewed regularly or at any time when changes are considered necessary by Regional staff.

Prepared: 1984
TO:         Chair Sean Strickland and Members of the Community Services Committee

DATE:      October 1, 2013

FILE CODE: S04-20

SUBJECT:   CHILDREN’S SERVICES – COMMUNITY INNOVATION GRANTS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into an agreement with the Province of Ontario for the purposes of implementing the Community Action Integration Leaders Project;

AND THAT the 2013 Operating budget for Children’s Services budget be increased by $50,000 gross and $0 net regional as outlined in Report SS-13-036, dated October 1, 2013.

SUMMARY:

This report provides an overview of two funding grants totalling $50,000 that have been received from the Provincial Ministry of Children and Youth Services by Children’s Services to support the work of The Children’s Planning Table and development of an Early Years System Plan (Children’s Strategy) over the next two years.

REPORT:

Staff received notification that they were the successful recipients of two funding grants that will support the work of the Children’s Planning Table. Both funding grants are targeted to provide support to communities engaged in integrated and collaborative planning and service delivery.

1.0 Children’s Planning Table

The Children’s Planning Table is the planning body that supports integrated planning for services for children pre-birth to twelve years of age. The Children’s Planning Table is supported by staff in Children’s Services, Social Services and Child and Family Health, Public Health. The membership was expanded in 2011 to involve a broader membership base and mandate for service planning. The Children’s Planning Table is Co-Chaired by the Director, Children’s Services and a Community Chair, Debbie Hoekstra, Vice President of Community Services, YMCA, Cambridge & Kitchener Waterloo.

The Children’s Planning Table began meeting in 2012 with an endorsed mandate, vision, planning principles and Terms of Reference by developing a system of coordinated early years services that work together to provide seamless, responsive and quality services to children and families the Children’s Planning Table will ensure that all children in Waterloo Region live in a community that supports their developmental health and that families have timely access to services and supports.

2.0 Service System Integration

The following definition of Service System Integration has been endorsed by the Children’s Planning Table and will be used to support the development of an Early Years System Plan: Service Integration means focusing on client and community needs rather than on the mandate of a
particular agency or organization. It means local programs and services are delivered according to a community plan that is based on information about the needs of local children and families. It may include the consolidation of resources, the co-location of different service functions and/or re-engineering of existing resources. An integrated service system means there is “No Wrong Door” – families can enter the system through any service provider and receive the supports they want and need. The Children’s Planning Table has endorsed a definition of integration that speaks to the importance of working together.

3.0 Community Action Research Project - Community Integration Leaders Project

In July applications were submitted on behalf of the Children’s Planning Table of Waterloo Region for the Community Action Research Project Innovation Fund. The Innovation Fund is provided by the Ministry of Children and Youth Services and the Ministry of Education and is awarded annually to organizations to support community groups working towards service integration. In September, staff received notice that both applications had received approval for funding totalling $50,000. This funding grant will be used to support the work of the Children’s Planning Table and creation of an Early Years System Plan. The Early Years System plan is an identified activity in the Corporate Strategic Plan. This initiative is a joint effort between Children’s Services and Child and Family Health, Public Health Department.

The proposals submitted to the Province were entitled; ‘Integrated Data Project; enhancing an interactive map and development of a dashboard interface that reports on systems level indicators and outcomes’ and ‘Parent Engagement Project; using a qualitative, narrative approach to document parents experiences navigating the current system of services to inform an ongoing model of parent engagement.’ A mid-project report and a final project report as required will be submitted to the Province. The funding for this project ends March 29, 2014.

CORPORATE STRATEGIC PLAN:

This initiative aligns with the Region’s 2011-2014 Corporate Strategic Focus Area 4: Healthy and Inclusive Communities; Corporate Strategic Objective 4.6.1 Develop and implement an Early Years System Plan (Children’s Strategy).

FINANCIAL IMPLICATIONS:

The Community Action Research – Innovation Fund provides two one time grants totalling $25,000 in 100% Provincial funding to be expended by March 29, 2014. The total funding allocation of $50,000 will be used to support staffing resources and consulting fees to further the work of The Children’s Planning Table. The in-kind contribution of internal staffing support is a requirement for both funding allocations and is managed within the current provincially funded operating budget of the Children’s Services Division. The Community Action Research – Innovation Fund provides two one time grants totalling $25,000 in 100% Provincial funding to be expended by March 29, 2014. Any funds not used in 2013 will be carried forward to the 2014 Budget for Children’s Services.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Children’s Planning Table and development of an Early Years System plan is a joint initiative between Social Services and Public Health. The continued support of Finance in the administration of the funding will be required.

ATTACHMENTS

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

APPROVED BY:  Douglas Bartholomew-Saunders, Commissioner Social Services
REGION OF WATERLOO
SOCIAL SERVICES
Employment and Income Support

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: October 1, 2013
FILE CODE: S09-80
SUBJECT: APPROVAL OF YOUTH EMPLOYMENT FUNDS

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase to the 2013 Operating Budget for Employment and Income Support, Social Services of $73,357 gross and $0 net Regional levy as outlined in report SS-13-037, dated October 1, 2013.

SUMMARY:

NIL

REPORT:

1.0 Background

Employment and Income Support, Social Services has been providing Employment Ontario services on behalf of the Ministry of Training Colleges and Universities since August 1, 2010. In its Provincial Budget the Province announced a 2-year Youth Jobs Strategy. One of the initiatives within this Strategy is the Youth Employment Fund. The goal is to create employment opportunities to provide 25,000 youth with an entry point to long term employment. Through job placement youth will be offered the chance to learn work skills while earning income. Outcomes for youth can include employment, improved long term employability, training or a return to school. Employers will be able to address their skill gaps and workforce shortages and development needs.

2.0 Target Population

The target population for the initiative is “at risk youth”, ages 15 to 30 who are residents of Ontario, and who are unemployed or work less than 20 hours per week. They cannot be attending a full time education or training program. The program is open to all youth but Employment Ontario sites are to pay particular attention to:

- youth on social assistance
- Aboriginal youth
- visible minority youth
- youth who are recent immigrants
- youth with a disability
- youth with poor educational attainment history, including literacy and language skills
- youth with a poor employment history; and
• youth who live in communities or other geographic areas with high youth unemployment.

3.0 Youth Employment Funds

Effective September 1, 2013 all Employment Ontario employment service providers (the Region) are expected to deliver this initiative. The Youth Employment Fund provides additional funds to the service provider as an incentive for employers to hire youth or provide training. There are also funds which can be used to provide individual supports for youth in the program. Employers have restrictions on what the funds can be used for and policies are in place to ensure that funds are used for their intended purpose. Ten percent of the funding approved can be used for administration costs. The placement targets set for Social Services from September 1, 2013 to March 31, 2014 are 9 youth across the 3 Employment Ontario sites (Cambridge, Kitchener, and Waterloo). No special program is necessary, as this funding will be used to enhance supports for participants from the target population, who are involved with the Region’s Employment Ontario program.

CORPORATE STRATEGIC PLAN:

This initiative supports Focus Area 2: Growth Management and Prosperity: (to) manage growth to foster thriving and productive urban and rural communities of the Region’s 2011 – 2014 Strategic Plan.

FINANCIAL IMPLICATIONS:

The Province has approved $73,357 (100% Provincial) in Youth Employment funding. Ten percent of this funding can be used for the administration of the program. The remaining funds are to be used by employers and youth to provide support and training. Any funds not used in 2013 will be carried forward to the 2014 Budget for Employment and Income Support, Social Services.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Staff in Finance has reviewed this report.

ATTACHMENTS

NIL

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

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

From: Deb Schlichter, Director of Housing

Subject: UPCOMING HOUSING ACTION PLAN CONSULTATION FORUMS

File No: D27-80

The Community Action Plan for Housing People with Low to Moderate Incomes (Housing Action Plan) is an updated Regional long term plan for housing that will fulfill Ontario’s new Long Term Affordable Housing Strategy (LTAHS) requirement for municipalities to develop 10-year plans to address local housing and homelessness needs. Issues around homelessness have been addressed through “All Roads Lead to Home: the Homelessness to Housing Stability Strategy for Waterloo Region” (the Policy Framework and the Action Framework) approved by Regional Council in 2012. Together, the Housing Action Plan and the Strategy will address requirements set out in the LTAHS and satisfy other legislative requirements, as described in the Provincial Policy Statement, the Ontario Housing Policy Statement and the Region’s Official Plan.

The Region is required under the LTAHS to undertake a comprehensive planning exercise to create the new Housing Action Plan. Part of this exercise involved conducting a first round of community consultations, “Thinking About….Housing Issues in Waterloo Region”, to understand what people in our community consider as needs and barriers to housing in Waterloo Region. The information from the first consultation sessions has been summarized in the attached document “What We Heard….Housing Issues in Waterloo Region”.

The second round of community consultations in October 2013, “Thinking About…Housing Solutions for Waterloo Region”, will focus on creating solutions for the housing issues identified by the community, and will shape the Region’s Housing Action Plan. As part of the Region’s continuing work on developing the new Housing Action Plan, please consider attending one of the upcoming free, interactive forums:

**Tuesday, October 8, 2013**
1:00 – 4:00 p.m.
Knox Presbyterian Church
Main Hall
50 Erb St. West
Waterloo

**Thursday, October 10, 2013**
1:00 – 4:00 p.m.
Cambridge City Hall
Bowman Room
50 Dickson St.
Cambridge

To attend a forum, please register online at [www.regionofwaterloo.ca/housingplan](http://www.regionofwaterloo.ca/housingplan). Online submissions can also be made by October 10, 2013.
What We Heard: Housing Issues in Waterloo Region 2013
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Introduction

Waterloo Region is a vibrant global community that is experiencing unprecedented investment, growth and change. Already the fourth largest community in Ontario and the tenth largest in Canada, Waterloo Region will continue to grow. This continued growth will add new demands to the local housing market, which already experiences existing pressures. In response to these demands, pressures and changing needs in the community, the Region of Waterloo (the Region) is developing, with the support and input from the community, a new Community Action Plan for Housing People with Low to Moderate Incomes (Housing Action Plan). Ontario’s new Long Term Affordable Housing Strategy (LTAHS) requires municipalities to develop 10-year plans to address local housing and homelessness needs.

The new Housing Action Plan, in conjunction with other Regional initiatives, will work to realize the larger vision of the community, as stated in the Region’s Official Plan: “Waterloo Region will be an inclusive, thriving and sustainable community committed to maintaining harmony between rural and urban areas and fostering opportunities for current and future generations.”

Waterloo Region also needs to be a liveable region. It should be well-designed, accommodate people at all stages of life, offer a variety of employment opportunities and provide easy access to shopping, health care, a range of housing including affordable housing, educational, recreation and other services to meet daily needs. A liveable region is one that contains integrated, compact, mixed use communities with distinct senses of place and character that provide people with choices about where they live, work and play.

The Housing Action Plan, will include actions that take into consideration, and incorporate wherever possible, Waterloo Region’s vision for a sustainable and liveable region, including those that encourage compact growth, the integration of a broader transit focus (including Rapid Transit), and initiatives that work to preserve and protect the Region’s environmental and agricultural systems.

The new Housing Action Plan will help to address community-identified housing needs and barriers, covering both rental and ownership market housing for households with low to moderate incomes. In addition, the Housing Action Plan will provide affordable housing targets for the Region and Area Municipalities, and identify actions that may lead to new affordable housing programs or revisions to current programs to better address housing issues in the community.

Issues around homelessness are being addressed through All Roads Lead to Home: the Homelessness to Housing Stability Strategy for Waterloo Region (the strategy). This strategy encompasses actions ranging from the prevention of housing loss to systemic approaches to ending homelessness in Waterloo Region.
Together, the Housing Action Plan and the strategy will address the requirements set out in the new LTAHS and satisfy other legislative requirements as described in the Provincial Policy Statement, the Ontario Housing Policy Statement and the Region’s Official Plan.

**About this Document**

The Region is required under the LTAHS to undertake a comprehensive planning exercise to create the new Housing Action Plan. Part of this exercise involved conducting a first round of community consultations to understand what people in our community consider as needs and barriers to housing in Waterloo Region. The consultations allowed us to build on the statistics from the housing environment scan (Waterloo Region: A Housing Overview) and adds a qualitative element to the data. This document is a summary of what we heard through our consultation sessions, and includes the opinions and perceptions of the individuals who participated. It provides the community a starting point from which housing priorities can be determined and solutions created.

This document provides information on:

- The consultation process
- What we heard
  - Issues
  - Barriers
- Confirmation of findings

This document also includes information on the upcoming second round of consultation sessions, focusing on creating solutions and next steps in the development of the Housing Action Plan.

What We Heard: Housing Issues in Waterloo Region is the second of two document that will inform the Housing Action Plan.

**Acknowledgement**

The Region of Waterloo thanks members of the community who provided their valuable input through the online survey, community forums, and in-person meetings. The Region is grateful for their time, feedback and support.
Consultation Process
To create a complete picture of Waterloo Region’s housing needs and barriers, the Region developed three different methods to obtain community input. These opportunities to provide input were broadly advertised and circulated amongst the community.

How we asked
Public consultation was achieved through the following three methods:

- **Online Survey** – the Region developed an online survey tool that was widely advertised throughout the community in both printed and digital formats.

- **Community Forums** – four community forums were hosted during the summer of 2013 to provide community members with an opportunity to give in-person feedback on housing issues and barriers in Waterloo Region. Three forums focused on general housing needs and barriers, while the fourth focused specifically on needs and barriers around housing with supports.

- **In-Person Meetings** – Region of Waterloo Housing staff met directly with stakeholders to ensure all views were reflected in the consultations. These consultations were held with Aboriginal stakeholders, the Employment and Income Services Advisory Committee (comprised of individuals with lived experience of living with low income), domestic violence front-line workers, as well as realtor and homebuilders associations.

  In addition to these in-person meetings, the Region also received individual feedback via email.

What we asked
To fully understand housing issues in Waterloo Region, the first round of consultations focused solely on the identification of housing needs and barriers. In order to create comparable responses from all consultation methods, the same questions were asked to all participants.
Consultation Questions:

1. Given my connection to the housing sector, I see the three biggest issues in housing in Waterloo Region are:
   
   a. ______________________
   b. ______________________
   c. ______________________

   Why do these issues matter?

2. What is getting in the way of solving these issues? What are the specific barriers preventing access to housing?
   
   a. ______________________
   b. ______________________
   c. ______________________

   Why is that?

3. Is there anything else we should know about housing in Waterloo Region?

Question 3 provided consultation participants the opportunity to provide any additional feedback or relevant information on housing that they felt was important for the Region to consider in developing the new Housing Action Plan.
Who we heard from
We heard from nearly 200 stakeholders in Waterloo Region through the forums and online surveys.

What we heard
Priority Issues
The picture that emerges from the consultations is of a housing system under pressure. This pressure has been created by policy, planning and funding decisions perceived to occur at all levels of government, which are seen to be incompatible with – or even contrary to – the needs of low to middle income households. There is recognition and encouragement for the work done by Region of Waterloo and housing support agencies; nevertheless, consultation participants voiced their concern over significant challenges and gaps within the system.

Overview
Across all participant cohorts and for all populations, three priority issues clearly emerged:

- **The lack of housing that is affordable within the region, including the availability and range of housing options.** (This issue was mentioned approximately 140 times, identified as a top priority 64 times.)

- **The lack of more responsive funding and strategic investments.** (This issue was mentioned approximately 82 times, and identified as a top priority 16 times.)
• The need for more supports to obtain and maintain housing, particularly for those living with the instability of low income, homelessness, mental health and addiction challenges, or other forms of marginalization. (This issue was mentioned approximately 65 times, and identified as a top priority 15 times.)

Other priority issues included:

• **Challenges with landlords**, including perceived discrimination and lack of attention to property maintenance. (Mentioned 19 times overall, seven times as a priority.)

• **The lack of accessible housing** for people living with mobility challenges or disabilities. (Mentioned 15 times overall, five as a priority.)

• **Transportation**, including the anticipated influence of Light Rail Transit (LRT) on affordability and the challenges created by dependency on public transportation for low income households. (Mentioned 15 times overall, five as a priority.)

• **Challenges finding safe and secure housing** (Mentioned nine times overall, four as a priority).
Affordable Housing

When asked about the issues for low to middle income households in Waterloo Region, the most frequent response heard was the availability of housing. Consultation participants see the lack of housing that is affordable as a significant gap within the system, which adds to the challenges of living with a low to moderate income. The lack of housing that is affordable is also seen to block opportunities for households to grow and thrive in the community.

Sub-themes connected to the affordability of housing included:

- There are limited vacancies and rent overall is too high for low to middle income households.
- Housing that is affordable and available for those with a lower income is often poorly maintained, unsafe and further away from services and amenities.
- Poor maintenance and older buildings mean that low-income residences are often energy inefficient and costly, causing another burden on lower incomes.
- The lack of affordable, available housing means lengthy waiting-lists, greater instability and risk of homelessness, as well as pressures on other systems.
- The lack of affordable rental units can also mean that low to middle income households sign leases for more than they can afford, or rent in substandard housing.
- A further challenge is in the limited range of housing options for lower income households. The needs of larger families, singles, downsizing seniors or those with complex needs cannot be met by current availability.
- The high demand for student housing is identified as one of the pressures raising the cost of rent and “putting the squeeze” on the market.
**Funding**

Funding issues were also frequently identified. A noted lack of funding was identified at different levels across the system, and is seen as adding to instability.

We heard there are challenges in the funding mechanisms to support individuals in the system:

- There is a lack of funding as well as challenges in the delivery of income support programs. ODSP/OW, and the housing shelter allowance are seen as too low, and "stagnant" compared to rising market values.

- Cuts to Community Start-Up and Maintenance Benefit (CSUMB) reinforce housing instability, with the loss of support for first and last month’s rent, moving costs, etc.

- There is not enough flexible dollars that move with people; “a lack of portable rental subsidies that are payable to the landlord and exempt income/asset requirements of social assistance.”

- There is a lack of support dollars to keep people housed (e.g. flexible supports for people to choose on-site, off-site, level of intensity, across the spectrum of disability diagnoses).

“People are living in inadequate, unaffordable housing while they wait for availability in affordable and appropriate housing. These households may be experiencing or at risk of experiencing homelessness – the costs (financial and social) of which are much higher than appropriate housing.”

“**There is a lack of recognition that people with complex needs will have higher support costs to house. Need a funding formula that creates incentives to house people with complex needs.”**

In addition we heard there were funding challenges for organizations and programs.

- Low funding and pay rates for outreach and other front-line support staff is an issue. There is not enough investment in training, education, and development for housing support staff.

- Time-limited funding can create instability in the system.

We also heard there was not enough funding to create new housing developments and subsidized units.
Support Needs
The need for support for low to middle income households was a dominant theme throughout the consultations. Participants see a growing need for housing and support options, recognizing the challenges of maintaining housing when living with mental health or physical health challenges, addictions, homelessness, marginalization or other complexities.

We heard:

- There is a need to support low income households and vulnerable groups with acquiring and maintaining housing.
- The complexity of the rental market can be difficult to navigate and people do not always know where to find information about affordable housing with supports, or time-limited housing.
- There is no centralized point of access for housing with supports.
- Agencies lack capacity to provide housing support services.
- The system is tightening and so is less responsive to people in crisis.
- There is a lack of formal and informal safety nets for individuals and families in crisis.
- Mental health and addictions support is critical to maintain housing and is currently lacking. There is a lack of crisis support, mental health services, and other specialized support.
Landlords

Landlords play a pivotal role in acquiring and maintaining housing that is affordable. A number of challenges with landlords were identified during the consultations. Some landlords are seen to discriminate against newcomers to Canada, individuals with low incomes, disabilities, and/or mental health and addiction challenges. In low rent housing, lack of maintenance and poor quality housing is attributed both to a lack of funding and a lack of commitment by landlords, who are further seen to “take advantage” of rental shortages.

Only a few participants in the consultation identified as landlords. Consequently, we did not hear about the challenges landlords themselves face, but recognize they exist.

We did hear:

- There has been discrimination by landlords renting to low income families or residents in receipt of Social Assistance. There has been a trend where landlords have required a guarantor for rental units or an acceptable credit rating.
- Some landlords want Canadian housing references to rent, even if the person has the financial ability to pay, putting immigrants and refugees at a disadvantage.
- There are tensions in landlord/tenant relationships, with confusion around responsibilities and rights. Landlords don’t always follow the housing rules and regulations.
- There are challenges with property maintenance, especially of older buildings. Some landlords cannot afford or lack the knowledge of how to take care of infestation of bedbugs, cockroaches, mold, etc., creating health risks.
- There is a lack of support for landlords, who assume a financial risk.
- There is a lack of landlord awareness/education on how to house people with ongoing support needs.

“There are challenges with resolving housing/property maintenance issues in the private rental market. E.g. certain private market rental units/buildings in the community are known for having maintenance issues not resolved by the landlords. Currently, the burden is on vulnerable tenants to advocate and address these issues, with very little support.”
Community Needs
Consultations identified diversity issues, with some participants emphasizing the needs of specific populations, including Aboriginal, youth, seniors, immigrants, LGBTQ, as well as individuals living with mental health, addictions, and disabilities. Some of these issues included:

- Language barriers.
- Cultural accessibility.
- Lack of housing options for youth.
- New Canadians struggling with housing costs.
- Limited social housing for large, multi-generational immigrant and refugee families.
- Lack of emergency housing and transitional homes for refugees.

The consultations focused on the four priority populations – Aboriginal, Persons with Disabilities, Seniors and Victims of Domestic Violence. The issues raised for and by each of these groups are generally consistent with the issues for low income households overall. Specific needs and issues are identified below.

Aboriginal
For Aboriginal groups, housing was identified as one of the biggest issues in their community. We heard:

- There is a need for more Aboriginal housing, including emergency and transitional housing. Currently there is not a lot of turnover and Aboriginal housing has wait lists of two to three years.
- Aboriginal housing stock is very old, maintenance is ongoing and takes time to complete. There is the need for energy upgrades.
- Because of the growing number of children, there is need for a group home for Aboriginal youth.
- There is the need for housing for Aboriginal women, including transitional housing, for longer-term housing and for safe housing that is not shelter.
- Currently there are only homes for families. There is a greater need for housing for individuals (including elders, youth and students), because shared accommodation is not always a viable option.
- There is the need for support in obtaining and maintaining longer-term housing, including the need for life skills support to promote greater housing stability.
- There is a need for housing with support for elders.
**Persons with Disabilities**

For individuals living with disabilities, the key issue is the lack of accessibility in available housing. There is a growing need for modified, barrier-free units.

Specifically:

- There is a lack of rental units that are wheelchair accessible.
- Accessible units require visual alarms.
- Buildings require elevators.
- Access to transit needs to be considered.

**Seniors**

Seniors also experience similar needs and issues around the lack of accessible housing. A second issue is the limited range of housing that is affordable, accessible and available for seniors looking to downsize. Not all seniors want to live in a retirement residence. Specifically, housing issues for seniors included:

- Seniors need support with housing transitions, such as preparing to downsize to a condo or bungalow.
- There is a need for more in-home support, as well as housing with supports, for aging adults.
- Affordable homes for seniors may not be in areas where there is support and access to health care, shopping and family and friends.
- There is a lack of options for seniors in rural communities.

“Seniors still want to live in their same communities but where the costs are still affordable to them – what they are looking for in location, price and form (i.e. size, one level) doesn’t always exist”

**Victims of Domestic Violence**

Many of the issues for Victims of Domestic Violence (VDV) are similar to other segments of the population. Housing needs to be more affordable, close to transit, amenities and community centres. There are also ongoing support needs to help them obtain and maintain housing, including support with life skills. Other concerns include issues that could be classified as ‘operational’ from a housing access standpoint:

- There are circumstances (refugee, arranged marriages, occurrence status) in which individuals do not have or cannot get the documentation required to be recognized for the VDV priority status.
- Lack of supporting documentation can create barriers, and drive victims into paying 75 per cent of income on rent, or put them back into situations where they have to live with an abusive partner.

“I may be wrong, but most of the places I see being built are for “full service” A lot of the seniors I deal with still wish to cook their own meals and entertain friends and family. They like the a la carte services. Not all seniors want “full service”
- Safety is a priority, especially if children are moving into new housing too and some community housing sites have bad reputations.
- There are a group of VDV that fall into a category where income is too high for community housing, but is too low to come up with first/last month rent and deposits to move into a safer place.
- The Coordinated Housing Access Centre is referring VDV back to Anselma House for support to fill out housing applications, which is not part of the Anselma House service delivery role (but they do it anyways).
Barriers to Solving the Issues
Identified barriers were wide ranging, from local to national and from tangible to intangible. Some of the identified barriers can be addressed through the Housing Action Plan, while others are broader, more complex and require shifting policy and practice of multiple stakeholders.

Barriers to development
Market representatives, including realtors and developers, focused on barriers related to bylaws, zoning, requirements and regulations. There are differences in by-laws across the municipalities, as well as levels of government regulations and costs. The barriers make developers reluctant to take on building projects with an uncertain return on investment. These barriers included:

- **Rules and regulations affecting affordable housing development:**
  - CMHC insurance requirements to put four per cent in capital reserve for new construction.
  - Municipal parking requirements or ability to build smaller units to qualify for a lesser parking ratio.
  - Complex regulations to build affordable housing.
  - Building code has minimum standards regarding size of units, so the builders are not able to build anything smaller.
  - Restrictions around condo conversions.
  - Lack of flexibility to free up equity for new development.

- **Costs:**
  - The cost to build housing; capital costs are significant.
  - Increasing soft costs due to more requirements (i.e. engineer approvals, fees, permits).
  - Development charges.
  - Park land dedication fees.
  - Lack of incentives to build affordable housing, including tax incentives.
  - The cost and lack of availability of land, including for cleanup of contaminated land.

- **Barriers for upgrading existing buildings:**
  - There is no funding to help ensure existing buildings comply with fire and building regulations, which are too stringent and not consistently enforced.
  - Lack of a program for investors to be able to afford to renovate the dilapidated or un-licensable duplexes and triplexes in the beautiful core area homes, and rent them at a reasonable rent.
Regional and Area Municipal Barriers

Barriers seen at the regional and area municipal level are frequently related to a perceived lack of collaboration among stakeholders, lack of “encouragement” for developers, and a lack of a master plan for the region. A few recognized the vision and will of local governments, but lack of funding makes it difficult to act. Others questioned the local governments’ decision-making and priorities.

Barriers seen to exist at the regional and area municipal levels were:

- Lack of regional “master plan” with differing municipal agendas taking priority
- Planning/development decisions are made at the city/township level. Perpetuates economic zones and prevents diverse development for all income ranges.
- Lack of vision by elected officials and urban planners.
- Need clear message on what the Region wants to do with regard to affordable housing
- No regional requirement for developers to build a portion of affordable housing.
- No inclusionary zoning for affordable mixed housing.

Both the “ghettoizing” and the “gentrifying” of neighbourhoods causes challenges for lower income households. Locating predominantly low-income residences in one area (ghettoizing) is seen to be associated with diminished safety and a lack of services; turning over lower-income neighbourhoods by building higher-end condos, remodelling and refurbishing (gentrifying) is seen to marginalize those living with low incomes and further diminish the availability of affordable housing.

- A disconnect between builders, the Region, municipalities and other stakeholders as there is no integrated and collaborative planning or thinking. At the same time there are questions as to whose role it is to facilitate this collaboration, and can it be the Region?
- No business model for affordable housing.
- There are competing local priorities: students vs. seniors; affordable vs. market value.

- Bylaws:

“The City is trying to promote its Official Plan and LRT, however, it seems to me personally that everything being built is luxury, or way too expensive for investors to buy and rent out.”

“Poor development and planning decisions are leaving us with too many stand-alone houses and not enough rental units in certain areas, such as Hespeler.”

“The new rental by-laws in Waterloo are not helping the rental market. I am not saying that I disagree with most of it, but there should be help to attract investors to make renting houses affordable and profitable.”
- Rental license bylaws add to costs making rents less affordable.
- Bylaws restricting the type of resident in the buildings.
- Condo conversion policies make it harder for landlords to invest in them and use as rentals.

**Accessing Housing Programs**

Specific barriers related to accessing affordable housing were noted, including documentation barriers for victims of domestic violence. Barriers to accessing housing programs included:

- Bureaucratic approaches and red tape; applying for housing and other supports has too much paperwork and it needs to be more streamlined.
- Challenges for Waterloo Region Coordinated Access System to communicate with people who have an unreported move or are living without a fixed address – no process to use alternate points of contact such as local service provider.
- Barriers to getting documentation for being recognized as VDV:
  - Documentation required to prove co-habitation (especially in instances of arranged marriage) can be too difficult to obtain or doesn't exist.
  - Convention refugees can run into difficulty proving custody of children.
  - Evidence/documentation for urgent safety is difficult, in some cases where police are called, victims are only provided with an “occurrence status” and not an arrest of abuser; “occurrence status” doesn’t satisfy housing application rules.

**Provincial and Federal Barriers**

Consultation participants cited both provincial and federal-level barriers to creating an adequate, sustainable housing system for low to middle-income households. They perceived a lack of will, commitment and funding as root system-level causes to the challenges and issues. System-level barriers to solving the issues included:

- Loss of rent control, low OW/ODSP rates, and cuts to Community Start Up and Maintenance Benefit (CSUMB).
- Inflexibility in housing programs, and needing federal or provincial permission to spend money in certain ways (e.g. portable funding connected to a person rather than a place).
- Lack of government alignment, connections and agreement between multiple tiers of government; government and ministries work in silos.
No political will or support for affordable housing; no national housing strategy.

Lack of funding, and greater spending on interventions for homelessness rather than on preventative measures for ensuring supply of housing that is affordable.

Competing priorities and pressures, trade offs, housing built to create construction jobs, not to create affordable housing.

**Living with Low Income**

Issues related to living with low income and in poverty surfaced repeatedly in the consultations. These issues were seen as barriers to both obtaining and maintaining housing, including:

- Inflated property prices and high property taxes make homeownership inaccessible.
- Cost of moving to expensive new condo development for seniors who are downsizing.
- Red tape to fill out forms and paperwork, application process, credit history, co-signers, wait list and paperwork for community housing.
- Not being able to meet requirements for financing.
- Being denied because of poor credit and rental arrears.
- The cost of first and last month’s rent.
- The loss of CSUMB has dramatically affected people's ability to move, which negatively impacts those who are already vulnerable.
- The lack of a fair living wage.
- Growing individual and family debt load.
- Stigma and discrimination against low income households, and powerful “NIMBYism;” lack of community awareness and understanding.
Confirmation of Findings

“What We Heard: Housing Issues in Waterloo Region” will inform the development of the Region’s Housing Action Plan. The feedback collected on housing issues and barriers through the community consultation process will be used to create and prioritize housing solutions. Confirming what we heard will help to ensure that relevant and timely solutions are created.

Your feedback is important.

1. Is your input reflected in this document?

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2. Do you have any other thoughts on housing in Waterloo Region that you feel are important?

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________________________________________________________________________

Your response must be received no later than Friday, September 27, 2013.

You can submit your response by:
- Web survey (www.regionofwaterloo.ca/housingplan, follow link to survey)
- Email (housingplan@regionofwaterloo.ca)
- Fax (attn. Housing Action Plan) 519-575-4449
- Mail or in person:
  Attn: Housing Action Plan
  150 Frederick Street, 8th Floor
  Kitchener, ON N2G 4J3

Thank you for your input.
Next steps

The input reflected here, along with the data from the housing overview document (Waterloo Region: A Housing Overview, 2013), will form the basis of conversation for our next round of community consultations, "Thinking About… Housing Solutions for Waterloo Region."

Through these consultation sessions, the community will have the opportunity to discuss and develop actions to the housing issues and barriers identified in this document.

Thinking About… Housing Solutions for Waterloo Region, Community Consultations will be held:

<table>
<thead>
<tr>
<th>Tuesday, October 8, 2013</th>
<th>Thursday, October 10, 2013</th>
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<tbody>
<tr>
<td>1 – 4 p.m.</td>
<td>1 – 4 p.m.</td>
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<tr>
<td>Knox Presbyterian Church</td>
<td>Cambridge City Hall</td>
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You can register by:

- Web registration: [www.regionofwaterloo.ca/housingplan](http://www.regionofwaterloo.ca/housingplan) follow link to survey
- Email: HousingPlan@regionofwaterloo.ca
- Phone: 519-575-4757 ext. 3187

In preparation for the consultation sessions, worksheets have been provided so that you may prepare notes and ideas to share with your group. Please note that the "What We Heard" document will not be reviewed at the consultation session.

If you are unable to attend the consultation sessions, you can submit your housing solutions by:

- Email (housingplan@regionofwaterloo.ca)
- Fax (attn. Housing Action Plan) 519 575 4449
- Mail or in person:
  Attn: Housing Action Plan
  150 Frederick Street, 8th Floor
  Kitchener, ON N2G 4J3
Thinking About… Housing Solutions for Waterloo Region

Worksheets
The issues and barriers identified in “What We Heard… Housing Issues in Waterloo Region” have been categorized into six theme/question areas. Consider the following questions and prepare your thoughts and ideas on housing solutions in the space provided below.

Please bring your notes with you to share at the consultation sessions. Thank you.

Theme/question #1: How do we address affordability?
______________________________________________________________________________
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Theme/question #2: How do we improve support to obtain and maintain housing?
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Theme/question #3: How do we improve appropriate range of housing and address barriers to development?

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Theme/question #4: How do we improve system access to housing?

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Theme/question #5: How do we keep and maintain what we have?
Theme/question #6: How do we increase awareness and understanding for landlords, tenants, and staff working in the housing and housing support sector to improve communications, partnerships and service?
What We Heard:
Housing Issues in Waterloo Region, 2013

Look for us Online at:
www.regionofwaterloo.ca/housingplan

Or use the following QR code for more information
MEMORANDUM

To: Chair Sean Strickland and Members of Community Services Committee

From: Chris McEvoy, Social Planning Associate
       David Dirks, Director, Employment and Income Support

File No: S14-20

Subject: DISCRETIONARY BENEFITS CHECK-IN SURVEY

The 2012 Provincial budget announced that effective July 1, 2012 all discretionary benefits would be cost shared to a maximum of $10 per case for the combined monthly average Ontario Works, Ontario Disability Support Program, Temporary Care Assistance, and Assistance for Children with Severe Disabilities caseloads. Any expenditure above the capped amount would be the responsibility of the Region.

As part of the 2013 budget process, Regional Council asked that staff provide them with scenarios if the Region were to approve $1.5, $2.0 or $2.5 million at 100 per cent Regional funds above the Provincial cap. Social Services staff prepared scenarios and details of what the funding of the different discretionary benefit items could look like under each scenario. Regional Council approved the $2 million option. Of the $2 million, $1 million was added to the base budget going forward, and $1 million was one time funding for 2013. In total a budget of approximately $4.467 million was approved for discretionary benefits in 2013.

A Discharge Fund Pilot began in January 2013 as the local response to the need for last month’s rent funding. The Pilot is funded through the Community Homelessness Prevention Initiative, administered by Social Planning, Policy and Program Administration and delivered by Employment and Income Support, Social Services.

Social Services staff committed to monitor the expenditures within discretionary benefits throughout the year and to explore the allocations and levels of support of the various items paid through discretionary benefits. As part of this commitment, staff performed a community consultation process in the spring of 2013 to check-in with the three stakeholder groups: Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants, community organization staff, and OW/ODSP staff.
The community consultation process consisted of an online and paper survey available from May 7th to May 24th, 2013 that explored six key themes:

1. Have the most important benefits changed from the last survey?
2. How has access to benefits changed? Have there been impacts as a result of the changes/reductions of some items? Are there benefits that should have higher maximum amounts or be more accessible through reducing the eligibility criteria?
3. What are the impacts of the items that have been eliminated?
4. The first quarter experience: why were requests for discretionary items less than what was expected?
5. Quality of communication about the changes to discretionary benefits.
6. Discharge Fund (last month’s rent) as part of the Community Homelessness Prevention Initiative funding: what is working well and how can access be increased?

The survey provided several key findings, including:

- The majority of people from each stakeholder group agreed that the five benefits identified through the 2012 survey are the most important (i.e., dental services for adults, last month’s rent (now provided as rapid rehousing Discharge Fund), vision care, food hampers, late payments/disconnection fees for utilities).
- Other benefits that were identified as being most important included drugs/medical supplies, bus tickets, and eviction prevention.
- When asked to comment on changes to accessing benefits, OW/ODSP participants and community organization staff commented on restricted access to bus tickets/transportation and dental/dentures, while OW staff commented on restricted access to last month’s rent/utility payments/moving costs.
- When stakeholders provided comments about which discretionary benefits should be made more accessible, dental/denture benefits and transportation/bus tickets were the most commonly cited by participants and community organization staff, while housing supports (e.g., eviction prevention and the Discharge Fund) were most commonly cited by OW staff.
- When providing comments on how people have been impacted by the removal of some discretionary benefits respondents from all stakeholder groups commented on the negative social, economic and health impacts upon OW and ODSP participants not being able to access some of the benefits that they used to.

A copy of the full survey findings and a summary report are attached.

Using these findings staff conducted focus groups in early September with representatives from all three stakeholder groups in order to discuss the findings in greater detail.

Based on the feedback from the focus groups, Social Services staff is preparing a report for Regional Council that will review the state of the Discretionary Benefits program and potential future direction.

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 more information regarding Discretionary Benefits, please contact the Director of Employment and Income Support, David Dirks: ddirks@regionofwaterloo.ca, (519)883-2179.

For more information regarding the Discharge Fund, please contact the Director of Social Planning, Policy and Program Administration, Lynn Randall: lrandall@regionofwaterloo.ca, (519)883-2190.
DISCRETIONARY BENEFITS & DISCHARGE FUND PILOT
2013 CHECK-IN
SURVEY FINDINGS REPORT
Discretionary Benefits Check-In Survey Findings

For more information regarding Discretionary Benefits, please contact the Director of Employment and Income Support, David Dirks: ddirks@regionofwaterloo.ca, (519)883-2179.

For more information regarding the Discharge Fund, please contact the Director of Social Planning, Policy & Program Administration, Lynn Randall: lrandall@regionofwaterloo.ca, (519)883-2190.

This document is available in alternate formats upon request.

Recommended citation:

Acknowledgements

The Ontario Works Discretionary Benefits Check-In was made possible through the contributions of 404 Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants, community organization staff, and OW staff. The direct service staff of many community organizations also contributed greatly to the review by helping to make sure that the voices of OW and ODSP participants were heard.
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1. Introduction

The 2012-2013 Provincial Budget contained a number of items which impacted the delivery of social assistance; in particular, the removal of the Community Start-Up and Maintenance Benefit as a mandatory item of social assistance effective January 2013 and the change in cost sharing for discretionary benefits effective July 2012.

Discretionary Benefits
Under the Ontario Works Act, municipalities can provide certain discretionary benefits, as approved by the provincial Ontario Works Director, to Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants. In 2011, the Region provided $6.0 million in discretionary benefits. Costs related to discretionary benefits were shared with the Province on an 82.8 per cent: 17.2 per cent basis in 2012. There are two types of benefits: health related and non health related. Prior to July 1, 2012, the Province cost shared up to a maximum of $8.75 per case (based on the average monthly OW and ODSP caseload) for non health related benefits. In 2011, the maximum amount the Region could claim for non health related benefits was $1.89 million. Prior to July 1, 2012 there was no cap on health related discretionary benefits costs that the Province was willing to share.

The Provincial budget announced that effective July 1, 2012 all discretionary benefits (non health related and health related) would be cost shared to a maximum of $10 per case for the combined monthly average OW, ODSP, Temporary Care Assistance, and Assistance for Children with Severe Disabilities caseloads. Any expenditure above the capped amount would be the responsibility of the Region.

Under the new regulations, based on the 2011 OW and ODSP caseload, the maximum amount the Province would have cost shared with the Region was $2,160,200. On an annualized basis, this is over $3.8 million less than what the Region spent in 2011.

In June 2012 a Steering Group (Appendix A) was established to determine a process to be used in conducting a review of discretionary benefits. In particular, the Steering Group was tasked with:

- Developing an understanding of the purpose and expenditures of the discretionary benefits program.
- Ensuring that the consultation process is open, transparent and inclusive.
- Developing draft recommendations for consideration by the Employment and Income Support (E&IS) Management Team.
An Advisory Group (Appendix B) comprised of an equal number of social assistance participants, community organization staff and OW staff was also established in July 2012 to provide advice on the process including:

- Create a shared understanding of the purpose and expenditures of the discretionary benefits program.
- Help create and shape a community consultation process.
- Provide input into any other logistical matters that arose.

The consultation process that was created and supported by the Advisory Group sought feedback from three stakeholder groups: OW and ODSP participants, community organization staff, and OW and ODSP staff. Online and hard copy surveys were available to these individuals from August 28th to September 14th 2012. The majority of the questions on each of the three surveys were the same to permit comparison.

The response to the community consultation process was significant. Completed surveys were received from 388 OW and ODSP recipients, 151 community organization staff members\(^1\), and 112 OW staff\(^2\). When asked what discretionary benefits are most important to OW and ODSP participants, the majority of individuals from all three stakeholder groups responded that the five most important benefits were\(^3\):

- Dental costs
- Food hampers
- Last month’s rent
- Late payments and connection fees
- Vision care (glasses)

When asked why these benefits are important, respondents commented that these benefits support the health, well-being, and stabilization of individuals on assistance. Respondents also said that there are limited options for these supports elsewhere in the community, and that these benefits help maintain or improve people’s quality of life.

The feedback that was received from the discretionary benefits review allowed OW staff to make informed decisions and provide thoughtful recommendations to Regional Council.

\(^1\) Community organization staff were encouraged to have more than one staff member fill out the survey. Therefore responses were received from 151 individuals and not 151 organizations.

\(^2\) Despite being invited to complete the staff survey, no responses were received from any of the local ODSP staff.

\(^3\) While the five most important benefits were the same, the order was different for each stakeholder group.
Community Homelessness Prevention Initiative Discharge Fund
In addition to the significant changes to discretionary benefits, the 2012-2013 Provincial budget also announced that the Community Start-Up and Maintenance Benefit (CSUMB) as a mandatory benefit would be discontinued effective January 1, 2013. This mandatory benefit provided up to $799 for eligible singles and couples and up to $1,500 for eligible families (with dependents) once every two years (with the possibility of a secondary issuance in exceptional circumstances) to assist with the costs of starting up a new residence or in maintaining a current residence. Locally, the primary use of the benefit was to secure last month’s rent and it was also commonly accessed for furniture, moving, storage units and utility hook-ups and arrears.

The Provincial budget directed that 50% of the former CSUMB expenditures be reinvested into the Provincial Community Homelessness Prevention Initiative (CHPI), which is administered locally by Social Planning, Policy and Program Administration (Social Planning), Social Services. This funding was redistributed across Ontario using a “needs-based” funding allocation based on Statistics Canada Deep Core Housing Need (households who spend over 50% of their income on housing and also have issues related to suitability and adequacy). The Region’s funding allocation from this reinvestment is now $2,156,615 per year which represents a $2,274,737 annual reduction in funding based on 2011 CSUMB expenditures locally through OW and ODSP. Given other housing stability funding pressures (e.g., high emergency shelter occupancy rate), the Region’s funding allocation is only partially available for expenditures formerly included as part of CSUMB.

During the summer and fall of 2012, Social Planning undertook an extensive research and consultation process to identify initial priorities in the absence of CSUMB, with findings summarized in the “CSUMB Study4”. Funding for last month’s rent emerged as the primary need identified in the CSUMB Study, a finding that was echoed by the Discretionary Benefits review process described above.

The Discharge Fund Pilot was then developed as the local response to the need for last month’s rent funding. The Pilot is funded through the CHPI, administered by Social Planning and delivered by Employment & Income Support.

2. The Discretionary Benefits Check-In Methodology

As part of the 2013 budget process, Regional Council asked that staff provide them with scenarios if the Region were to approve $1.5, $2.0 or $2.5 million at 100 per cent Regional funds above the Provincial cap. Social Services staff prepared scenarios and details of what the funding of the different discretionary benefit items could look like under each scenario (Appendix C). On January 16th, 2013 Regional Council approved the $2 million option. This meant a budget of approximately $4.467 million for discretionary benefits in 2013. Of the $2 million, $1 million was added to the base budget going forward, and $1 million was one time funding for 2013.

OW staff committed to monitor the expenditures within discretionary benefits throughout the year and to explore the allocations and levels of support. As part of this commitment, OW staff performed another community consultation process in the spring of 2013 to check-in with the three stakeholder groups (OW/ODSP participants, community organization staff, and OW/ODSP staff).

The community consultation process consisted of a survey that explored six key themes:

1. Have the most important benefits changed from the last survey?
2. How has access to benefits changed? Have there been impacts as a result of the changes/reductions of some items? Are there benefits that should have higher maximum amounts or be more accessible through reducing the eligibility criteria?
3. What are the impacts of the items that have been eliminated?
4. The first quarter experience; why were requests for discretionary items less than what was expected?
5. Quality of communication about the changes to discretionary benefits
6. Discharge Fund (last month’s rent) as part of the Community Homelessness Prevention Initiative funding: what is working well and how can access be increased?

In order to make informed recommendations to Council, feedback was sought from OW and ODSP participants, community organization staff, and OW and ODSP staff. Online and hard copy surveys were available to these individuals from May 7th to May 24th 2013. The majority of the questions on each of the three surveys were the same to permit comparison.

The Discharge Fund Pilot is also being evaluated throughout 2013 using a variety of methods. The Check-In Survey (see Theme 6) is one avenue that Social Planning staff are using to gather stakeholder feedback. In addition to this survey, throughout May and June 2013 staff are conducting in-depth interviews and focus groups with key stakeholders. The data
from the survey, interviews and focus groups will inform changes to the Discharge Fund starting in July 2013, and will also be included as part of the final evaluation of the Pilot in late 2013.

Feedback from OW and ODSP Participants

Participants\(^5\) were able to complete the survey online or on paper. The survey was advertised through E&IS media screens, through the Region’s three Employment Resource Centres, and through community organization staff that informed participants about the survey and encouraged them to fill it out. In addition to the on-line and paper surveys, drop-in sessions were held for OW participants at E&IS offices on May 17\(^{th}\) in Waterloo and Cambridge. As an incentive to complete the survey, participants were eligible to enter a draw for one of four $20 gift cards.

225 individuals filled out a participant survey\(^6\). Participants were asked to indicate whether they had or were currently receiving support from OW or ODSP\(^7\):

- 128 (58%) respondents had received/were receiving support from OW.
- 50 (23%) respondents had received/ were receiving support from ODSP.
- 29 (13%) respondents had received support from both OW and ODSP.
- 14 (6%) respondents indicated that they had not received support from OW or ODSP\(^8\).

\(^5\)”Participant” is a term used throughout this document to refer to recipients of Ontario Works and the Ontario Disability Support Program.

\(^6\) 225 individuals responded to at least one question on the survey.

\(^7\) 221 individuals responded to this question.

\(^8\) These 14 responses were not included in the data analysis.
Approximately 50 per cent of the respondents were female and 49 per cent were male\(^9\). Figure 1 presents the age distribution of those participants who completed a survey. The percentage of respondents who were in the 55 to 64 year old age category is larger than what would normally be present in the overall OW caseload profile. The percentage of respondents who were in the 18 to 24 year old age category is smaller than what would normally be present in the overall OW caseload profile. The rest of the age categories tend to mirror those found in the overall caseload.

Figure 2 shows the family composition of the participants who responded to the survey. The distribution is quite similar to the overall OW caseload profile – the majority of cases consist of single individuals, followed by families led by sole support parents, couples with children, and then couples without children.

\(^9\) One per cent of respondents indicated that they preferred not to share their gender.
Figure 3 illustrates that over 50 per cent of the participant responses were from Kitchener residents. The distribution of the township or city of respondents is quite similar to the overall OW caseload profile.

Feedback from Community Organization Staff

An information session for community organization staff was held in Kitchener on May 6th to review the changes made to the discretionary benefits program and to inform them of the community consultation process. The survey link was sent to approximately 85 community organization staff and 97 responses were received.

10 A list of the community organizations that the survey was sent to can be found in Appendix D.
Community organization staff were asked to indicate which sector they worked in. As can be seen from Figure 4\textsuperscript{11} community organization staff that responded to the survey represented a number of different sectors.

The OW/ODSP participant survey was shared with community organization staff with the idea that they would actively encourage OW/ODSP participants to complete the survey. Community organization staff were also provided with a flyer advertising the participant survey. Community organization staff were very helpful in getting the survey out to OW/ODSP participants. Over 125 OW/ODSP participant surveys were distributed and completed with the help of community organization staff.

\textsuperscript{11} Community organization staff were asked to select all the sectors that applied to their work. Therefore, the percentages will not add to 100.
Feedback from OW and ODSP Staff

Responses were received from 82 Employment & Income Support Staff (OW staff). The distribution of responses contained in Figure 5 is roughly equal to the proportion of full time equivalent staff in each unit.

![Figure 5 – Unit Membership of OW Staff Respondents](image)

3. Limitations and Exclusions

Those OW and ODSP participants who have limited literacy skills may not be well represented in the responses. This limitation applies both to English speaking participants and to limited or non-English speaking participants. Twenty-two respondents (10%) indicated that an interpreter or translator helped them fill out the survey.

ODSP participants may also be under-represented as it was difficult to advise them of the survey given the time limitations that were present. As a means of overcoming both of these challenges, community organization staff were asked to inform their clients of the availability of the survey and to assist them in completing it, if need be.

Finally, despite being invited to complete the staff survey, no responses were received from any of the local ODSP staff.
4. Findings

Survey respondents were asked to respond to questions surrounding six themes:

1. Have the most important benefits changed from the last survey?
2. How has access to benefits changed? Have there been impacts as a result of the changes/reductions of some items? Are there benefits that should have higher maximum amounts or be more accessible through reducing the eligibility criteria?
3. What are the impacts of the items that have been eliminated?
4. The first quarter experience; why were requests for discretionary items less than what was expected?
5. Quality of communication about the changes to discretionary benefits
6. Discharge Fund (last month’s rent) as part of the Community Homelessness Prevention Initiative funding: what is working well and how can access be increased?

Theme 1 - Have the most important benefits changed from the last survey?

Stakeholders were given a list of twelve discretionary benefits and were informed that through the previous survey conducted in the fall of 2012 five benefits were identified as the most important:

- Dental services for adults
- Last month’s rent (now provided as a rapid rehousing Discharge Fund)
- Vision care (glasses) for adults
- Food hampers
- Late payments/connection fees for utilities

Stakeholders were then asked to indicate whether or not they believe that the five benefits identified as the most important through the 2012 survey were the most important discretionary benefits.
As can be seen in Figure 6, the majority of respondents from each of the stakeholder groups agreed that the five benefits identified through the 2012 survey were the most important. OW and ODSP participants were the least likely to agree, with 59 per cent of respondents indicating that they agreed.

Table 1 displays the other benefits that stakeholders responded should be included as one of the most important benefits. As can be seen in Table 1, drugs and medical supplies, transportation and bus tickets, and eviction prevention were commonly identified by all three stakeholder groups as benefits that should be included as some of the most important discretionary benefits.

“Bus tickets to enable clients to get to office appointments, medical appointments etc. is the other one I would see as a priority.” (OW staff)

“...The only thing missing is medical benefits, medicine is vital for people who need them.” (Participant)
Table 1 – Other Benefits Identified as Most Important

<table>
<thead>
<tr>
<th>Participants</th>
<th>Community Organization Staff</th>
<th>OW Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs/Medical Supplies (39)</td>
<td>Drugs/Medical Supplies (14)</td>
<td>Drugs/Medical Supplies (8)</td>
</tr>
<tr>
<td>Transportation/Bus tickets (32)</td>
<td>Bus tickets (6)</td>
<td>Eviction Prevention (5)</td>
</tr>
<tr>
<td>Dental/Dentures (21)</td>
<td>Eviction Prevention (4)</td>
<td>Bus tickets (3)</td>
</tr>
<tr>
<td>Glasses/Vision (16)</td>
<td>Individual Needs (3)</td>
<td>Mattresses (2)</td>
</tr>
<tr>
<td>Food Hampers (12)</td>
<td>Funeral Costs (3)</td>
<td>Dental (2)</td>
</tr>
<tr>
<td>Funerals (10)</td>
<td>Other (6)</td>
<td>Utilities (3)</td>
</tr>
<tr>
<td>Furniture/appliances (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last month’s rent (8)</td>
<td></td>
<td>Other (6)</td>
</tr>
<tr>
<td>Late payments/connection fees (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving costs (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eviction prevention (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility aids (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthotics (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (26)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Note: The numbers in brackets indicate how many comments related to a particular theme/benefit.

**Theme 2 - How has access to benefits changed?**

As a result of the changes in the funding of discretionary benefits by the Province, and informed by the discretionary benefits review in 2012, changes were made to some discretionary benefits. For example, the maximum amount of money for certain items was reduced and some items have different eligibility conditions/criteria. Through the survey stakeholders were asked to indicate whether or not the changes in benefits had an effect on people’s ability to access certain benefits. Stakeholders’ responses to this question are presented in Figure 7.
Responses were varied across the three stakeholder groups. Community organization staff were the most likely to respond that people’s access was impacted (72%). Slightly more than half (51%) of participants responded that the changes to discretionary benefits did not have an affect on their ability to access certain benefits.

Individuals who responded that the changes to discretionary benefits had an impact on people’s ability to access benefits were asked to provide examples or comments. Table 2 displays the key themes that arose from people’s responses.
When providing comments surrounding access to benefits, the majority of the comments from all stakeholder groups indicated that there are greater restrictions in accessing discretionary benefits. OW/ODSP participants and community organization staff commented on restricted access to bus tickets/transportation and dental/dentures, while OW staff commented on restricted access to last month’s rent/utility payments/moving costs.

- **Dental/dentures:** respondents commented on the negative health, economic and social effects of not being able to access emergency dental work.
  
  “A good smile is what they want in any store if you’re applying for a job.” (Participant)

- **Transportation/bus tickets:** respondents commented on how important bus tickets and access to affordable transportation is. Participants also commented about the negative impacts (missing appointments and meetings) of the restricted access to transportation.
  
  “I have had problems in the past, getting to my meetings because of not having bus tickets, I have been suspended because of missing meetings.” (Participant)

- **Restricted access to last month’s rent/utility payments/moving costs:** OW staff commented on the decreased ability to cover some of the former benefits that were covered through the Community Start-Up and Maintenance Benefit (CSUMB) such as moving costs and last month’s rent. These staff provided further comment on the impacts of the restricted access including an increase in stress amongst participants and an increased need for participants to problem solve and find support elsewhere.
  
  “People now have more responsibility to problem solve before receiving OW assistance for items like disconnection notices.” (OW staff)
Stakeholders were also asked to indicate whether or not they believed that there are discretionary benefits that should be made more accessible through providing higher maximum amounts or reducing the eligibility criteria. As illustrated in Figure 8, the majority of respondents from each stakeholder group responded that there are benefits that should be more accessible. Participants were the most likely to respond yes to this question (78%).

Figure 8 – Are There Benefits That Should be More Accessible?

When stakeholders provided comments about which discretionary benefits should be made more accessible, dental/denture benefits and transportation/bus tickets were the most commonly cited by participants and community organization staff, while housing supports (e.g., eviction prevention and the Discharge Fund) were most commonly cited by OW staff. These themes are further explored in Table 3.
Table 3 – Benefits That Should be Made More Accessible

<table>
<thead>
<tr>
<th>Participant</th>
<th>Community Organization Staff</th>
<th>OW Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental/dentures (36)</td>
<td>Dental/dentures (19)</td>
<td>Eviction Prevention (9)</td>
</tr>
<tr>
<td>Transportation/bus tickets (28)</td>
<td>Bus tickets (18)</td>
<td>Discharge Fund (9)</td>
</tr>
<tr>
<td>Housing/rent (21)</td>
<td>Last months rent/Discharge Fund (9)</td>
<td>Hearing Aids (6)</td>
</tr>
<tr>
<td>Moving/furniture (19)</td>
<td>Mobility aids (7)</td>
<td>Mobility Aids (3)</td>
</tr>
<tr>
<td>Last month’s rent (16)</td>
<td>Moving costs (4)</td>
<td>Medical Supplies (2)</td>
</tr>
<tr>
<td>Glasses/vision (15)</td>
<td>Drugs/medical supplies (2)</td>
<td>Appliances</td>
</tr>
<tr>
<td>Food/nutrition (14)</td>
<td>Other (10)</td>
<td>Utility disconnections (2)</td>
</tr>
<tr>
<td>Drugs/medical supplies (14)</td>
<td></td>
<td>Shelter/rental costs (2)</td>
</tr>
<tr>
<td>More information/details needed (5)</td>
<td></td>
<td>Other (8)</td>
</tr>
<tr>
<td>Basic needs (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special diet (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthotics (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility aids (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mattresses (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (29)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Transportation/bus tickets**: respondents commented on how important bus tickets are to OW/ODSP participants who are looking for work, attending educational programs, or trying to attend medical appointments.

  “Transportation (benefits) would make it easier for people to be actively looking for job and continue education for better life.” (Participant)

- **Dental/dentures**: stakeholders commented on increasing the amount of preventative dental support to adults in order to reduce the costs of emergency work that will be needed if the issues are not addressed. Stakeholders also discussed the contribution of dentures and routine dental work to a positive self-esteem that participants need to seek employment.

  “Dental, because I will have no teeth in about a year and will (not) look great looking for work.” (Participant)

  “Increased preventative dental maintenance to reduce cost down the road.” (Community organization staff)
• Housing supports (e.g., eviction prevention and the Discharge Fund): OW staff commented that the maximum amounts for the eviction prevention and Discharge Funds are too low as they do not reflect the rental rates in the community and participants are not able to make up the difference.

“$400 for a single person for rent arrears is too low. Most people cannot even rent a room for this amount per month and usually rent arrears are for more than one month especially when individuals first apply for OW.” (OW staff)

Theme 3 - What are the impacts of the items that have been eliminated?

Some of the changes to discretionary benefits in 2013 resulted in the elimination of some benefits. Stakeholders were provided with a list of the benefits that were eliminated and were asked to comment if individuals on OW and ODSP had been affected by the elimination of those benefits. Figure 9 displays how the different stakeholder groups responded to this question.

Figure 9 – Have People Been Affected by the Removal of Some Benefits?

<table>
<thead>
<tr>
<th>Eliminated discretionary benefits:</th>
<th>Participants</th>
<th>Community organization staff</th>
<th>OW staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby supplies</td>
<td>68%</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>Purchase of furniture</td>
<td>83%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Moving costs</td>
<td>74%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Mattresses</td>
<td>0%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>17%</td>
<td>26%</td>
</tr>
</tbody>
</table>

As can be seen in Figure 9, the majority of respondents from each stakeholder group indicated that OW and ODSP recipients had been affected by the removal of one or more of the discretionary benefits. Community organization staff were the most likely to respond “Yes” (83%).
If a survey respondent answered that people have been affected by the elimination of a benefit, they were asked to comment on how people have been impacted. Table 4 displays the major themes that arose from stakeholders comments.

<table>
<thead>
<tr>
<th>Table 4 – How Have People Been Affected by Removal of Some Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
</tr>
<tr>
<td>Furniture/moving (56)</td>
</tr>
<tr>
<td>Mattresses (36)</td>
</tr>
<tr>
<td>Dental/Dentures (33)</td>
</tr>
<tr>
<td>Orthotics (12)</td>
</tr>
<tr>
<td>Baby Supplies (11)</td>
</tr>
<tr>
<td>Cannot afford items on list (6)</td>
</tr>
<tr>
<td>Last month’s rent (6)</td>
</tr>
<tr>
<td>Utility/Connection Fees (2)</td>
</tr>
<tr>
<td>Glasses/Vision (2)</td>
</tr>
<tr>
<td>Other (18)</td>
</tr>
</tbody>
</table>

When providing comments on how people have been impacted by the removal of some discretionary benefits there were a number of key themes that were common across stakeholders. Respondents from all stakeholder groups commented on the negative social, economic and health impacts upon OW and ODSP participants not being able to access some of the benefits that they used to. Some of the themes are explored in greater detail below.

- **Furniture/moving:** respondents commented on the economic barriers that OW and ODSP participants now face when trying to find support for moving costs or furniture for a new residence. As a result of not having access to financial support to move participants reported feeling “stuck” and have to suffer negative health, safety, and financial consequences as a result.

  “Moving expenses are important particularly when a person is accepted into subsidized housing. This can happen quickly so clients cannot plan for this expense. Subsidized housing will greatly benefit them in the end.” (OW staff)

- **Dental/dentures:** all three stakeholder groups commented on the negative health, economic, and social impacts of having limited support for dental work and no support for dentures. Participants often described having experienced pain and/or shame as result of dental issues that they could not receive support for. All stakeholders commented on the necessity of a full set of healthy teeth for employment; to look presentable and feel confident.

  “I need dentures. If I want to start looking for work no one will hire me if I have no teeth. I can’t keep my teeth because it’s so painful I can’t properly function.” (Participant)
- **Orthotics**: all three stakeholder groups provided comments on the need for participants to have access to orthotics. Comments focused on participants who are on their feet for long periods of time at work and the pain that they experience without having access to orthotics.

  “Orthotics are also an issue for those with physical health and mobility challenges. Quality of life is diminished!” (Community organization staff)

**Theme 4 - The first quarter experience; why were requests for discretionary items less than what was expected?**

During the first three to four months of 2013 there were fewer requests for discretionary benefits than what was expected based on the levels of request from previous years. All three stakeholder groups were asked to share comments and suggestions on the reasons for fewer requests.

Many of the comments from respondents in each of the stakeholder groups were centered on three themes:

| 1) **OW/ODSP participants were informed that benefits are no longer available.** People from all three stakeholder groups shared comments that the communications in late 2012 and early 2013 about discretionary benefits expressed that benefits would no longer be available. Participants have made fewer requests in the first few months of 2013 because they believe that there are no benefits left to support their needs or that they will not meet the new eligibility criteria. | “Probably because people on OW know that the services are no longer available.” (Participant)  
“There may have been fewer requests due to mail outs that client's received, in addition to other clients hearing of the changes through word of mouth and other community agencies.” (OW staff) |
|---|---|
| 2) **People do not know what is available since the changes occurred.** Respondents shared many comments about participants’ and Community organization staffs’ lack of knowledge about what benefits are available and the new eligibility criteria. It was suggested that many participants do not know what benefits are potentially available to them and therefore they do not know to ask for support. Respondents also shared that the new eligibility criteria are not known and therefore participants do not know how and when they may qualify for support. | “I have heard from clients that they believe there are no longer any benefits. People appear to be unaware of what they are entitled to.” (OW staff)  
“As a service provider I am not fully clear on what is available so how can someone on OW know. People assume the answer they will get is no that they get sick and tired of asking for things...” (Community organization staff) |
3) **Requests are/will be turned down.** There were comments from all three stakeholder groups that a number of requests have been made, but that due to the changes in benefits many participants are no longer eligible for support. Respondents also commented that there is a perception amongst participants that requests for benefits will be turned down. As a result many participants do not ask for help for fear of being told that there is no support available.

| “People know they will be denied the assistance.” (Community organization) |
| “People don't ask for them because they know they can't get them and it's easier not to ask.” (Participant) |
| “Eligibility criteria are so restricted that hardly anyone qualifies.” (OW staff) |

**Theme 5 - Quality of communication about the changes to discretionary benefits**

Respondents from all three stakeholder groups were asked to provide feedback about the timeliness and effectiveness of communication from the Region of Waterloo about the changes to discretionary benefits. This question asked people to rate the communication about discretionary benefits from the Region of Waterloo on a five point scale:

As can be seen in Figure 10, responses to the timeliness and effectiveness of communications were mixed.

OW staff were the most likely to respond that the communication was “Excellent” or “Good” (80%), while OW/ODSP participants were most likely to respond that communication was “Fair” or “Poor” (40%).

Stakeholders that responded that communication was “Fair” or “Poor” were asked to provide an example or share a comment. Those who did provide a comment communicated that:
- More information could be shared with participants and Community organization staff about the specific changes to each of the discretionary benefits
- Many participants were not aware that changes were going to be made
- Many participants believe that there are no discretionary benefits available anymore
- The eligibility criteria are not clear and/or not communicated to people

“Nobody seems to know what is available to them or what qualifies them for benefits.”
(Community organization staff)

“They should be easier, workers should explain things. We should be more informed use less confusing language - break it down in layman’s terms.” (Participant)

**Theme 6 - Discharge Fund Pilot (last month’s rent) as part of the Community Homelessness Prevention Initiative funding: what is working well and what could be improved?**

The Discharge Fund Pilot is intended to serve those with the lowest income (e.g., OW, ODSP, OAS or similar levels) who are:

- exiting emergency shelter;
- being discharged from institutions (hospital, corrections);
- exiting a local time-limited housing program (e.g., refugee housing);
- accessing support through Women’s Crisis Services; or
- forced to move due to current housing being certified as unsafe/uninhabitable.

The Discharge Fund Pilot provides a grant (payable to a landlord) of up to $400 for singles/couples and up to $1,000 for families with children for last month’s rent. It can be accessed once/ calendar year.

OW/ODSP participants were asked to indicate whether or not they had requested support for last month’s rent in 2013. Figure 11 displays that 60 people (29%) responded that they had requested support for last month’s rent in 2013.
Of the 60 people who indicated that they had requested support for last month’s rent fifty-seven provided comments on their experience:

- Fourteen people commented that they did not receive support for last month’s rent or were not eligible.
- Nine people commented that they received support for last month’s rent.
- Three people indicated that they had to find support elsewhere.
- Two people commented that they were told that they would only be eligible for the support if they resided in a shelter.
- Twenty-nine people provided other general comments.

“*My worker told me I have to go to a shelter to get last month’s rent.*”

(Participant)

OW staff were asked to indicate how well the Discharge Fund is accomplishing its goal “to provide timely support with last month’s rent so that people experiencing homelessness and/or leaving institutions can access housing”. As Figure 12 illustrates, OW staff were of mixed opinions regarding whether or not the fund is achieving its goal.
When asked to comment on what is working well with the Discharge Fund, OW staff commented that:

- It provides support to those who really need it.
- The administrative processes are clear and easy.
- The money goes directly to the landlord.
- The amount of money that people can receive is in line with what participants on OW/ODSP can afford.

Others commented that the Discharge Fund is difficult to administer or that limiting the fund only to those who are leaving institutions is too limited and misses others who need the support (e.g., persons who are experiencing homelessness and not accessing emergency shelters).
When asked to comment on what is challenging about administering the Discharge Fund, OW staff commented that:

- The maximum amount provided to participants is too low.
- The eligibility is too narrow and excludes too many people.
- The 30 day time period to access the Discharge Fund after leaving an institution is too short.
- The administrative process is difficult or unclear (e.g., challenging to get supervisor approval).
- There are challenges coordinating the Discharge Fund with other sources of support for last month’s rent (e.g., Rent Bank).

“Discharge Fund does not speak to those citizens who are truly homeless on the street. I would like to see this assistance extended to that population to assist street homeless [people experiencing homelessness who are street involved] in becoming housed.” (OW staff)

“It is not possible for all homeless individuals to play the game of going to the shelter for a night to qualify for discharge allowance. Mental health, past addiction issues makes it unsafe for them to go to the shelter since drugs and thefts are common.”

(OW staff)

“(Working with other organizations for the funds can be time consuming.”

(OW staff)

Community organization staff and OW staff were asked several questions about the maximum benefit provided through the Discharge Fund. These stakeholders were asked to indicate what they believe the maximum amount should be for single households and couple households without children. Figure 13 displays their responses with regard to single households, and Figure 14 displays their responses with regard to couple households without children.
As illustrated in Figure 13, responses amongst community organization staff and OW staff were mixed. For those who responded “Other”, comments recommended setting rates based on market rent, individual need/case by case, or based on OW shelter rates.

As displayed in Figure 14, responses amongst community organization staff and OW staff were mixed. For those who responded “Other”, comments recommended setting rates based on individual need/case by case or increasing rates to levels over $1,000.
Community organization staff and OW staff were also asked whether or not they believed that there are additional households that would benefit from having access to the Discharge Fund. Figure 15 displays that the majority of community organization staff and OW staff believe that there are persons who are currently ineligible for the Discharge Fund who could benefit from it.

Respondents commented that there were a number of groups of people who could benefit from access to the Discharge Fund:

- Households who need to move to more affordable accommodation (i.e., current rent is not sustainable).
- Households who need to move for a variety of reasons (safety, mental health, more suitable housing, etc.).
- Low-income households not receiving OW/ODSP (e.g., working households).
- People experiencing homelessness or at-risk of homelessness who are not accessing shelters.
- Specific population groups (e.g., youth, families, New Canadians/immigrants, seniors).
When asked if they had any specific ideas for how to improve the Discharge Fund, community organization staff and OW staff commented that:

- The maximum amounts given through the Discharge Fund should be increased.
- Eligibility should be expanded beyond persons leaving institutions.
- More information should be given about the Discharge Fund to community organization staff and the community in general.

### 5. Next Steps

Regional staff committed to monitor the expenditures within discretionary benefits throughout 2013 and to explore the allocations and levels of support based on community need. The check-in process and survey were conducted as part of this commitment. The goal of this process was to gain an understanding how the community has been impacted as a result of the changes to discretionary benefits.

The findings from this report will be used by OW staff as they begin to engage in discussions for the 2014 budget process. The results of the check-in and the feedback of the respondents will greatly inform the process.

Additionally, the Discharge Fund Pilot is being evaluated by Social Planning staff throughout 2013. The findings from this report as well as interviews and focus groups with key stakeholders will inform changes to the Discharge Fund which are anticipated to start in July 2013. The findings will also inform the final evaluation and planning for 2014.
APPENDIX A

Chaired by the Director, Employment & Income Support, the Steering Group consisted of:

Don Beitz  Employment & Income Support
Beth Blowes  Consultant
David Dirks  Employment & Income Support
Chris McEvoy  Social Planning, Policy and Program Administration
Leslie Perry  Employment & Income Support
Curt Shoemaker  Employment & Income Support
APPENDIX B

The Discretionary Benefits Review Advisory Group members were as follows:

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<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
<tr>
<td>Carmen Abrego</td>
<td>Participant</td>
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<tr>
<td>Beth Blowes</td>
<td>Consultant</td>
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<tr>
<td>David Dirks</td>
<td>E&amp;IS Director (Advisory Group Chair)</td>
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<tr>
<td>Don Eagles</td>
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<td>Don Harloff</td>
<td>Woolwich Community Services</td>
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<td>Lucia Harrison</td>
<td>K-W Multicultural Centre</td>
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<td>Pat Humphreys</td>
<td>E&amp;IS Senior Caseworker, Hostels</td>
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<td>The Working Centre</td>
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<td>Joanne McDonald</td>
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<td>Dianne McLeod</td>
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<td>Alex Troeger</td>
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Alternates

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<tr>
<td>Karen Ferris</td>
<td>E&amp;IS Supervisor</td>
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<td>Rob Holmes</td>
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<td>Jennifer Mains</td>
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<td>Sharon Schnarr</td>
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<tr>
<td>Pat Singleton</td>
<td>Cambridge Self-Help Food Bank</td>
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## APPENDIX C
The Regional Municipality of Waterloo 2013 Operating Budget - Ontario Works Discretionary Benefits

<table>
<thead>
<tr>
<th>Item</th>
<th>2011 Expenditures</th>
<th>Level of Service at Provincial Cap</th>
<th>Incremental 100% Regional Funding</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
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<td>Mobility aids</td>
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<td>Appliance repairs</td>
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<td>Purchase of documents</td>
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<td>-35%</td>
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## APPENDIX D – List of community organizations

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<thead>
<tr>
<th>Community organization</th>
<th>Contact Name</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCKWA</td>
<td>Colby Marcellus</td>
<td><a href="mailto:director@ACCKWA.com">director@ACCKWA.com</a>;</td>
</tr>
<tr>
<td>Anishnabeg Outreach</td>
<td>Lois MacDonald</td>
<td><a href="mailto:loism@anishnabegoutreach.org">loism@anishnabegoutreach.org</a>;</td>
</tr>
<tr>
<td>Argus Residence for Young People</td>
<td>Eva Vlasov</td>
<td><a href="mailto:argusyw@execulink.com">argusyw@execulink.com</a>;</td>
</tr>
<tr>
<td>Cambridge Active Self Help (CASH)</td>
<td>Kathy Briggs</td>
<td><a href="mailto:briggsk@self-help.ca">briggsk@self-help.ca</a>;</td>
</tr>
<tr>
<td>Cambridge Family Early Years Centre</td>
<td>Donna Kendrick</td>
<td><a href="mailto:dkendrickcfeyc@bellnet.ca">dkendrickcfeyc@bellnet.ca</a>;</td>
</tr>
<tr>
<td>Cambridge Hospital – Social Work</td>
<td>Nancy Makela</td>
<td><a href="mailto:nmakela@cmh.org">nmakela@cmh.org</a>;</td>
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<tr>
<td>Cambridge Self-Help Food Bank</td>
<td>Pat Singleton</td>
<td><a href="mailto:psingleton@cambridgefoodbank.on.ca">psingleton@cambridgefoodbank.on.ca</a>;</td>
</tr>
<tr>
<td>Cambridge Shelter &amp; Saginaw House</td>
<td>Anne Tinker</td>
<td><a href="mailto:anne@cambridgesheltercorp.ca">anne@cambridgesheltercorp.ca</a>;</td>
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<tr>
<td>Canadian Hearing Society</td>
<td>Victoria Baby</td>
<td><a href="mailto:vbaby@chs.ca">vbaby@chs.ca</a>;</td>
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<tr>
<td>Canadian Mental Health Association</td>
<td>Don Roth</td>
<td><a href="mailto:rothd@cmhagrb.on.ca">rothd@cmhagrb.on.ca</a>;</td>
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<tr>
<td>Canadian Red Cross</td>
<td>Karen Charles</td>
<td><a href="mailto:Karen.charles@redcross.ca">Karen.charles@redcross.ca</a>;</td>
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<tr>
<td>Community Legal Services</td>
<td>Sharon Twilley</td>
<td><a href="mailto:twilleys@lao.on.ca">twilleys@lao.on.ca</a>;</td>
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<tr>
<td>Community Outreach Workers</td>
<td>Nina Baily-Dick</td>
<td><a href="mailto:Nbaily-dick@regionofwaterloo.ca">Nbaily-dick@regionofwaterloo.ca</a>;</td>
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<td><a href="mailto:jennifer.sullivan@kitchener.ca">jennifer.sullivan@kitchener.ca</a>;</td>
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<tr>
<td>Conestoga College</td>
<td>Andrea Leis</td>
<td><a href="mailto:aleis@conestogac.on.ca">aleis@conestogac.on.ca</a>;</td>
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<tr>
<td>Doon Valley Manor</td>
<td>Sandor Nadasdy</td>
<td><a href="mailto:snadasdi@rogers.com">snadasdi@rogers.com</a>;</td>
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<tr>
<td>Family &amp; Children’s Services</td>
<td>Alison Scott</td>
<td><a href="mailto:Alison.scott@facwaterloo.org">Alison.scott@facwaterloo.org</a>;</td>
</tr>
<tr>
<td>Community organization</td>
<td>Contact Name</td>
<td>E-Mail Address</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Family Counselling Centre of Cambridge &amp; North Dumfries</td>
<td>Bobbye Goldenberg</td>
<td><a href="mailto:ex.dir@golden.net">ex.dir@golden.net</a>;</td>
</tr>
<tr>
<td>Fergus Place</td>
<td>Jocelyn Holden</td>
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Discretionary benefits & Discharge Fund check-in report
June, 2013

Background
This document summarizes the findings of a May 2013 survey on discretionary benefits and the Community Homelessness Prevention Initiative (CHPI) Discharge Fund Pilot.

Changes were made to discretionary benefits in January of 2013 as a result of the 2012 Provincial budget. A survey was conducted in the fall of 2012 to understand what benefits were most important from the perspectives of three stakeholder groups: Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants, community organizations, and OW/ODSP staff. A Discharge Fund Pilot began in January 2013 as the local response to the need for last month’s rent funding. The Pilot is funded through the CHPI, administered by Social Planning, Policy and Program Administration and delivered by Employment & Income Support, Social Services.

A follow-up community survey was conducted in May of 2013 in order to check-in with stakeholders. The goal of this process was to gain an understanding how the community has been impacted as a result of the changes to discretionary benefits and the implementation of the Discharge Fund Pilot.

The community survey explored six key themes:
1. Have the most important benefits changed from the 2012 survey?
2. How has access to benefits changed?
3. What are the impacts of the elimination of some items?
4. The first quarter experience; why were requests for discretionary items less than what was expected?
5. Quality of communication about the changes to discretionary benefits
6. Discharge Fund Pilot (last month’s rent) as part of the CHPI funding: what is working well and what could be improved?

1. Have the most important benefits changed from the 2012 survey?
Through a survey in 2012, five discretionary benefits were identified as the most important: vision care, dental/denture supports, food hampers, last month’s rent, and utility payments/connection fees. Most of the people who responded to the 2013 survey agreed that those benefits were the most important.

Other benefits that were identified as the most important in 2013 were:
- Drugs/medical supplies
- Transportation/bus tickets
- Eviction prevention

![Figure 1 - Are the Most Important Benefits Still the Same?](image)

For more information or to read the full report, please contact: Chris McEvoy (519883-2302) - cmcevoy@regionofwaterloo.ca
For more about the Discharge Fund, please contact: Lynn Randall (519-883-2190) - lrandall@regionofwaterloo.ca
2. How has access to benefits changed?
As a result of changes in the funding of discretionary benefits made by the Province, changes were made to some discretionary benefits.

When providing comments about access to benefits, the majority of the comments from all stakeholder groups indicated that there are greater restrictions in accessing discretionary benefits. OW/ODSP participants and community organizations commented on restricted access to bus tickets/transportation and dental/dentures, while OW staff commented on restricted access to last month’s rent/utility payments/moving costs.

Benefits that should be more accessible:
- Dental/denture benefits
- Transportation/bus tickets
- Housing supports

“Poor teeth can contribute to other medical problems and lowers self esteem/confidence. How are people to go to job interviews with rotten or missing teeth?” (Community organization staff)

“Transportation (support) would make it easier for people to be actively looking for job and continue education for better life.” (Participant)

3. What are the impacts of the elimination of some items?
Some of the changes to discretionary benefits in 2013 resulted in the elimination of benefits. Stakeholders were provided with a list of the benefits that were eliminated and were asked if individuals on OW and ODSP had been affected by the elimination of those benefits. As can be seen in Figure 2, the majority of respondents from each stakeholder group indicated that OW and ODSP recipients had been affected by the removal of one or more of the discretionary benefits. Community organizations were the most likely to respond “Yes” (83%).

When providing comments on how people have been impacted by the removal of some discretionary benefits there were a number of key themes that were common across stakeholders. Respondents from all stakeholder groups commented on the negative social, economic and health impacts of OW and ODSP participants no longer being able to access some of the benefits.

“The removal of these benefits further deepens the complex cycle of poverty often experienced by those on Ontario Works.” (OW staff)
4. The first quarter experience; why were requests for discretionary items less than what was expected?

During the first three to four months of 2013 there were a fewer number of requests for discretionary benefits than what was expected based on the levels of requests from previous years. All three stakeholder groups were asked to share comments and suggestions on the reasons for the fewer number of requests. Many of the comments from respondents in each of the stakeholder groups were centered on three themes:

i) OW/ODSP participants were informed that benefits are no longer available. People from all three stakeholder groups shared comments that the communications in late 2012 and early 2013 about discretionary benefits identified that benefits would no longer be available.

ii) People do not know what is available since the changes occurred. Respondents shared many comments about participants’ and community organization staff’s lack of knowledge about what benefits are available and the new eligibility criteria.

iii) Requests are/will be turned down. There were comments from all three stakeholder groups that a number of requests have been made, but that due to the changes in benefits many participants are no longer eligible for support.

5. The quality of communication about the changes to discretionary benefits

Respondents from all three stakeholder groups were asked to provide feedback about the timeliness and effectiveness of communication from the Region of Waterloo about the changes to discretionary benefits.

OW staff were the most likely to respond that the communication was “Excellent” or “Good” (80%), while OW/ODSP participants were most likely to respond that communication was “Fair” or “Poor” (39%).

For more information or to read the full report, please contact:
Chris McEvoy (519-883-2302) - cmcevoy@regionofwaterloo.ca

For more about the Discharge Fund, please contact:
Lynn Randall (519-883-2190) - lrandall@regionofwaterloo.ca
6. Discharge Fund (last month’s rent) as part of the Community Homelessness Prevention Initiative funding: what is working well and what could be improved?

The Discharge Fund Pilot is being evaluated throughout 2013. In addition to this survey, staff are conducting in-depth interviews and focus groups with key stakeholders. The data from the survey, interviews and focus groups will inform changes to the Discharge Fund starting in September 2013, and will also be included as part of the final evaluation of the Pilot in late 2013.

OW/ODSP participants were asked to indicate whether or not they had requested support for last month’s rent in 2013. Sixty people (29%) responded that they had requested support for last month’s rent in 2013. Those who indicated that they had requested support for last month’s rent were asked to comment on their experience. Those who provided comments said that:

- They received support (16%).
- They did not receive support because they were ineligible (25%).
- They had to find support elsewhere (5%).
- They needed to stay in a shelter before they would be eligible (4%).

Community organizations and OW staff provided many suggestions for how the Discharge Fund could be improved. Their ideas fell into the following main themes:

- The maximum amounts given through the Discharge Fund should be increased for singles and couples.
- Eligibility should be expanded beyond persons leaving institutions to include:
  - People experiencing homelessness or at-risk of homelessness who are not accessing emergency shelters.
  - Households who need to move to more affordable accommodations.
  - Households who need to move for other reasons (e.g., safety, housing suitability).
  - Low-income households not receiving OW/ODSP (e.g., working households).
- More information should be provided about the Discharge Fund to community organizations and the community in general.

“Eligibility criteria [for the Discharge Fund should be] expanded to include those who are not in shelter, but identified as having a valid reason to move and having no other options for paying last month's rent.” (Community organization staff)

Next Steps

We would like to thank everyone who took the time to complete a survey and provide us with their feedback. As well, we would like to thank community organizations who helped us reach out to OW and ODSP participants.

The findings from this report will be used by staff as they begin to engage in discussions for the 2014 budget process and as they determine next steps for the Discharge Fund. The results of the check-in and the feedback of the respondents will greatly inform the process.
MEMORANDUM

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

From: Doug Campbell, Supervisor, Employment Services
David Dirks, Director, Employment and Income Support

Copies: Douglas Bartholomew-Saunders, Commissioner, Social Services

File Code: S09-80

Subject: CAMBRIDGE AND NORTH DUMFRIES EMPLOYMENT FACILITATION NETWORK

The Cambridge Employment Facilitation Network is a local network of employment and training agencies working together to increase awareness of employment and training services offered in the area of Cambridge and North Dumfries. The attached brochure describes the network, its members and the benefits to employers. The brochure was developed to underscore that the Network reflects a collaboration of agencies working together to reduce employment barriers for residents of Cambridge and North Dumfries through their range of programs. Staff from Employment and Income Support, Social Services serves as one of the co chairs.

Since 2004 the Network has hosted an annual Employer Recognition Breakfast to recognize and acknowledge employers in Cambridge and North Dumfries who have gone above and beyond by providing work experience, training and employment opportunities to participants of the programs of member agencies. This year’s event will take place Wednesday, October 23rd at the Galt Country Club, Cambridge. It is sponsored by Employment and Income Support, Social Services and the Workforce Planning Board of Waterloo Wellington and Dufferin.

The work of the Network supports Focus Area 4 Healthy and Inclusive Communities; Strategic Objective 4.1 (to) work collaboratively to reduce poverty of the Region’s 2011 – 2014 Strategic Focus.

For further information please contact Doug Campbell, Supervisor, Employment Services at 883-2101, Extension: 5649 or docampbell@regionofwaterloo.ca or David Dirks, Director, Employment and Income Support at 519-883-2179 or ddirks@regionofwaterloo.ca
We are pleased to recognize employers in Cambridge and North Dumfries who have gone above and beyond in helping people by providing work experience, training, and employment opportunities.

FOR MORE INFORMATION REGARDING THE CAMBRIDGE & NORTH DUMFRIES EMPLOYMENT FACILITATION NETWORK, PLEASE CONTACT ONE OF OUR MEMBER AGENCIES.
**Employment Facilitation Network**

**As a Network, We:**

- Connect with employers with respect to recruitment, training, and retention needs
- Promote local employment opportunities
- Facilitate effective communication between the Network and employers, agencies, and advisory groups
- Provide a voice for employment and training issues relevant to local employers and the community
- Reduce barriers to employment and training services for residents of Cambridge and North Dumfries
- Build bridges to create an inclusive local labour market

**Benefits to Employers:**

- Access to screened, qualified/trained and motivated individuals
- Potential for various employment supports, including *training incentives*, *on the job coaching*, and *ongoing staff support*
- Access to up-to-date information on local labour market trends
- Contribution to the economic well-being of the community by providing opportunities to persons supported by EFN

**Members:**

- Canadian Hearing Society-Employment Services (519) 744-6811
- Canadian Mental Health Association Waterloo Wellington Dufferin-Bridging Employment Supports and Links to Work (519) 749-3700
- Community Living Cambridge-Job Track (519) 743-8111
- Conestoga College, Cambridge Downtown Campus-Discover Your Future and Focus for Change (519) 623-4890
- John Howard Society of Waterloo-Wellington-Cambridge Career Connections (519) 622-0815
- Lutherwood Employment Services (519) 623-9380
- Ministry of Training, Colleges, and Universities-Employment Ontario 1-800-387-5656
- Region of Waterloo, Employment & Income Support Division (519) 740-5700
- Small Steps to Success (519) 622-6550
- The Literacy Group of Waterloo Region (519) 621-7993
- Workforce Planning Board of Waterloo Wellington Dufferin (519) 622-7122
- YMCAs of Cambridge & Kitchener-Waterloo-Immigrant & Employment Services (519) 621-1621
REPORT:
PH-13-041

REGION OF WATERLOO
PUBLIC HEALTH
Infectious Disease, Dental and Sexuality Resources

TO: Chair Sean Strickland and Members of the Community Services Committee
DATE: October 1, 2013
FILE CODE: P14-80
SUBJECT: INFLUENZA UPDATE

RECOMMENDATION:
For information.

SUMMARY:
Influenza (commonly known as the flu) is a contagious virus that circulates on a seasonal basis, usually from October to April causing outbreaks of respiratory illness.

In Waterloo Region, during the October 1, 2012 to May 11, 2013 influenza season, there were 392 laboratory-confirmed cases of influenza, 140 influenza related hospitalizations and 12 deaths where influenza was at least a contributing factor. In addition, there were 34 influenza outbreaks declared in long term care facilities, retirement homes and hospitals. This represented a level of activity higher than that seen in the previous few years.

Immunization is one of the most effective ways to protect against influenza. During the 2012-2013 season, 14 Public Health community clinics were held where 8,665 people were immunized. Although Public Health clinic attendance was 25.5% lower than in the previous season, overall distribution of vaccine in the Region remained stable as 21 pharmacies introduced influenza vaccine offering additional access points for the general public. This year, 81 pharmacies across the region will be participating in the influenza program. As a result of the increase in access points for residents through the expansion of participating pharmacies, Public Health will decrease the number of community clinics offered from 14 to 8 in the 2013-2014 season. As well, an appointment-based system with bookings that can be made either via phone or online is planned for implementation this fall in order to enhance the efficiency of the Public Health clinics.

Analysis of the distribution of vaccine for the 2012-2013 flu season indicates that 77 per cent of flu vaccine received by Public Health was distributed to physicians, acute care and long term care, retirement homes and workplaces. Approximately 8 per cent of flu vaccine was distributed to 21 pharmacies and 15 per cent was used by Public Health in Region of Waterloo community influenza clinics.

Background
Influenza (commonly known as the flu) is a contagious virus that circulates on a seasonal basis, usually from October to April, causing outbreaks of respiratory illness. People who get the flu may experience symptoms including fever, headache, chills, muscle aches, physical exhaustion, cough, sore throat and runny or stuffy nose. Most healthy individuals are able to recover from the flu, but certain segments of the population, such as the elderly and those with underlying medical conditions, may experience further complications. In some cases, the flu can be fatal.
Yearly circulation of influenza virus can account for significant illness within the community. Public Health programs aim to reduce the incidence, spread and complications from influenza illness through:

- Promotion of annual influenza immunization for all persons six months of age or older (without medical contraindication); and
- Implementation of outbreak control measures and recommendations when influenza illness is detected in a long term care facility, retirement home or hospital.

**REPORT:**

Waterloo Region had an early start to the 2012-2013 influenza season with the first local cases reported the week of October 1, 2012. Local influenza activity peaked in mid-December and began to steadily decline in mid-January. Sporadic activity continued between February and May. Although Provincial influenza activity did not begin to increase until the end of October and did not reach peak activity until early January, the overall trend was consistent with what was observed locally.

Locally, during the period of Oct 1, 2012 to May 11, 2013, there were 392 laboratory confirmed cases of influenza, 140 influenza-related hospitalizations and 12 deaths for which flu was at least a contributing factor. Influenza activity can vary significantly in intensity from season to season. While this past season’s activity remained within the expected levels for an influenza season, it represented a level of activity higher than that seen in the previous few years.

Table 1 presents the total number of lab confirmed influenza cases and deaths in Waterloo Region by influenza season in the past six seasons.

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total Number of lab confirmed cases</th>
<th>Number of deaths in lab confirmed cases</th>
</tr>
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<tbody>
<tr>
<td>2007-2008</td>
<td>224</td>
<td>6</td>
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<tr>
<td>2008-2009</td>
<td>240</td>
<td>2</td>
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<tr>
<td>2009-2010</td>
<td>238*</td>
<td>3*</td>
</tr>
<tr>
<td>2010-2011</td>
<td>274</td>
<td>8</td>
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<tr>
<td>2011-2012</td>
<td>159</td>
<td>4</td>
</tr>
<tr>
<td>2012-2013</td>
<td>392</td>
<td>12</td>
</tr>
</tbody>
</table>

**H1N1 influenza pandemic. The number of immunizations given this season is not comparable to other seasons.**

Most (93%) 2012-2013 cases of influenza in the Region were subtyped as Influenza A. A small proportion of cases (7%) were caused by Influenza B, most occurring at the end of the season. A small percentage of cases (20%) are further strain-typed to determine compatibility with this season’s vaccine. Strain typing indicated a good match with the 2012-13 influenza vaccine.

During the 2012-2013 season, a total of 34 influenza outbreaks and 27 additional respiratory outbreaks caused by other circulating viruses (e.g. RSV, coronavirus) were declared in long-term care facilities, retirement homes and hospitals.

The intensity and volume of cases and outbreaks and the early arrival of the 2012-2013 influenza season presented challenges for Public Health and health care partners (hospitals, pharmacies, long term care homes, and retirement homes) in coping with the volume of patients requiring health care. Despite these challenges, Public Health staff successfully assisted hospitals, long term care and retirement facilities with outbreak, bed and staffing issues.
Immunization is one of the most effective ways to protect against influenza. The flu viruses are capable of changing every year, so the composition of the vaccine is updated annually. This is why it is necessary to be immunized every year. Significant illness and societal costs also occur with seasonal influenza in people who may not be considered at high risk of complications (i.e. healthy people aged 5 to 64 years). Therefore, it is recommended that all Canadians six months of age or older be immunized.

Since 2000, the Government of Ontario offers an annual Universal influenza immunization program (UIIP), which offers the vaccine free of charge to all persons in Ontario six months of age or older. Vaccine, through the Universal Influenza Immunization Program, was offered at 14 Public Health community influenza clinics that were open to the public. In addition, Public Health distributed vaccine to local physicians, pharmacies, walk-in clinics, long-term care and retirement homes, hospitals and workplaces through local nursing agencies.

During the 2012-2013 season, Public Health immunized 8,665 people at its community influenza clinics. This is approximately 25.5 per cent lower than in the previous season. However, it should be noted that most members of the community are immunized in other settings (as listed above), attendance at Public Health clinics decreased as the number of vaccine providers increased (i.e. pharmacies offering influenza vaccine) and the total amount of vaccine distributed to the community remained stable. Analysis of the distribution of vaccine for the 2012-2013 flu season indicates that 77 per cent of the flu vaccine received by Public Health was distributed to physicians, acute care and long term care, retirement homes and workplaces. Approximately 8 per cent of flu vaccine was distributed to 21 pharmacies and 15 per cent was used by Public Health in Region of Waterloo community influenza clinics.

2013-14 Planning/Next Steps

Due to the 4 fold increase in pharmacies offering influenza vaccine in the region in the 2013-2014 season, Public Health will reduce the number of community influenza immunization clinics offered from 14 to 8 clinics. Clinic locations were geomapped with participating pharmacies and community health centers to maximize access to a clinic or pharmacy as much as possible. It should be noted that the map does not include doctor’s offices and workplaces, where influenza vaccine is also available (see Appendix A). As well, Public Health will implement a new appointment-based system, with bookings that can be made either via phone or online, to help reduce wait times for clients and improve efficiency in its community clinics.

Region of Waterloo Public Health will continue to provide enhanced health promotion and community awareness regarding the benefits of the influenza vaccine and will continue to distribute influenza vaccine to health care partners that require additional supply.

It should be noted that Public Health continues to receive $5.00 per dose in cost recovery from the Province for the delivery of influenza vaccine. This fee has remained unchanged since the beginning of the Universal Influenza Immunization Program in 2000. Reduction of clinics and implementation of an appointment based delivery system are attempts to keep the program within budget. The large increase of the number of pharmacies delivering flu vaccine will more than off-set the reduction of Public Health clinics and increase hours of access for the general public.

Recognizing that the immunization of health care workers is a key strategy for protecting the most vulnerable in our community, Region of Waterloo Public Health and their health care partners will enhance focus on the promotion of health care worker influenza immunization this year through:

- the Big Shot Challenge, a local program designed to increase uptake of flu vaccine among staff that work in long term care and retirement homes; and
• working with partners in both the acute and long term care sectors to develop resources that will be used to promote vaccination of health care professionals during Infection Control Week (October 21-25, 2013).

Public Health will continue to receive reports of confirmed cases of influenza and work with facilities (e.g. long-term care homes, retirement homes) to monitor and manage respiratory and influenza outbreaks. As well, Public Health will continue to work with their health care partners to achieve optimal staffing levels during outbreaks through education and policy development.

CORPORATE STRATEGIC PLAN:

Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities

Service Excellence: Deliver excellent and responsive services that inspire public trust

FINANCIAL IMPLICATIONS:

Public Health continues to receive $5.00 per dose in cost recovery from the province for the delivery of influenza vaccine. This fee has remained unchanged since the beginning of the Universal Influenza Immunization Program in 2000. The program strives to provide the required services within the limits of the cost recovery fee of $5.00 per dose. When expenditures related to the delivery of influenza clinics exceed the revenues generated, they are covered within the remaining cost shared Vaccine Preventable Disease Program or overall cost shared Public Health Budget.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

NIL

ATTACHMENTS

Attachment A: Mapping of Pharmacies, Community Health Centres and Public Health Clinics for Influenza vaccine

PREPARED BY: Kristy Wright, Manager Infectious Disease and Tuberculosis Control and Emergency Management
                Linda Black, Manager, Vaccine Preventable Disease

APPROVED BY: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Attachment A: Mapping of Pharmacies, Community Health Centres and Public Health Clinics for Influenza Vaccine

Flu Immunization Sites, Waterloo Region, 2013-2014

Legend
- ROWPH Proposed Flu Clinic Sites
- Community Health Centres
- Urgent Care Clinics
- Pharmacies Administering Flu Vaccine
- Regional Municipal Boundaries

Data Sources: Pharmacies Administering Flu Immunization in Waterloo Region - Ministry of Health and Long-Term Care
Topographic Basemap - Esri, DeLorme, NAVTEQ, TomTom, Intermap, increment F Corp., SEBCO, USGS, FAO, NPS, NRCAN,
GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, and the GIS User Community

Produced by: Epidemiology and Health Analytics (September 2013)
TO: Chair Sean Strickland and Members of the Community Services Committee

DATE: October 1, 2013

SUBJECT: NEW PHYSIOTHERAPY FUNDING MODEL

RECOMMENDATION:

THAT the Regional Municipality of Waterloo approve an increase to the 2013 operating budget for the Seniors’ Services Division in the amount of $109,261 gross and $0 net Regional Levy for physiotherapy and exercise classes for residents as outlined in report SS-13-035, dated October 1, 2013.

SUMMARY:

A new publicly-funded physiotherapy services model was announced by the Ministry of Health and Long Term Care (MOHLTC) on April 18\textsuperscript{th}, 2013 and was implemented on August 22, 2013. The pre-existing model allowed designated physiotherapy companies to directly bill OHIP. Under the new funding model, long-term care (LTC) Homes will receive funds directly from the MOHLTC to provide physiotherapy services for residents in their care and to provide exercise classes for residents who may or may not meet the new criteria for physiotherapy services. Funding will form part of the Home's base budget and must be used exclusively to provide either one-on-one physiotherapy or exercise classes. These changes were introduced to ensure that seniors, whether residing in the community or long-term care, will have access to the right physiotherapy services while containing the rising costs of physiotherapy in Ontario.

REPORT:

Changes to the Long Term Care Physiotherapy services were announced by the Ministry of Health and Long Term Care (MOHLTC) on April 18\textsuperscript{th}, 2013. This alters the way physiotherapy services are funded and delivered in LTC homes effective August 22, 2013.

Under the old system, 90 of over 1000 physiotherapy clinics across Ontario, known as Designated Physiotherapy Clinics (DPC) could be paid by OHIP on a fee-for-service basis to provide publicly funded physiotherapy. This arrangement resulted in large geographic inequities in service across Ontario. The Ministry reported that four companies were currently responsible for two-thirds of all physiotherapy OHIP billings, primarily for services offered in long-term care and retirement homes. It was also identified that physiotherapy was the fastest growing cost in healthcare. The MOHLTC reported that the primary reason for the escalating costs was the increase in group exercise classes being offered in a variety of settings. The classes were being billed to the government as physiotherapy despite the fact that most classes were not being directly provided by physiotherapists. The Ministry was also concerned with the wait list for in-home physiotherapy for seniors in the community.

The planned implementation date of August 1\textsuperscript{st} for these changes was delayed as a result of a Court Order obtained in response to an application for judicial review brought forward by 43
DPCs. On August 21, 2013, at Divisional Court, a panel of three judges unanimously ruled that the application for judicial review was dismissed, naming the Ontario Regulation 138/13 which delists physiotherapy from OHIP billing, as valid and enforcing that DPCs could not bill OHIP for physiotherapy services rendered in homes, clinics and LTC Homes after August 21, 2013.

1.0 Long-Term Care Physiotherapy

Under the new funding model, LTC Homes will receive funds directly from the MOHLTC to provide physiotherapy services for residents in their care. The funding amount is capped at $750 per bed per year for one-on-one physiotherapy. Residents will receive one-on-one therapy after they have been assessed and meet the new criteria for physiotherapy in long term care. In addition, a $0.27 per bed per diem will be provided for the provision of exercise classes. Residents who do not meet the criteria for physiotherapy may be eligible for exercise classes. In addition, convalescent care will receive an additional per diem of $10.27/bed for physiotherapy. The physiotherapy and exercise funds will be paid directly to the LTC home and must be used exclusively to provide either one-on-one physiotherapy or exercise classes. The funding changes are detailed in the financial section of this report.

Physiotherapy Services have been provided at Sunnyside Home for several years under a contractual arrangement with Achieva Health, who was a DPC provider. Given the overall reduced funding available for long-term care homes, the current physiotherapy service level will be reduced by a half time (0.5FTE) contracted Physiotherapy Assistant position. Physiotherapy services will need to be aligned with the funding for LTC and Convalescent Care; some LTC residents will receive less physiotherapy services than previously provided under the old funding model. The full impact of this change will be reviewed; however a screening process will ensure that as legislatively required, all residents who require physiotherapy will continue to receive it. A number of residents are concerned about the impact of the changes in eligibility criteria and the reduced level of service to the Home. Home and physiotherapy staff are working together with affected residents to explore service options. Exercise classes, now provincially funded at a defined level, will be conducted by the Physiotherapy Assistants employed through Achieva Health.

2.0 Community Exercise and Falls Prevention Classes (for congregate settings)

A number of community clients served by Seniors’ Services are also impacted by the new model. OHIP funded physiotherapy services will no longer be provided through the Wellness Centre, but rather through MOHLTC Community Support Services and/or through the one DPC clinic located in Kitchener.

Previously, 25 supportive housing tenants and 19 seniors residing in affordable housing on the Sunnyside campus were receiving physiotherapy services at no cost from the Home’s DPC provider. The physiotherapist worked out of the Wellness Centre and also provided in-home visits. With the change of model, all clients previously receiving this service were re-assessed by the Community Care Access Centre based on the new criteria and were provided with service recommendations going forward. Some of these options included, in home physiotherapy services, participation in gentle exercise and falls prevention on the Sunnyside Campus and/or access to funded physiotherapy services through the DPC clinic in Kitchener.

Achieva Health is now providing community exercise and falls prevention classes through the Wellness Centre. They are being funded through a community organization to provide this service.
CORPORATE STRATEGIC PLAN:

The provision of physiotherapy services for seniors is consistent with Strategic Objective 5.3: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public.

FINANCIAL IMPLICATIONS:

Effective August 22, 2013, funding for 1:1 physiotherapy and exercise classes for long-term care residents will be provided as base funding by the MOHLTC. Sunnyside will receive an allocation totalling $109,261 for 2013 ($260,654 annualized) for residents and convalescent care clients. The Home will utilize this allocation to fund contracted physiotherapy and exercise classes.

Region of Waterloo
Sunnyside Home
Physiotherapy & Exercise Funding

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<th>Revenues</th>
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<th>Annual</th>
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<tr>
<td>Physiotherapy $750/bed</td>
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<td>189,750</td>
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<tr>
<td>Exercise Classes 0.27/diem</td>
<td>253 $</td>
<td>24,933</td>
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<td></td>
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<td>$ 89,990</td>
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<td><strong>Convalsesent Care</strong></td>
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<tr>
<td>Exercise Classes 0.27/diem</td>
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<td>986</td>
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<tr>
<td>CC Physiotherapy $10.27</td>
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<td>45,971</td>
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<tr>
<td><strong>Total Revenue</strong></td>
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<tr>
<td></td>
<td>$ 109,261</td>
<td>$ 260,654</td>
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| Expenditures                  |          |        |
| Contracted Physiotherapy Services | $ 109,261| $ 260,654|

**NET REGIONAL LEVY**

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<th></th>
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<td>$</td>
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* As of August 22, 2013

There will be no financial impact to the Region with respect to services provided to community clients.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

Finance has been consulted in the development of this report.