Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, June 14, 2016

Approximately 1:00 p.m.

Following Closed Committee

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

1. Declarations of Pecuniary Interest under the Municipal Conflict Of Interest Act

2. Delegations

2.1 Dennis Wendland, Shade Work Group, re: PHE-HLV-16-05, Shade in Waterloo Region (Information)

2.2 Andrea Kauppinen, Basic Income Waterloo Region (BIWR) re: CSD-EIS-16-10, Basic Income Guarantee

Recommendation:

That the Regional Municipality of Waterloo support the stated intention of the Province to collaborate with stakeholders to develop, implement and evaluate a Basic Income Guarantee pilot project and that such support be in the form of a Council Resolution (as set out in Appendix B);

And That the resolution be circulated to the Ministers of Health and Long-Term Care and Community and Social Services for Ontario, the Federal Minister of Families, Children and Social Development, the local MPPs and MPs to indicate the Region’s support for a Basic Income Guarantee pilot project in Ontario;
And Further That the resolution be sent to the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA) to urge them to advocate to the Province that Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs) be included in consultations to inform the development and evaluation of the pilot project to be implemented in Ontario as detailed in report CSD-EIS-16-10, dated June 14, 2016.

2.3 Lynn Macaulay, Homelessness and Housing Umbrella Group, re: CSD-EIS-16-04, Ontario Works Discretionary Benefits Program

Recommendation:

That Regional Municipality of Waterloo, effective July 1, 2016, provide the following services through the Ontario Works Discretionary Benefit Program:

- Adult Dental Services
- Interpreter Services
- Transportation
- Burial Services
- Food Hamper Program
- Emergency Response; and

That services related to provision of late payments and eviction prevention continue to be provided through the Ontario Works Discretionary Benefit Program until December 31, 2016 and then transferred to the Housing Division, as detailed in report CSD-EIS-16-04 dated June 14, 2016.

**Consent Agenda Items**

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

3. Request to Remove Items from Consent Agenda

4. Motion to Approve Items or Receive for Information
4.1 **CSD-HOU-16-04**, 10 Year Housing and Homelessness Plan 2015 Progress Report

**Recommendation:**


4.2 **CSD-SEN-16-05**, Homemakers and Nurses Services (HNSA), Service Review

**Recommendation:**

That the Regional Municipality of Waterloo approve a quality improvement review of the Homemakers and Nurses Services program as outlined in report CSD-SEN-16-04 dated June 14, 2016.

4.3 **CSD-16-01**, Community Services Department 2015 Annual Report (Information)

4.4 **CSD-CHS-16-13**, Amendment to Purchase of Service Agreement for Children’s Services

**Recommendation:**

That the Region of Waterloo amend the current purchase of service agreement with Waterloo Infant Toddler Daycare Association to add St. John’s Summer Camp, located at 22 Willow St., Waterloo, Ontario N2J 1V5, effective July 4, 2016 as outlined in report CSD-CHS-16-13, dated June 14, 2016.

4.5 **CSD-CHS-16-14**, Special Needs Support Service Changes (Information)

4.6 **CSD-CHS-16-15/COR-FFM-16-09**, Elmira Children’s Centre Capital Project Update (Information)

**Regular Agenda Resumes**

5. **Reports – Community Services**

5.1 **CSD-HOU-16-05**, Emergency Shelter Program Framework Consultation and Next Steps (Information) (Presentation)
Reports – Public Health

5.2 **PHE-HPI-16-05**, 2016 Public Pools and Hot Tubs Inspection Results Disclosure (Information) (Presentation) 70

5.3 **PHE-HPI-16-06**, Region of Waterloo Heat Alert Response System Update (Information) 74

5.4 **PHE-HLV-16-06**, Childhood Obesity Prevention: A High Level Overview (Information) 83

Reports – Interdepartmental

5.5 **PHE-PSV-16-03/COR-FFM-16-07**, East Waterloo to Breslau Ambulance Station 91

Recommendation:

That the Regional Municipality of Waterloo enter into an agreement with the Township of Woolwich for the construction, use and occupation of a new ambulance station to be co-located and constructed concurrently with the new Breslau Fire Station in Breslau, as detailed in report PHE-PSV-16-03/COR-FFM-16-07 on terms and conditions satisfactory to the Chief Financial Officer and the Regional Solicitor;

And that the Commissioner of Public Health and Emergency Services and Regional Solicitor be authorized to execute the agreement on behalf of the Regional Municipality of Waterloo as outlined in report PHE-PSV-16-03/COR-FFM-16-07, dated June 14, 2016.

Reports – Planning, Development and Legislative Services

5.6 **PDL-LEG-16-47**, Region of Waterloo Community Housing Inc. Borrowing By-Law and Appointment of New Director 95

Recommendation:

That The Regional Municipality of Waterloo, in its capacity as both Service Manager in accordance with the Housing Services Act and sole shareholder of Region of Waterloo Community Housing Inc. (“ROWCHI”) approve the Resolution of the Sole Shareholder appointing Michelle Sergi as a director of ROWCHI to hold office until the close of the first annual meeting of shareholders or until such director’s successor is elected or appointed, whichever occurs first,
and authorize the Region’s Commissioner of Community Services and the Commissioner of Corporate Services/Chief Financial Officer both in their capacity as employees of the Region of Waterloo and based on their positions as officers and directors of ROWCHI to sign such Resolution in a form satisfactory to the Regional Solicitor;

And that The Regional Municipality of Waterloo, in its capacity as both Service Manager in accordance with the Housing Services Act and sole shareholder of Region of Waterloo Community Housing Inc. ("ROWCHI") confirm ROWCHI’s By-Law No. 3 (Borrowing By-Law) attached as Appendix “A” and authorize the Region’s Commissioner of Community Services and the Commissioner of Corporate Services/Chief Financial Officer in their capacity as employees of the Region of Waterloo and based on their positions as officers and directors of ROWCHI to sign such confirmation in a form satisfactory to the Regional Solicitor;

6. Information/Correspondence

6.1 Council Enquiries and Requests for Information Tracking List

7. Other Business

8. Next Meeting – August 9, 2016

9. Motion to go Into Closed Session

That a closed meeting of the Planning and Works Committee be held on Tuesday, June 14, 2016 immediately following the Community Services Committee in the Waterloo County Room in accordance with Section 239 of the “Municipal Act, 2001”, for the purposes of considering the following subject matters:

a) proposed or pending acquisition of land in the City of Cambridge
b) proposed or pending litigation and receiving of advice that is subject to solicitor-client privilege related to legal liabilities
c) proposed or pending acquisition of land in the City of Cambridge

10. Adjourn
Region of Waterloo
Public Health and Emergency Services
Healthy Living

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: June 14, 2016

Subject: Shade in Waterloo Region

Recommendation:
For information.

Summary:
Region of Waterloo Public Health and Emergency Services (Public Health) works, in partnership, with local stakeholders to reduce the public's exposure to ultraviolet radiation to meet chronic disease prevention requirements in the Ontario Public Health Standards. The primary focus of this work is dedicated to supporting municipalities (including Region of Waterloo) and school boards in shade policy development and implementation to increase shade in public spaces to ultimately reduce ultraviolet radiation exposure. This report provides an overview of the issues related to ultraviolet radiation exposure and Public Health’s efforts to reduce exposure.

Report:

Health Effects from Ultraviolet Radiation Exposure

Ultraviolet radiation comes from natural sources (like the sun) and artificial sources (like black lights, welding equipment, lasers, and tanning beds and lamps). For the purpose of this report, we will be focusing on solar ultraviolet radiation exposure (ultraviolet radiation from the sun).¹

A person can be exposed to solar ultraviolet radiation from a direct source (being under the sun’s rays) and/or from indirect rays (where the sun’s rays are reflected off of surfaces such as snow, concrete, glass, metal, sand, and water). Reflective ultraviolet
radiation can increase the amount of ultraviolet radiation exposure a person receives. Exposure to solar ultraviolet radiation can lead to skin cancer, eye cancer, cataracts, and weakening of the immune system.\textsuperscript{2}

Ultraviolet radiation causes skin cancer by creating changes in the cells of the skin, and in some cases, can cause direct damage to the cells. Tans and sunburns, for example, are both signs that ultraviolet radiation has damaged the skin. In other cases, ultraviolet radiation causes skin cancer, indirectly, by weakening the immune system.\textsuperscript{3} Skin damage caused by the sun is cumulative, in other words long-term, daily exposure to sunlight adds up.\textsuperscript{4}

Children are especially at risk for harm from ultraviolet radiation as they have thin skin,\textsuperscript{5} are outdoors during times when the sun’s rays are at its strongest, are outside more than any other age group, and are often not protected from the sun.\textsuperscript{6} Older children are less likely to have any sun protection.\textsuperscript{6} A person’s risk for developing melanoma is strongly associated with the amount or degree of sun exposure they experience early in their life (i.e. in childhood or adolescence).\textsuperscript{7}

Skin cancer (melanoma and non-melanoma) is a growing public health concern as it’s the most common cancer in Canada, and the rates continue to rise. Together, melanoma and non-melanoma skin cancer will account for nearly the same number of new cancer cases as the four major cancers combined (lung, breast, colorectal and prostate).\textsuperscript{7} In Ontario, direct and indirect costs associated with skin cancer will exceed $344 million dollars a year.\textsuperscript{8}

Skin cancer is however highly preventable through a number of sun safe practices. When the UV Index is 3 or higher it is recommended that people: seek shade; cover up with clothing, hats and sunglasses; and use a broad spectrum sunscreen on their skin and lips with a sun protection factor (SPF) of 30 or higher. Additionally whenever possible, activities should be planned before 11 a.m. or after 3 p.m., between April and September as this is when ultraviolet radiation is strongest in Waterloo Region.

**Why Shade for Sun Protection?**

Being outdoors is one of life’s great pleasures, and is important for a person’s health and wellness. Public health encourages people to be outdoors for its numerous benefits. It is also important that people enjoy the sun safely when outdoors. The responsibility for reducing ultraviolet radiation exposure falls on both the person and society: the person for using sun safety practices, and society for providing sun-safe environments that include shade. Shade (natural, built, or a combination of both) is considered one of the most effective approaches for reducing ultraviolet radiation exposure; it provides protection for everyone, regardless of a person’s economic status,
and is a passive approach because it allows people to go about their daily activities with sun protection already existing in their environments.

Prevention of the negative health effects from exposure to the sun and heat is an important motivator for promoting the strategic implementation of shade. Additionally, the general greening of urban environments addresses other public health interests, and complements the interests of other sectors. Shade trees have been shown to:

- Encourage and increase physical activity of both children and adults\(^9,10\)
- Improve mental health\(^9,10\)
- Moderate the urban heat island effect and create cool comfortable outdoor spaces\(^11\)
- Improve air quality and address climate change\(^12\)
- Increase a sense of community and strengthen social ties\(^13\)

In 2009, Public Health completed a situational assessment on sun safety for children 0 to 14, to determine how to meet the ultraviolet radiation-related requirements in the Ontario Public Health Standards. These standards mandate that Public Health support school boards/staff of educational settings and municipalities in the implementation and development of healthy policies related to ultraviolet radiation exposure, as well as increase the capacity of community partners to establish local programs that address this topic.\(^14\) The results of the situational assessment lead Public Health to focus on the promotion of shade policies and practices in Waterloo Region to reduce ultraviolet radiation exposure.

Rapid Risk Factor Surveillance System data from 2011 also revealed that there was strong community support for shade in Waterloo Region:\(^15\)

- 67.2% of Waterloo Region respondents indicated that it was “very important” to have shaded areas in school yards, parks and spectator areas of sports fields so people could reduce their sun exposure; 25.1% said it was “somewhat important”.
- 96% of respondents supported planting trees in school yards, parks and spectator areas of sports fields so that people could reduce their sun exposure.
- 96.7% of respondents said they supported local government with spending a small amount of funds on planting trees/building structures.

Public Health’s other strategies to address ultraviolet radiation exposure include: supporting the School Health Program and schools, supporting workplaces with outdoor workers’ education, and linking the public to information and community resources through the Service First Call Centre and Public Health’s website.

**Shade Work Group of Waterloo Region**
With the decision to promote shade policies in Waterloo Region, came the inception of a shade collaborative. This collaborative originally comprised of Public Health and Planning, Housing and Community Services (Planning) of the Region of Waterloo (the Region); and Evergreen, a non-profit greening organization (see PH-11-022/P-11-049 for more details). From the beginning, it was recognized that organizations and even departments within organizations would have to work together to effect change in shade policy. The collaborative has grown to become The Shade Work Group of Waterloo Region (Shade Work Group) which has the goal of influencing decision makers in Waterloo Region to adopt policies and practices that increase the strategic use of shade coverage and surface materials that reduce reflected ultraviolet radiation in targeted publicly accessible spaces. These targeted spaces are under the jurisdiction of the Region, area municipalities, and local school boards, and are spaces used at critical peak ultraviolet radiation times (11 a.m. to 3 p.m., April to September). Municipalities and school boards have an equal stake in implementing shade policies as it presents an opportunity to protect and enhance the urban environment, and protect and promote the wellbeing of community members.

The Shade Work Group’s activities to achieve its goal include: sharing research and best practices by hosting shade forums and communicating through an email listserv; providing support to organizations by conducting shade audits, providing consultations on new or refurbishment projects, and reviewing policies and guidelines; and creating tools and resources to support organizations with their shade initiatives for example, Shade Audit Information Guide + Tool, Shade Tree List, Shade Design and Shade Policy Fact Sheets, Shade Matters video, and Shade webpages.

Next Steps

Public Health is a key contributor of the work conducted by the Shade Work Group and with stakeholders internal to the Region.

Item 3.6.1 in the 2015-2018 Public Health and Emergency Services Strategic Plan was created which outlines that Public Health will work with various departments to inform the strategic placement of shade in public spaces. The Commissioner of Community Services identified his department as an appropriate partner for Public Health to work with. As such, Public Health hopes to collaborate with pertinent stakeholders in Community Services, along with Corporate Services (Facilities Management), in 2016 to determine what is feasible for Community Services department in addressing shade on their properties that are used by the community.

Corporate Strategic Plan:

The activities outlined in this report are directly associated with action item 3.6.3 of the 2015-2018 Corporate Strategic Plan, “explore opportunities with the area municipalities
to improve the pedestrian/cyclist environment on Regional Roads (e.g. street furniture, shade, lighting, winter maintenance, etc.). This action item stems from the strategic objective of “[improving] environmental sustainability and livability in intensifying urban and rural settlement areas.”

**Financial Implications:**

Activities related to the Public Health role in reducing the public’s exposure to ultraviolet radiation, in accordance with the chronic disease prevention requirements in the Ontario Public Health Standards are covered under the department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

**Other Department Consultations/Concurrence:**

Public Health plans to continue work with Corporate Services (Facilities Management) and Community Services to enhance shade policies within Waterloo Region.

**Attachments**

Nil

**Prepared By:** Anna Lukacsovics, Public Health Planner, Tobacco and Cancer Prevention, Healthy Living

**Georgeanne MacGregor-Fox,** RN, Public Health Nurse, Tobacco and Cancer Prevention, Healthy Living

**Jonathan Mall,** Manager, Tobacco and Cancer Prevention, Healthy Living

**Sharlene Sedgwick Walsh,** Director, Healthy Living

**Approved By:** Dr. Liana Nolan, Commissioner/Medical Officer of Health
REFERENCES


Region of Waterloo

Community Services

Employment and Income Support

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

Subject: Basic Income Guarantee

Recommendation:

That the Regional Municipality of Waterloo support the stated intention of the Province to collaborate with stakeholders to develop, implement and evaluate a Basic Income Guarantee pilot project and that such support be in the form of a Council Resolution (as set out in Appendix B);

And That the resolution be circulated to the Ministers of Health and Long-Term Care and Community and Social Services for Ontario, the Federal Minister of Families, Children and Social Development, the local MPPs and MPs to indicate the Region’s support for a Basic Income Guarantee pilot project in Ontario;

And Further That the resolution be sent to the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA) to urge them to advocate to the Province that Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs) be included in consultations to inform the development and evaluation of the pilot project to be implemented in Ontario as detailed in report CSD-EIS-16-10, dated June 14, 2016.

Summary:

The City of Kingston, as requested by the Kingston Basic Income Guarantee Working Group, passed a resolution in support of the concept of a basic income guarantee on December 15, 2015. The resolution was forwarded to all municipalities in Ontario with the request that Councils consider supporting the initiative. The Region of Waterloo Community Services Committee received the correspondence from The City of Kingston as information during the February 2, 2016 meeting and directed staff to
prepare a report for further discussion and possible action.

This report provides background information on the concept of a basic income guarantee, outlines the current political landscape and briefly describes the Waterloo context. The report outlines three possible options for Committee to consider in response to the correspondence from the City of Kingston; and, provides a staff recommendation of a preferred option.

Report:

1.0 The Concept of Basic Income Guarantee

Basic Income Guarantee (BIG) is a cash transfer from government to citizens that is not tied to labour market participation, so that every individual is guaranteed an income at a level sufficient to meet basic needs and to live with dignity, regardless of employment status.\(^1\) Advocates of the BIG, liken BIG to current policies including, the Canadian Child Tax Benefit (CCTB), Old Age Security (OAS), and Guaranteed Income Supplement (GIS) to demonstrate the proven benefits of a guaranteed annual income. For seniors, studies have shown greatly reduced poverty levels.\(^2\)

The concept of BIG is also referred to by numerous other names, such as guaranteed annual income, guaranteed livable income, citizen’s wage, etc. These different names represent some of the many varying theories of how to design and implement the general concept. Each varying design has its own proposed impacts and implications for citizens, as well as the complex system of social policies, programs and services available.

Determining the adequacy of the benefit level needs to consider the impact of setting the level too high or too low on the incentive to work, as well as the varying impacts to households with different levels of income (e.g. just above the poverty line, etc.). It would generally be agreed that any BIG design should maintain work incentives, so that the benefit received is incrementally reduced as additional income is earned, rather than eliminated.\(^3\) Current Canadian proposals call for an adequate basic income that permits a decent level of income, such that the benefit would increase over time with the cost of


Regional variation in the benefit level to account for the differences in the cost of living across Canada is another important consideration. Benefits could be provided either to individuals or set according to family or household status, which would have varying impacts for gender equality and the ease of integration with other existing social programs that consider household eligibility.

The mechanism for the cash transfer is generally thought to be best administered through the federal tax system. There are two basic models for the delivery mechanism: the Negative Income Tax model and the Universal Demogrant model. The Negative Income Tax model is aligned with the tax system to top up incomes of those who fall below a defined poverty line. The Universal Demogrant model is a universal program whereby every citizen is given a fixed, non-taxable payment above which any additional income is taxed (thus people with higher incomes would pay back this benefit in taxes).

A further key design consideration is conditionality. BIG would widely be viewed as being conditional only in the sense that it is targeted to benefit citizens with low income. However, some variations may include participation conditions, such as being available for employment or being involved in some activity that is of social benefit.

The anticipated costs and funding for BIG vary, largely depending upon its integration with other existing supports. The extent to which BIG would replace existing income programs (social assistance, refundable and non-refundable tax credits, employment insurance programs, working income supplements, etc.) and impact the funding available to other important health and social programs (such as community housing, child care, etc.) will be a significant and complex design consideration. Additional funding for BIG may also come from higher income tax rates on additional income or other alternative special taxes. Savings realized through improved education and health outcomes, as a result of BIG, may also be used to fund BIG.

The model would require partnership between the provincial and federal governments, for determining jurisdictional responsibilities, revenues, and impacted programs. Municipal governments would not have jurisdiction in the matter directly. In Ontario where social services are delivered municipally, there could be an impact on the existing service delivery models contingent upon the method of design and implementation for BIG. For example, the role of Service Manager for social assistance may, or may not be required depending upon the model of delivery chosen.

While the general concept generates much support across the political spectrum, there is also much debate about the key design characteristics, and its integration with other

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4 Basic Income Canada Network, “The Basic Income We Want,” Basic Income Canada Network, Ottawa, April 6, 2016. [http://www.basicincomemecanada.org/the_basic_income_we.want](http://www.basicincomemecanada.org/the_basic_income_we.want)

existing supports. All of these important considerations would need to be explored and evaluated further if/as the Province and/or Canada move ahead.

Some of the arguments in favour of BIG are:

- Economic benefits (reduce/eliminate poverty, buffer the effects of precarious employment, streamline existing income support programs, etc.);
- Health benefits (increased food security, health outcomes, reduced health costs, etc.); and
- Social benefits (increased gender equality, reduce crime rates, greater equality of opportunity, increased civic participation, elimination of the stigma of social assistance, etc.).

Some of the arguments against BIG are:

- Design - challenges in the feasibility of actually designing and implementing the primarily theoretical concept into actual practise;
- Cost – the actual cost of providing income to those living in poverty may be unsustainable and far too costly;
- Decreased incentive for citizens to work;
- May allow employers to ignore their responsibility to provide fair wages, benefits and work environments;
- Deterrent for government and the private sector to create new good jobs;
- The relativity (i.e. dependent relationship) between the poverty line and inflation; and
- That income security will not replace the continued need to provide non-income based supports and programs to individuals with complex issues.

Even a well designed basic income guarantee model would not replace the need for continued government investment into community-led initiatives, at all levels of government. In 2015, the Canadian Centre for Policy Alternatives (CCPA) reported that in Winnipeg “decades of population decline have been stemmed, education and employment in the inner city are improving, while incomes are rising faster and poverty is declining faster in the inner city than in the non-inner city.” The report concludes that most of these gains are likely “attributable to provincial government investments in community-led solutions.”

Thus, while a BIG could be a very important component of a poverty reduction strategy, it is unlikely to be the sole pillar. A BIG would not replace the need for health and related benefits, literacy and essential skills training, finding and retaining employment,

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mental health supports, drug and addictions counselling, etc.

2.0 Current Political Landscape

Kingston City Council was the first Canadian municipality to endorse a motion calling for a ‘national discussion on Basic Income Guarantee for all Canadians’, in December 2015. Since the passage of the Kingston resolution, the Association of Municipalities of Ontario (AMO) has received at least 11 resolutions in support of BIG from numerous lower tier municipalities in eastern Ontario, as well as the District of Thunder Bay Social Services Administration Board and the Region of Niagara. See Appendix A for a comparison of the actions taken by all urban CMSMs in Ontario.

The support for BIG has been gaining momentum across Canada in the last few years and months. In February, Premier Philippe Couillard announced a commitment by the Quebec government to look into turning their existing income support tools into a form of a basic income guarantee. Numerous mayors from cities and towns across Canada have indicated their support for basic income or pilot projects thereof.

The federal budget released March 22, 2016 did not mention a basic income. However, the federal minister for the Families, Children and Social Development, stated in February that a guaranteed minimum income is a policy worthy of exploring at some point.

The 2016 Ontario budget promised a pilot project to test “whether a basic income would provide a more efficient way of delivering income support, strengthen the attachment to the labour force, and achieve savings in other areas, such as health care and housing supports.” The Province will be working with communities, researchers and other stakeholders in 2016 to determine how to design the pilot and determine the location(s) for the basic income pilot. Several individuals and community groups from across Ontario have since spoken out and initiated activities to advocate to the Province that their community be chosen as a test site.

The concept has significant support from the public health sector across Canada and Ontario. The Canadian Medical Association (CMA), the Association of Local Public Health Agencies (alPHA) and the Ontario Public Health Association (OPHA) have all passed resolutions in support of basic income guarantee as a means of improving the health of low income Canadians. The growing movement has much support at the local Board of Health and public health unit level across Ontario as well, with many resolutions made in the last year, following the lead of the Simcoe Muskoka District

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Health Unit in May, 2015.

3.0 Waterloo Region Context

60,570 residents of Waterloo Region (12.7 per cent of the population) live on low incomes, according to the 2013 Canadian Tax Filer data after tax low income measure. Across Ontario, 14.7 per cent of the population live on low incomes. Citing research in the Canadian Medical Association Journal, “The Cost of a Nutritious Food Basket in Waterloo Region 2015”, prepared by Region of Waterloo Public Health and Emergency Services (PHE-HLV-15-06), claims that the root cause of food insecurity in Canada is low income.

A 2015 report released by Cancer Care Ontario puts the Region of Waterloo as the 6th most food insecure out of all 36 Ontario health unit districts, with nearly 13 percent of all residents experiencing food insecurity, which translates into nearly 61,000 people living in our Region.10 “The Cost of a Nutritious Food Basket in Waterloo Region 2015” reports the estimated costs of basic healthy eating for individuals and households in the region. The report effectively demonstrates the inadequacy of Ontario Works, such that in order to eat healthy, one adult receiving Ontario Works would need to spend 38 per cent of his/her income on food and with current average market rental prices, these two costs alone exceed the monthly benefits received by a single individual by 130 per cent. As a result, existing food insecurity services “must be accompanied by income support mechanisms such as higher social assistance rates, indexed to inflation, and/or a guaranteed annual income for people living in poverty”, the report states.

4.0 Conclusion and Proposed Options

Since simplifying Canada’s current approach to income security is a key benefit argued by BIG proponents, all income-related benefit programs managed by CMSMs could be potentially impacted, depending on the design. The Kingston resolution does not advocate for a particular preferred design, but is an endorsement for the general concept and a call for a national discussion on exploring the idea and its potential benefits to address broad societal income issues. The resolution was forwarded to all municipalities in Ontario with the request that Councils consider supporting the initiative.

Since the potential impacts of BIG depend on the specific design and scope, further analysis of BIG as presented in the Kingston resolution is difficult to articulate beyond what has been included in this report. A key consideration for Council is that as the Province moves forward with planning and evaluating the pilot project a municipal perspective should be applied to inform the design. A key issue will be the scope of the pilot and the adequacy of the basic income in the design – particularly the impacts for resident well-being, resident access to other supports, and on service manager roles.

and programs. These aspects will be better understood once the Province provides more details on the proposed design for the pilot project and its evaluation.

Region staff propose three options for consideration:

1. That the Region takes no action at this time and awaits the Province to announce its intended plans for the development of the BIG pilot project in Ontario;
2. That the Region supports the City of Kingston resolution as written reflecting Kingston specific poverty data (see Appendix C); or,
3. That the Region supports the resolution drafted using data specific to the Region of Waterloo (see Appendix B) to indicate the Region’s support for the Province to implement and evaluate a pilot project exploring the impacts and effectiveness of BIG.

Region staff proposes the third option as the preferred course of action by Council. Such an approach will allow Council to cite region specific data within the resolution demonstrating the potential need for such a redesign of income security programs.

Corporate Strategic Plan:

Exploring the concept of a basic income guarantee is consistent with the Region’s 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.2 (to) Mobilize efforts to reduce poverty and the impacts it has on Waterloo Region residents.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Public Health and Emergency Services (Healthy Eating) was consulted on the writing of this report.

Attachments

Appendix A: Action Taken by Urban CMSMs Regarding a Basic Income Guarantee
Appendix B: Resolution – Basic Income Guarantee
Appendix C: Copy of the Kingston Resolution

Prepared By: Melodie Klassen, Social Planning Associate
            Carolyn Schoenfeldt, Director, Employment and Income Support

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
### Appendix A

**Action Taken by Urban CMSMs Regarding a Basic Income Guarantee**

<table>
<thead>
<tr>
<th>Urban CMSM</th>
<th>No Action Taken</th>
<th>Adopted Kingston Resolution</th>
<th>Action Pending/Other Discussions</th>
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</thead>
<tbody>
<tr>
<td>Region of Durham</td>
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<td>Apr 7, 2016 – The Health &amp; Social Services Committee discussed a proposed endorsement; a staff report with more information was requested.</td>
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<td>Region of Halton</td>
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<td>City of Hamilton</td>
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<td>Nov 16, 2015 – Board of Health report passed a resolution in support of investigating a joint federal-provincial basic income guarantee.</td>
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<td>City of Kingston</td>
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<td>Dec, 15 2015</td>
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<td>City of London</td>
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<td>Feb 4, 2016</td>
<td>Mar 31, 2016 - Poverty Report released by an Advisory Panel to the Mayor included a recommendation that the City of London advocate to be a BIG pilot site.</td>
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<tr>
<td>District of Muskoka</td>
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<td>Jul 22, 2015 – The Community Services Committee received a staff report for information that the Simcoe Muskoka District Health Unit passed a resolution regarding BIG.</td>
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<td>Region of Niagara</td>
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<td>County of Norfolk</td>
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<tr>
<td>County of Simcoe</td>
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<td>May 20, 2015 – Simcoe Muskoka District Health Unit passed a resolution regarding BIG.</td>
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<td>City of Greater Sudbury</td>
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<td>District of Thunder Bay Social Services Administration Board</td>
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<td>Feb 5, 2016 with a local board report</td>
<td></td>
</tr>
<tr>
<td>City of Toronto</td>
<td>×</td>
<td></td>
<td>Feb 2, 2016 – Discussion at Community Services Committee; staff report requested for further information.</td>
</tr>
<tr>
<td>County of Wellington</td>
<td>Mar 2, 2016 – Wellington-Dufferin-Guelph Public Health board members voted in favour of asking the federal government to look at the merits of BIG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City of Windsor</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region of York</td>
<td>Mar 3, 2016 – Referred the Kingston resolution to their Human Services Planning Board for review and analysis.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Resolution - Basic Income Guarantee

Whereas 60,570 residents of Waterloo Region (12.7 per cent of the population) live on low incomes according to the 2013 Canadian Tax Filer data after tax low income measure; and

Whereas Waterloo Region is the 6th most food insecure out of all 36 Ontario health unit’s districts according to a 2015 report by Cancer Care Ontario; and

Whereas the root case of food insecurity in Canada is low income; and

Whereas income security and inequality continue to increase in Ontario and Canada as a result of low wage, precarious employment opportunities, such as part-time, temporary or contract work; and

Whereas existing income security programs have not proved sufficient to ensure adequate, secure income for all; and

Whereas insufficient income, income insecurity and inequality have well-established, strong relationships to a range of adverse health outcomes, and are root causes of many social ills such as illiteracy and short-fall of educational attainment, chronic stress, alienation, and criminal activity, all of which undermine the social fabric; and

Whereas a basic income guarantee would reduce income insufficiency, insecurity, and inequality and ensure everyone an income sufficient to meet basic needs and live in dignity regardless of work status; and

Whereas a basic income guarantee resembles income guarantees currently provided in Canada for seniors, which have contributed to health and quality of life improvement in this age group; and

Whereas there is growing support from various levels of government across Canada and numerous associations across Ontario;

Therefore Be It Resolved That the Regional Municipality of Waterloo support the Provincial and Federal governments through their respective responsible Ministers, to research, develop, implement and evaluate a Basic Income Guarantee for all citizens, as described in Report CSD-EIS-16-10, dated June 14, 2016; and

That a copy of this resolution be forwarded to the Ministers of Health and Long-Term Care and Community and Social Services for Ontario, the Federal Minister of Families, Children and Social Development, the local MPPs and MPs to indicate the Region’s support for a Basic Income Guarantee pilot project in Ontario; and
That a copy of this resolution be sent to the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA) to urge them to advocate to the Province to be included in consultations to inform the development and evaluation of the pilot project to be implemented in Ontario.
Appendix C

Copy of the Kingston Resolution

I hereby certify that the following is a true and correct copy of a resolution, being New Motion 2 unanimously approved by Kingston City Council at its regular meeting held on December 15, 2015:

Whereas the 2011 National Household Survey confirmed that 14.9% of the population live in low income circumstances, a percentage exceeded in the City of Kingston where the percentage of the population living in poverty has been documented at 15.4%; and

Whereas income insecurity and inequality continue to increase as a result of precarious employment; and

Whereas existing income security programs have not proved sufficient to ensure adequate, secure income for all; and

Whereas insufficient income, income insecurity and inequality have well-established, strong relationships to a range of adverse public health outcomes, and are root causes of many social ills such as illiteracy and short-fall of educational attainment, chronic stress, alienation, and criminal activity, all of which undermine the social fabric; and

Whereas a basic income guarantee would reduce income insufficiency, insecurity, and inequality and ensure everyone an income sufficient to meet basic needs and live in dignity regardless of work status; and

Whereas a basic income guarantee would provide an income floor for those doing socially essential but unpaid work, supporting the choices of those who engage in it; and

Whereas a basic income guarantee would provide additional direct personal income which would be spent locally, thereby revitalizing local economies; and

Whereas a basic income guarantee would enable individuals to pursue educational, occupational, social and wellness opportunities relevant to them and their families; and

Whereas a basic income guarantee would support entrepreneurship and job transition for those trying to establish a new productive role for themselves in response to a persistently changing economy; and

Whereas a basic income guarantee would resemble income guarantees already provided in Canada for seniors guarantees which have contributed to health and quality of life improvements in this age group; and

Whereas basic income has been studied in Canada for approximately forty years and has demonstrated improved physical and mental health and educational outcomes; and

Whereas a basic income guarantee program would involve the redistribution of the administrative functions of existing income support programs to the nation as
a whole and to senior government partners in the same manner as Medicare and the existing seniors and children's programs;

Therefore Be It Resolved That the City of Kingston endorse a national discussion of a Basic Income Guarantee for all Canadians; and

That the City of Kingston encourage the provincial and federal governments through their respective responsible Ministers, including the Ontario Minister of Health and the Ontario Deputy Minister in Charge of Poverty Reduction, to work together to consider, investigate, and develop a Basic Income Guarantee for all Canadians; and

That this resolution be forwarded to all municipalities in Ontario with the request that they consider indicating their support for this most important initiative; and

That this resolution be forwarded to the Association of Municipalities of Ontario and the Federation of Canadian Municipalities, including the Big City Mayors’ Caucus, with the request that they include proposing a Basic Income Guarantee in their respective engagements with the provincial and federal governments; and

That copies of this resolution be shared with the Premier of Ontario, the Prime Minister of Canada, and all opposition leaders at both levels of government.

Dated at Kingston, Ontario
This 18th day of December, 2015.

[Signature]

John Bolognone, City Clerk
Region of Waterloo
Community Services
Employment and Income Support

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

File Code: S14-80

Subject: Ontario Works Discretionary Benefits Program

Recommendation:
That Regional Municipality of Waterloo, effective July 1, 2016, provide the following services through the Ontario Works Discretionary Benefit Program:

- Adult Dental Services
- Interpreter Services
- Transportation
- Burial Services
- Food Hamper Program
- Emergency Response; and

That services related to provision of late payments and eviction prevention continue to be provided through the Ontario Works Discretionary Benefit Program until December 31, 2016 and then transferred to the Housing Division, as detailed in report CSD-EIS-16-04 dated June 14, 2016.

Summary:
The Ontario Works Discretionary Benefits (OWDB) program provides benefits to individuals who are in receipt of Ontario Works or Ontario Disability Support Program. The program provides health-related items and services that are not covered by social assistance benefits. The program also covers non-health related travel and transportation.

Based on expenditures to the end of April, without changes to the OWDB program, it is projected that $600,000 will be required in addition to the 2016 budget of $4,467,200.
It is recommended that services provided to eligible clients be limited to, adult dental, food hampers, transportation, interpretation, emergency response, and burial services. Based on the expenditures for the first four months of 2016 and assuming the services changes are implemented as of July 1st, it is projected that overall expenditures could exceed the budget by a maximum of $300,000.

Report:

1.0 Overview of the OWDB Program
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. There are two types of benefits: health-related and non-health related. Non health-related benefits include broad categories such as eviction prevention, heat and hydro assistance, interpreter fees, food hampers, and non-health related travel and transportation. Health-related benefits include such broad categories as dental and vision care for adults.

2.0 Funding Sources for the OWDB Program & 2016 Expenditures
In July 2012, the Province capped the level of expenditures it would cost share at $10.00 for each Ontario Works and ODSP case per month. Prior to this change the amount that could be cost shared was unlimited. As a result of this change, the amount the Province would cost share within Waterloo Region declined from $5.9 million to $2.5 million.

Over and above the Provincial cost shared expenditure limit, the Region of Waterloo has provided an additional $1.5 million from the property tax levy. Further, $500,000 from the Community Homelessness Prevention Initiative (CHPI) allocation is also used to fund those costs related to homelessness prevention that are provided through the OWDB program. The OWDB program is part of the provincial upload of social assistance costs and the Province’s share of expenditures, currently 94.2%, will increase to 100 per cent in 2018.

The following table summarizes the historical and current budgeted expenditures and funding sources for OWDB:

Table 1: Ontario Works Discretionary Benefits Budget, 2012 – 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure</td>
<td>$5,923,338</td>
<td>$4,467,200</td>
<td>$4,467,200</td>
<td>$4,467,200</td>
<td>$4,467,200</td>
</tr>
<tr>
<td>Funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provincial Subsidy *</td>
<td>$4,904,523</td>
<td>$2,116,858</td>
<td>$2,185,939</td>
<td>$2,255,000</td>
<td>$2,324,100</td>
</tr>
<tr>
<td>Tax Stabilization Reserve Fund</td>
<td>625,000</td>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Levy Reserve</td>
<td>375,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHPI Funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Levy Contribution</td>
<td>$1,018,815</td>
<td>$1,350,342</td>
<td>$1,781,261</td>
<td>$1,712,200</td>
<td>$1,643,100</td>
</tr>
</tbody>
</table>

* 2013 -16 The increase in Provincial subsidy is due to Provincial Uploading
To the end of April, total expenditures for OWDB were $1.69 million or 38% of the approved budget. Based on the first four months of the year, it is projected that to maintain the current level of service to the community, expenditures will total $5.1 million, or $600,000 greater than budget. A summary of the 2016 budget, year-to-date expenditures and year end projected balances is provided in Appendix A.

3.0 Challenges within the OWDB Program
The challenge of administering the program is balancing growing demand for services within a fixed envelope of funding. Although the Provincial cap has remained constant since 2012, the cost of and demand for services has grown.

Adult dental services, which account for the greatest expenditures in the OWDB, are an example of how demand for services is exceeding the fixed funding envelope. Adult dental services are delivered through two programs: adult emergency for the relief of pain; and adult dental discretionary for denture services and root canal treatment (see Table 2).

Table 2: Adult Dental Services for Ontario Works Discretionary Benefits, by Program

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Adult Emergency (for pain relief)</th>
<th>Adult Dental Discretionary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exams/X-rays</td>
<td>New dentures</td>
</tr>
<tr>
<td></td>
<td>Fillings</td>
<td>Denture repairs, relines, adjustments</td>
</tr>
<tr>
<td></td>
<td>Tooth extractions</td>
<td>Root canal treatment for all teeth, except upper front teeth</td>
</tr>
<tr>
<td></td>
<td>Root canal treatment for upper front teeth</td>
<td>Emergency treatment for all teeth for pain relief</td>
</tr>
</tbody>
</table>

Adult dental is among OWDB services experiencing the greatest increase in demand. Demand for dental services has grown since 2004 (see Figure 1). A number of factors may be contributing to the growing demand for dental services. One factor is the economic recession in 2008, which has increased financial instability for individuals and families. The long-lasting effects of the recession are indicated through OW caseloads which remain above 2008 levels. A second contributing factor is the loss of dental benefits among low- and middle-income working populations over the last decade. The loss of benefits contributes to decreased oral health and increased demand for service once individuals become eligible for social assistance. Lastly, an aging population is requiring greater dental and denture services (the population aged 65+ in Waterloo Region is projected to double in the next 20 years). These factors combined, with others, are creating a demand for services that exceeds the current funding envelope.

A decrease in demand occurred in 2013 following the suspension of denture services. After denture services were reinstated in 2014, demand for adult discretionary services has continued to increase.

The adult dental program is projected to exceed its 2016 budget of $1,167,200 by $880,000. This additional expenditure is mitigated in part through OWDB contingency and savings in other line items within the budget.

**Figure 1: Adult Emergency and Adult Discretionary Annual Expenditure, 2004 - 2016**

![Graph showing Adult Emergency and Adult Discretionary Annual Expenditure, 2004 - 2016]

* 2016 Projected spending based on year-to-date spending

**4.0 Realignment of OWDB Services**

In order to continue to provide the most critical services, a program redesign is required to prioritize services. A detailed summary of the services that will continue and those to be discontinued through the redesign are listed in Appendix B. Staff identified priority services based on a number of considerations, including: benefits that have a direct impact on the health of participants and are linked to the social determinants of health (i.e. – food hampers, adult dental, and transportation), services that are vital for the successful administration of the program (i.e. – interpretation services), and services that assist with circumstances resulting from emergency displacement (i.e. – emergency response).

The suggested changes will result in hardship in some areas, however the combination of the OWDB cap and increasing needs within a changing population demographic have resulted in unsustainable spending.

The revised OWDB program, if approved, would result in some services no longer being provided by the Region. Based on the revised program, it is projected that the 2016
spending for OWDB will be $4.77 million, or $300,000 greater than budget. This projection includes a contingency to deal with expenditures for services approved before July 1\textsuperscript{st}, but to be paid after that date. Staff will continue to monitor the program spending. It is possible that, similar to 2015, dental program intakes may have to be suspended if program demand exceeds $2.0 million prior to the end of 2016.

Finally, for the remainder of 2016, services related to late payments and eviction prevention will continue to be funded by OWDB. In 2017 these programs, along with the $500,000 CHPI funding, will be transferred to the Housing Division and managed within the homelessness prevention envelope of services.

5.0 2017 Budget

Based on the revised schedule of benefits, the 2017 OWDB program budget will be prepared to allocate the total funding available to the six benefits to be continued. Based on projected spending and the overall funding available, the 2017 budget will be as follows:

<table>
<thead>
<tr>
<th></th>
<th>2017 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Dental Program</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>$1,228,600</td>
</tr>
<tr>
<td>Discretionary</td>
<td>1,228,600</td>
</tr>
<tr>
<td>Total</td>
<td>$2,457,200</td>
</tr>
<tr>
<td>Interpreters Fees</td>
<td>75,000</td>
</tr>
<tr>
<td>Travel / Bus Tickets</td>
<td>200,000</td>
</tr>
<tr>
<td>Burial Expenses</td>
<td>500,000</td>
</tr>
<tr>
<td>Food Hampers</td>
<td>700,000</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>35,000</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$3,967,200</td>
</tr>
</tbody>
</table>

Funding

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Subsidy (1)</td>
<td>$2,324,100</td>
</tr>
<tr>
<td>Total</td>
<td>$2,324,100</td>
</tr>
</tbody>
</table>

Net Regional Levy $1,643,100

(1) Provincial subsidy shown at 2016 cost sharing ratio

Based on the proposed budget, the overall Regional property tax levy will not change, excluding the impact of provincial uploading. The CHPI funding and expenditures for late payments and eviction prevention will be transferred to the Housing budget.

Corporate Strategic Plan:

The provision of discretionary benefits to social assistance recipients supports the Region’s 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities, and Strategic Objective 4.2 (to) mobilize efforts to reduce poverty and the impacts it has on Waterloo Region residents.
Financial Implications:

The approved budget for the 2016 OWDB program is $4,467,200. Based on the expenditures for the first four months of 2016 and assuming the services changes are implemented as of July 1st, it is projected that overall expenditures could exceed the budget by a maximum of $300,000. Without changes to the OWDB, the additional expenditures could be $600,000.

The projected additional expenditure of $300,000 can be accommodated within the overall 2016 tax supported operating budget. This variance has been included in the April 2016 Periodic Financial Report and Year End Projection report on the Administration and Finance Committee Agenda (please refer to report COR-FSD-16-14 dated June 14, 2016). Staff continues to monitor the program expenditures and will update the projection in the fall Periodic Financial Report.

Other Department Consultations/Concurrence:

Corporate Services (Treasury Services) was consulted in the development of this report.

Attachments

Appendix A – Ontario Works Discretionary Benefit Program 2016 Budget and Year end Projection

Appendix B – Recommended Realignment of OWDB Services

Prepared By: Carolyn Schoenfeldt, Director, Employment & Income Support

Curt Shoemaker, Manager, Quality Assurance, Employment & Income Support

Bojana Kojic, Social Planning Associate, Employment & Income Support

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
## Appendix A

### The Regional Municipality of Waterloo
### Ontario Works Discretionary Benefits

#### Year to Date Expenditures and Year End Projection

<table>
<thead>
<tr>
<th>Adult Dental Program</th>
<th>2016 Budget</th>
<th>April 2016 Year to Date</th>
<th>No Change</th>
<th>Revised Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Variance</td>
<td>Estimate</td>
<td>Variance</td>
</tr>
<tr>
<td>Emergency</td>
<td>$600,000</td>
<td>$305,539</td>
<td>$294,461</td>
<td>$1,050,000</td>
</tr>
<tr>
<td>Discretionary</td>
<td>567,200</td>
<td>433,702</td>
<td>133,498</td>
<td>997,200</td>
</tr>
<tr>
<td>Total</td>
<td>$1,167,200</td>
<td>$739,241</td>
<td>$427,959</td>
<td>$2,047,200</td>
</tr>
</tbody>
</table>

| Interpreters Fees   | 140,000     | 21,980                  | 118,020   | 66,000          | 74,000    | 74,000         |
| Late Payments        | 285,000     | 30,535                  | 254,465   | 270,000         | 15,000    | 194,000        |
| Eviction Prevention  | 300,000     | 215,700                 | 84,300    | 647,000         | (347,000) | 624,000        |
| Furniture / Appliance Purchase | 110,000 | 15,365                  | 94,635    | 46,000          | 64,000    | 23,000         |
| Purchase of Documents| 10,000      | 4,095                   | 5,905     | 10,000          | -         | 6,000          |
| Travel/ Bus Tickets  | 200,000     | 67,415                  | 132,585   | 200,000         | -         | 200,000        |
| Mobility Aids       | 70,000      | 34,980                  | 35,020    | 105,000         | (35,000)  | 52,000         |
| Burial Expenses     | 500,000     | 156,850                 | 343,150   | 500,000         | -         | 500,000        |
| Hearing Aids        | 20,000      | 11,530                  | 8,470     | 35,000          | (15,000)  | 17,000         |
| Vision Care         | 320,000     | 108,045                 | 211,955   | 324,000         | (4,000)   | 237,000        |
| Food Hampers        | 700,000     | 233,333                 | 466,667   | 700,000         | -         | 700,000        |
| Contingency         | 400,000     | -                      | 400,000   | -               | 400,000   | 400,000        |
| Emergency Response  | 70,000      | 61                      | 69,939    | 1,000           | 69,000    | 1,000          |
| Drugs and Medical Supplies | 175,000 | 47,530                  | 127,470   | 116,000         | 59,000    | 100,000        |
| Total Expenses      | $4,487,200  | $1,686,660              | $2,790,540| $5,067,200      | $(600,000)| $4,767,200     |

---

The table above details the Ontario Works Discretionary Benefits for the Regional Municipality of Waterloo, showing actual expenditures, variance from the budget, and year-end projections for the year to date and revised program as of April 2016.
Appendix B

Recommended Realignment of OWDB Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Description of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Dental</td>
<td>Relief of pain dental services and dentures for adults on OW, ODSP and non-social assistance recipients. A social determinate of health</td>
</tr>
<tr>
<td>Food Hampers</td>
<td>Grants to seven food distribution agencies in the region. A social determinate of health</td>
</tr>
<tr>
<td>Funerals &amp; Burials</td>
<td>Pays for simple funeral services and burials. Mandated by provincial statute.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Funds bus tickets for Ontario Works clients and social service agencies (purchased through EIS at a reduced cost). A social determinate of health</td>
</tr>
<tr>
<td>Interpreters</td>
<td>Vital service for accurate completion of regulated forms.</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>Although infrequent, funds basic necessities when low income persons are displaced because of an emergency.</td>
</tr>
<tr>
<td>Late payments *</td>
<td>Funds utility and water disconnection notices. Operates as part of the Waterloo Region Energy Assistance Program.</td>
</tr>
<tr>
<td>Eviction Prevention*</td>
<td>Funds eviction prevention for individuals in low income situations.</td>
</tr>
</tbody>
</table>

* Will be funded to December 31, 2016 and then transferred to Housing Services.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture/Appliances</td>
<td>Funds purchase of limited furniture and appliances for set up situations</td>
</tr>
<tr>
<td>Purchase of Documents</td>
<td>Funds purchase of Birth Certificates and Social Insurance Number cards for individuals requiring identity verification for Ontario Works application and bank accounts for electronic fund transfer deposits (assistance payments and wages)</td>
</tr>
<tr>
<td>Mobility Aids</td>
<td>Covers items such as orthotics, wheelchairs, special footwear, braces if not covered under Assistive Devices Program</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Funds hearing aids to a maximum of $2,000</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Funds vision care for OW and ODSP adults up to $250.00 maximum</td>
</tr>
<tr>
<td>Contingency</td>
<td>Buffer amount for budget management. Has been accounted for in budget projections</td>
</tr>
<tr>
<td>Drugs and Medical Supplies</td>
<td>Funds drug and medical supplies for individuals</td>
</tr>
</tbody>
</table>
Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

File Code: S13-30

Subject: 10 Year Housing and Homelessness Plan 2015 Progress Report

Recommendation:


Summary:

Under the Provincial *Housing Services Act, 2011*, the Region was required to submit a 10 Year Housing and Homelessness Plan (10 Year Plan) to the Ministry of Municipal Affairs and Housing (MMAH) in 2014. The Region’s 10 Year Plan was approved in April 2014 (P-14-042/SS-14-016) and submitted to the Province. Annual progress reports approved by municipalities are also required. This is the Region’s 2015 Progress Report, including a summary of activities up to the end of March 2016.

Report:

1.0 10 Year Housing and Homelessness Plan

Under the Provincial *Housing Services Act, 2011*, the Region was required to submit a 10 Year Plan to MMAH in 2014. The Region’s 10 Year Plan was approved in April 2014 (P-14-042/SS-14-016) and submitted to the Province. It merged the updated 2012 Homelessness to Housing Stability Strategy called “All Roads Lead to Home” (the Strategy, with its primary goal to end homelessness) and the 2014 “Waterloo Region’s Housing Action Plan 2014-2024” (the Housing Action Plan, its focus on addressing a wide range of housing needs for low to moderate income households).
Annual progress reports approved by municipalities are also required by MMAH. The first Progress Report, covering activities in 2014, was approved in 2015 (CSD-HOU-15-23) and submitted to the Province. It included a two-page data summary for 2014/15 and a general outline of activities that supported implementation of the 10 Year Plan between January and December 2014.

2.0 Current Policy Directions Related to Housing and Homelessness

While local planning, service delivery, and quality assurance practices in the areas of housing and homelessness have been in place for more than a decade, the pace of change has intensified over the last number of years to accommodate shifts in policy and calls for system improvements at the federal, provincial, and local levels. Highlights of key policy directions by order of government are outlined below, which help to inform the Region’s priorities related to the implementation of the local 10 Year Plan.

Federal Policy: The Federal Government has recently committed to developing a national Affordable Housing Strategy, which may serve to further clarify its role in ending homelessness, increasing housing stability, creating new and sustaining existing affordable housing, and helping the community housing sector to achieve self reliance. Key policy directives currently include the following:

- **Homelessness Partnering Strategy (HPS).** HPS invests primarily in “Housing First” approaches to end chronic and episodic homelessness. The Region is one of sixty-one communities across Canada that receives HPS funding under this policy direction. Current funding extends from 2014 to 2019;

- **Homeless Individuals and Families Information System (HIFIS).** HPS also supports a “Homeless Management Information System” (HMIS). Currently, there are eighteen agencies using HIFIS 3 in Waterloo Region, with plans to transition to HIFIS 4 over 2016/17. HIFIS 4 is a web-based database that will be hosted by the Region. It represents the next phase of system evolution; a single, integrated HMIS across all housing stability system functions. The Region is a designated Community Coordinator for HIFIS in Waterloo Region, and receives funding through HPS to support this role; and,

- **Point-in-Time (PiT) count.** HPS coordinated the first national PiT count earlier in 2016 to support the process of setting a baseline for the number of people experiencing homelessness in Canada. The PiT count will help to inform community plans by identifying trends related to social demographics, lived experience of homelessness, and causes of housing loss.

Provincial Policy: New Provincial expectations related to housing and homelessness were set out by the *Housing Services Act*, 2011, including implementation of the Long Term Affordable Housing Strategy (the LTAHS, first released in 2010 and then updated in 2016). The LTAHS Update specified the two overarching outcomes that are guiding
policy direction at the Province:

1) To decrease the number of people experiencing homelessness; and,
2) To increase the number of individuals and families that achieve housing stability.

The LTAHS Update outlined six main goals: i) an appropriate and sustainable supply of housing; ii) an equitable, portable system of financial assistance, iii) people-centred, efficient housing programs; iv) an Indigenous Housing Strategy; v) ending homelessness (chronic within 10 years\(^1\)); and vi) an evidence-informed system. In addition, four population groups were identified as priorities for action: Indigenous people, youth, seniors, and people transitioning from provincially-funded institutions and other community systems. Other key policy directives that fall under the LTAHS include:

- **10 Year Plans.** As noted above, Service Managers are required to develop, implement, and annually report progress on 10 Year Plans that meet specific deliverables. The current report is the Region’s 2015 Progress Report;
- **Investment in Affordable Housing (IAH, 2014 Extension).** The IAH provides Provincial and Federal funding to improve access to affordable housing through programs that create new rental housing, enable home ownership, repair existing homes, and provide flexible housing assistance. The Region is the local Service Manager for Community Housing and allocates funding to fulfill this directive; and,
- **Community Homelessness Prevention Initiative (CHPI).** In 2013, CHPI consolidated five homelessness programs that were previously funded by the Ministry of Community and Social Services (MCSS) into a single, fixed funding envelope under MMAH. CHPI Guidelines call for “a better coordinated and integrated service delivery system that is people-centred, outcome-focused, and reflects a Housing First approach to prevent, reduce, and address homelessness”. The Region is the local Service Manager for Homelessness, and allocates funding to local programs to fulfill this directive.

**Municipal Policy:** Through its various designations identified above, and as the backbone\(^2\) for the housing stability system, the Region ensures that all investments (both time and resources) are aligned to create the greatest possible impact in the community. This includes responsibilities for system planning, service delivery, accountability/quality assurance, and resource allocation. The Region also funds various programs and initiatives as part of its investments toward implementation of the local 10 Year Plan.

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2 Collective impact requires a separate organization with staff and a specific set of skills to serve as the “backbone” to the initiative. Backbone organizations play five key roles: guiding vision and strategy; supporting aligned activities; establishing shared measurement practices; building public will, advancing policy, and mobilizing funding.
In 2012 the updated Homelessness to Housing Stability Strategy was released, followed by the revised Housing Action Plan in 2014 (as well as a new Affordable Housing Strategy in 2014). As noted earlier, these are the plans that merged to form the local 10 Year Plan. They included recommendations for local system-level enhancements (e.g., easier access to information and service, better coordination among different parts of the system). Adopting a more coordinated approach to accessing the right housing resources, at the right time, has been identified as critical to this process. As demonstrated throughout this 2015 Progress Report, strengthening coordination continues to be a priority for local system planning.

3.0 Region’s 10 Year Plan Progress Report for 2015

The policy shifts described above offered the opportunity for local learning and adaptation at a time when service pressures were taking place following the recession of 2008. In response, the Region supported several new initiatives and moved forward with a number of changes to existing programs based on emerging promising practices. The impact has been very positive. For example, several pilots were implemented between 2013 and 2016 that helped to re-align resources for a better service experience and stronger outcomes at less cost, utilizing promising practices such as Housing First, progressive engagement, service prioritization, coordinated access, and shelter diversion.

More specifically, the following areas of activity highlight some of the progress achieved over the last year (for more detail, see Appendix A):

- **10 Year Plan Action Updates.** Consistent with Provincial and Federal policy directions, ending homelessness and increasing housing stability have been identified as goals for Waterloo Region in the local 10 Year Plan. Progress to reach these goals is monitored, in part, through activities identified in the Strategy’s Action Framework and the Housing Action Plan. Between January 2014 and December 2015, 76 percent of the actions that were expected to move forward within the reporting period had at least moderate progress;

- **CHPI Implementation 2013-2016.** The three-year implementation period for the Provincial Community Homelessness Prevention Initiative (CHPI) ended in March 2016; many of the activities summarized in Appendix A were supported through CHPI transition funding and implementation efforts;

- **Affordable Housing Strategy.** The goal of the Affordable Housing Strategy (2014-2019) is to address the housing needs of at least 700 low to moderate income households by creating 350 new affordable housing units and preserving and retaining 350 existing homes. In 2015, the Affordable Home Ownership Program enabled 40 households to purchase a home. The Ontario Renovates program invested over $350,000 to enable 29 households to make critical repairs or accessibility modifications to their homes. The Working Centre created 15 new
affordable housing units and Alfred Haenchen Co-op completed a six unit apartment. Lastly, through the Housing Assistance With Supports program, 34 people were supported to secure housing;

- **Community Housing Initiatives.** In response to a number of pressures on the Community Housing Wait List, a review was initiated to learn what housing providers, agencies, and people on the Community Housing Wait List thought about the local priorities that currently operate in Waterloo Region. The discussion focused on whether the local priorities should be changed, maintained, or eliminated. Recommendations based on the feedback will be made in the fall of 2016;

- **20,000 Homes Registry Week and PATHS Priority List.** In December 2014, the Region was the first community in Canada to pilot the [20,000 Homes Campaign Registry Week](https://www.endhomelessness.ca/2015/11/04/20-000-homes-campaign-week/). The national campaign was launched in 2015 through the [Canadian Alliance to End Homelessness](https://www.canadianalliance.ca/), with a goal to house 20,000 people by July 2018. A local target was set to house 40 highly vulnerable people over the winter 2015/16 season and this goal was exceeded by ten people, with 50 people housed. The initiative has since evolved into a new approach for prioritizing access to intensive housing-based support programs for people who are highly vulnerable called the Prioritized Access to Housing Stability (PATHS). As of March 2016, there were 132 people on the PATHS Priority List, of which 32 are considered to be the highest priority. From November 2014 to March 2016, a total of 172 people identified as highly vulnerable and unhoused were supported to move to permanent housing through the PATHS process;

- **System Assessment and Family Shelter Diversion Pilot.** Results of a “system assessment” exercise in 2014 identified what stakeholders believed were the greatest strengths and challenges facing the local housing stability system. Stakeholders rated “lack of accessibility” as the greatest challenge. Although primarily a lack of housing stability resources, this issue was also related to how people were being supported to connect with existing resources. This information has helped to focus efforts on improving system coordination. For example, final results of the Family Shelter Diversion pilot which wrapped up in 2015 showed that connecting families with the right help at the right time through one coordinated point of access made a big impact: 64 percent of families were able to either stay in their current housing or were supported to find another safe and appropriate option, without having to access shelter first. In addition, when a stay was needed, families stayed for much shorter periods of time. And the new approach was found to be 68 percent less expensive compared to pre-Pilot interventions; and,

- **Community Guide to End Homelessness.** In 2015, the new Community Guide to End Homelessness was released. This document provides information about how everyone can get involved in ending homelessness locally, organized into
three themes: learn; lend; and, lead. Feedback on this guide has been very positive and it has been widely circulated in the community.

4.0 Next Steps

A summary report called Communities Thrive When Everyone Has A Place to Call Home will be released with the annual Housing Stability Data Summary in fall 2016. This document will include more information on the items identified above. It will be posted on the Region’s website as well as submitted to the Homeless Hub. Finally, a link to the report will be shared with everyone who provided progress updates, the Homelessness and Housing Umbrella Group (HHUG) email distribution list, and other community stakeholders.

Corporate Strategic Plan:

Strengthening the housing stability system and building local capacity to end homelessness and increase housing stability in the community supports the Region’s 2015-2018 Corporate Strategic Plan, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.3 to increase the supply and range of affordable housing and supportive housing options. In addition, these activities address Focus Area 5: Responsive and Engaging Government Services.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix A: Summary of System Evolution Activities April 2014-March 2016

Prepared By: Angela Pye, Social Planning Associate, Housing Services
Judy Maan Miedema, Principal Planner, Housing Services
Marie Morrison, Manager, Housing Services
Deb Schlichter, Director, Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
### Appendix A

**SUMMARY OF SYSTEM EVOLUTION ACTIVITIES 2015**

#### Homelessness to Housing Stability: April 2014 to March 2015

| **Housing Resource Centres:** |  
|--------------------------------|--------------------------------------------------|
| - Rent Fund consolidated within Lutherwood as one fund (formerly Discharge Fund and Last Month’s Rent pilots), with region-wide and streamlined rent arrears and deposit policies (between Lutherwood and Regional Community Services – Employment and Income Support) |  
| - Lutherwood transitioned staff into more generalist Housing Advisor roles across both Kitchener and Cambridge offices |  

| **Emergency Shelter:** |  
|------------------------|--------------------------------------------------|
| - Emergency shelters shifted service delivery to better align with Housing First philosophy/approach (e.g., piloting diversion and “follow-out” support practices) |  
| - Responding to OOTC closures, including temporary Transitional Shelter November to April |  

| **Supportive Housing:** |  
|------------------------|--------------------------------------------------|
| - Additional consultations regarding redesigned CHPI Supportive Housing Program |  
| - CHPI Supportive Housing Program Framework released |  
| - CHPI Supportive Housing Pre-Qualification (PQ) process completed |  
| - CHPI Supportive Housing Program Standards drafted |  
| - Support for tenant transitions in homes unsuccessful in the PQ process initiated |  

| **STEP Home:** |  
|----------------|--------------------------------------------------|
| - Responding to OOTC closures, including additional STEP Home resources |  
| - Housing First training from Mental Health Commission of Canada and Pathways to Housing |  
| - Housing First Self-Assessment |  
| - 20,000 Homes data used to inform a new “Priority List” for most vulnerable residents; Priority List used to allocate new Housing Allowance with Support (HAWS) subsidy from Regional Community Services – Housing Services |  
| - New Rent Assistance research project with WLU |  

| **Families:** |  
|----------------|--------------------------------------------------|
| - “Ending Family Homelessness in Waterloo Region” report released April 2014. Family Shelter Diversion pilot expanded region-wide (Lutherwood with Cambridge Shelter and YWCA Kitchener-Waterloo), with coordinated access to emergency shelter and Community Housing Urgent Status pilot |  

| **System:** |  
|----------------|--------------------------------------------------|
| - Allocation of new annualized CHPI funding |  
| - Local SPDAT pilot March to May 2014 |  
| - New SPDAT Network formed to support further implementation |  
| - Full SPDAT “Train the Trainer” session, with local trainers offering first VI-SPDAT training |  
| - 20,000 Homes Campaign/Registry Week piloted in Waterloo Region |  
| - New “Make It A Home” Access Guide released to find low-cost or free furniture, household goods and services for the home |
**Homelessness to Housing Stability: April 2015 to March 2016**

**Housing Resource Centres:**
- Data gathered for final evaluation report on redesigned Rent Fund (rent arrears and deposits) with expanded service through Lutherwood (2013/14 through 2014/15)
- Initiated implementation of web-based Housing Hub “Tool Kit”

**Emergency Shelter:**
- Consultation and pilots undertaken to inform the new Emergency Shelter Framework
- Developed new capacity-based funding model effective April 1, 2016

**Supportive Housing:**
- CHPI Supportive Housing Standards released
- CHPI Supportive Housing Request for Proposal (RFP) process completed
- Completed operator and tenant transitions from the Prequalification process
- Planning for implementation of new CHPI Supportive Housing Program for April 1, 2016

**STEP Home:**
- Provided Housing-Based Case Management and Harm Reduction/Wellness training
- Completed the Mental Health Commission of Canada and Pathways to Housing training in the fall of 2016 and a Fidelity Assessment in January 2016
- Continued implementation of the Rent Assistance research project with WLU
- Completed Cambridge STEP Home Team Pilot proposal process

**Families:**
- Completed final evaluation on Family Shelter Diversion (2013/14 through 2014/15)
- Created a coordinated “service pathway” for families called Families to Homes (F2H) and transitioned the Family Shelter Diversion Working Group into a new F2H Working Group – drafted a Program Guide to support implementation

**System:**
- Completed Year 1 report for 10 Year Housing and Homelessness Plan
- Completed OOTC 2014/15 Phase 1 transition evaluation and 2015/16 Phase 2 transition
- Completed 20,000 Homes Campaign report and video; participating in on-going national Campaign activities beginning July 2015 through 2018
- Revised Housing Services data templates and finalized budget templates for 2016/17
- Planning for HIFIS 4 (new web-based version) implementation over 2016/17
- Continued SPDAT implementation – Full SPDAT and “Train the Trainer” training
- Implemented the Prioritized Access to Housing Stability (PATHS) process to serve as coordinated access for people experiencing persistent homelessness and high acuity to STEP Home, CHPI Supportive Housing and partnering programs (e.g., HAWS, Thresholds, Working Centre) – “PATHS Process Guide” and Year 1 evaluation completed
- Drafted a “progressive engagement” framework for the housing stability system to clarify service pathways for all housing stability services
- Initiated a Southwest 5 network of municipal service managers working to end homelessness (Hamilton, London, Waterloo, Windsor and York)
<table>
<thead>
<tr>
<th><strong>Community Housing: January to December 2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conducted four Community Housing provider training sessions on End of Operating Agreements, building condition audits, and Rent Geared to Income calculations</td>
</tr>
<tr>
<td>• Conducted 11 trainings with internal and external partners about how the Community Housing Wait List operates</td>
</tr>
<tr>
<td>• 21 new affordable rental units created through two projects</td>
</tr>
<tr>
<td>• 40 loans provided under the Affordable Home Ownership program</td>
</tr>
<tr>
<td>• 29 households assisted through the Ontario Renovates program</td>
</tr>
<tr>
<td>• 700 households housed from the Community Housing Wait List</td>
</tr>
<tr>
<td>• 1,615 new households added to the Community Housing Wait List</td>
</tr>
<tr>
<td>• 130 Community Housing Reviews completed</td>
</tr>
<tr>
<td>• Developed a process for reviewing surplus properties for their potential as affordable housing sites</td>
</tr>
<tr>
<td>• 34 individuals housed through the Housing Allowance with Supports Program</td>
</tr>
<tr>
<td>• Reviewed and updated five year capital plans for housing providers</td>
</tr>
<tr>
<td>• Completed four administrative audits of Community Housing Providers</td>
</tr>
<tr>
<td>• Allocated $10,181,645 over 4 years for 118 units of new affordable housing</td>
</tr>
<tr>
<td>• Housed 29 households in Below Average Market Rent (BAMR) units</td>
</tr>
</tbody>
</table>
Region of Waterloo
Community Services
Seniors’ Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

File Code: S06-20

Subject: Homemakers and Nurses Services (HNSA), Service Review

Recommendation:

That the Regional Municipality of Waterloo approve a quality improvement review of the Homemakers and Nurses Services program as outlined in report CSD-SEN-16-05 dated June 14, 2016.

Summary:

Region of Waterloo staff planned a review of the Homemakers and Nurses Services (HNSA) during 2015. Subsequently, a Service Review of Region of Waterloo programs and services recommended a review and potential divestment of HNSA services. This report provides background on the HNSA program, options for consideration and staff recommendations.

Report:

Through KPMG, the Region undertook a “Service Review” of its programs and services with an overall purpose to ensure that the Region’s services provide the best value to the community.

In the final Service Review report submitted by KPMG a list of opportunities for further investigation were identified (Appendices 1 and 2 in the Report CAO-IAU-16-06). One of the program areas included in this list was the Homemakers and Nurses Services Program (HNSA). KPMG recommended the Region “divest the Homemakers and Nurses Services Program (Seniors’ Community Programs): Review program with the goal of serving the same or an increased number of seniors in their homes by divesting the service to a community based service provider.”
In order to explore this recommendation further, regional staff conducted a review of the HNSA program. The following sections provide a brief background, staff’s analysis of the implications regarding implementation and potential options for Council’s consideration.

1.0 Background

The HNSA program serves vulnerable adults, older adults and families to support independence and long term housing stability. The HNSA program is legislated under the *Homemakers and Nurses Services Act* R.R.O. 1990, Regulation 634 Amended to O. Regulation 174/95.

Under this program, the Province, through the Ministry of Health and Long-Term Care (MOHLTC), contributes to the cost of homemakers services for eligible clients. HNSA is a claims based discretionary program that is capped and cost-shared on an 80/20 basis between the province and municipalities. Administrative costs for the delivery of the program are not eligible for provincial subsidy. In addition to the Region’s 20% share of the program costs, the Region directly pays all costs of administration. The program is currently supported by a Coordinator (1.0 FTE) and clerical staff (0.1 FTE) in the Seniors’ Services division which supports a caseload of 220 clients. Part of the administration costs are offset by provincial subsidy from the Provincial Cost of Administration program. There is a waitlist of approximately 260 people.

The Region’s 2016 budget for HNSA is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Administration</th>
<th>Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing (1.1 FTE)</td>
<td>$116,829</td>
<td></td>
<td>$116,829</td>
</tr>
<tr>
<td>HNSA Services</td>
<td></td>
<td>$600,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$116,829</td>
<td>$600,000</td>
<td>$716,829</td>
</tr>
<tr>
<td>Provincial Subsidy</td>
<td>15,000</td>
<td>480,000</td>
<td>495,000</td>
</tr>
<tr>
<td>Net Regional Cost</td>
<td>$101,829</td>
<td>$120,000</td>
<td>$221,829</td>
</tr>
</tbody>
</table>

2.0 Region of Waterloo HNSA Services

The purpose of the HNSA program is to provide homemaking supports to low income clients to support independence and housing stability. Service is provided on a short-term basis, in a crisis situation or over a long period in a chronic situation. The program provides services to 220 vulnerable individuals/families and is an integral support in sustaining housing for this client group. The majority of clients are in receipt of Ontario
Disability Support Program (ODSP), live alone, and have chronic physical and/or mental health issues that inhibit their ability to complete homemaking tasks.

Homemaking services include housekeeping, meal preparation, laundry and grocery assistance. The program does not provide nursing or personal care in recognition that these services are available through the Waterloo Wellington Community Care Access Centre (WW CCAC) which does not provide homemaking services. Service provision is contracted to local service agencies through a Request for Proposals (RFP) process.

Since the Region assumed direct responsibility for the operation of the HNSA program in 2009, (Council Reports SS-09-0016, SS-09-004) program utilization has increased, the waitlist has grown and a new focus on housing stability has emerged. Currently, there are over 260 people waiting for HNSA with a wait time of approximately 3 years. Region staff anticipates that the demand for the HNSA program will continue to increase as people age in place in keeping with the MOHLTC’s “Aging at Home Strategy”.

The HNSA program plays a vital role in supporting vulnerable persons to maintain their housing stability and independence and is the only funded homemaking support available to low income residents in Waterloo Region. Alternative options for homemaking support in Waterloo Region would be fee for service supports through community support agencies or private pay organizations. This is not a viable option for HNSA clients as all clients on the program are low income and could not afford these services if they had to pay.

There are currently 91 First Nations communities and 24 municipalities that are operating the HNSA program in the province representing $17.3 million dollars in provincial funding. In preparation for this report, Region staff undertook a review of other municipal programs in the province and found that in all cases the municipality maintains the role of administering the funding subsidy. The District of Thunder Bay investigated divesting the program to a third party but it was determined that this was not feasible under the HNSA Act. The program was subsequently transitioned to its Long Term Care Home to better align with needs in the community and organizational expertise.

In 2015, the Region of Waterloo’s HNSA program was selected to participate in a quality improvement learning collaborative funded by Health Quality Ontario. A staff team comprised of the HNSA Coordinator, Manager Community Programs and Social Planners from Seniors’ Services and E&IS have come together to facilitate a review of the service provision within HNSA during 2015/16. The intent of the project is to ensure that there are consistent service standards and to support equity for those receiving the service. The review continues with the goal of developing standards for the allocation of service hours to ensure service capacity is maximized.
3.0 Recommendations:

Upon completion of a thorough analysis of the program by Regional staff, divestment of the HNSA program as recommended by KPMG is **not recommended** for the following reasons:

- The criteria for the program as directed by the Province are that under the *Homemakers and Nurses Services Act*, the municipality must maintain the role of administering the funding subsidy.

- The Region could consider appointing a third party for the purpose of operating the program but the ownership of the program cannot be delegated to an external entity (for example, if a client issued a complaint the Region would be responsible for responding) and the Region would still be accountable for ensuring that the program is being operated in compliance with the Act and Regulations.

- As administrative funding is not attached to this program it is not anticipated that an external community service provider could operate the program on the Region’s behalf without administrative support from the Region. Therefore, there would be little or no Regional cost savings to be derived from this option.

4.0 Alternative Options For Consideration:

After completing a review of the HNSA program, Regional staff conducted an assessment of additional options available for future administration of the program. As noted above, the option of divesting the program to an external third party was considered but is not viable. Regional staff however, identified a number of alternative options for Regional Council to consider:

- **Option 1** - Withdraw or reduce the services in the HNSA program. This option would result in cost savings of $221,829 per year but would have a significant negative impact on the clients currently supported in the program and those awaiting service. In addition, not providing service would result in many, if not most of these clients requiring placement in the Supportive Housing system which is much more costly than in-home services. It is noted that this option was not recommended by KPMG for the above reason.

- **Option 2** – Maintain the HNSA program at status quo. In this scenario the Region would continue to operate the HNSA program within the Seniors’ Services Division. There are however, 260 people awaiting service whose needs will not be addressed and it is anticipated that demand on the program will continue to increase. In this option, consideration will need to be given to sustaining the program long term while meeting the needs of those who are waiting, through options such as reducing the number of service hours or length of service. This could also result in the need for some clients to be placed in Supportive Housing at a much increased cost.

- **Option 3** – Maintain the HNSA program at status quo while the Quality Improvement Collaborative completes the program service review currently underway and to be completed mid-2017. As part of the review, Regional staff will explore opportunities to develop program partnerships within the Community Services Department.
scenario staff will explore opportunities for service integration, alternative options for cost sharing of staff and administrative supports and outline a service plan for potential service changes and/or expansion to better meet the needs of those waiting for service.

Region staff recommends Option 3 for Council’s consideration. This option will enable staff to explore opportunities to improve service, integrate service provision to better meet the needs of those receiving and/or waiting for service and ensure fiscal responsibility for the future sustainability of the program. A subsequent report will be brought forward for Council’s consideration once the review is completed.

**Corporate Strategic Plan:**

The Service Review is consistent with the Region’s Corporate Strategic Plan 2015-2018, Focus Area 5 Responsive and Engaging Government Services, and Strategic Objective 5.3: (to) ensure Regional programs and services are efficient and effective and provide value for money.

**Financial Implications:**

The 2016 approved operating budget for the Homemakers and Nurses Services program totals $716,829. Provincial subsidy totals $495,000, specifically $480,000 is the 80% cost-sharing allocation, and a further $15,000 is the Provincial cost of administration funding through Ontario Works. The Region’s share of $221,829 is funded by the Property Tax Levy.

**Other Department Consultations/Concurrence:**

Staff from Community Services Department Housing Services and Employment and Income Supports Divisions have been consulted in the preparation of this report.

**Attachments**

Nil.

**Prepared By:** Connie Lacy, Director, Seniors’ Services

        Julie Wheeler, Manager Community Programs

**Approved By:** Douglas Bartholomew-Saunders, Commissioner Community Services
Region of Waterloo
Community Services Department

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

File Code: A26-20

Subject: Community Services Department 2015 Annual Report

Recommendation:
For Information.

Summary:
The Community Services Department has four divisions: Children’s Services, Employment and Income Support, Housing Services and Seniors’ Services. The mandate of the Department is to integrate our comprehensive programs and services to remove obstacles and to create opportunities in the lives of vulnerable individuals and families. We strive to make a difference in their lives so they can have an enhanced quality of life.

Report:
A hard copy of the 2015 Annual Report of the Community Services Department is distributed with this report. The information in this Annual Report speaks to why these services are provided, the total investment from all funders in each of the Divisions and offers highlights of outcomes and metrics for each. In addition, it features stories highlighting the impact of services on the lives of our clients. The report has been posted to our website and shared with our community partners as well.

The program content and client stories emphasize the importance of collaboration and integration of services internal to the Region of Waterloo and externally with our community partners. Equally important is the dedication and commitment of the staff within the Community Services Department who strive to ensure that our clients are the focal point of service, planning and delivery decisions.
Corporate Strategic Plan:

This report aligns with the 2015-2018 Region’s Corporate Strategic Focus Area 4: Healthy, Safe and Inclusive Communities.

Financial Implications

The cost to produce the Annual Report is contained within the approved 2016 budget for the Department.

Other Department Consultations/Concurrence:

Thanks to Community Services, Business Supports and Corporate Publishing for supporting our Department in the development of the annual report.

Attachments

2015 Community Services Annual Report (Distributed Separately)

Prepared By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo

Community Services

Children's Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016

File Code: S15-40

Subject: Amendment to Purchase of Service Agreement for Children's Services

Recommendation:

That the Region of Waterloo amend the current purchase of service agreement with Waterloo Infant Toddler Daycare Association to add St. John’s Summer Camp, located at 22 Willow St., Waterloo, Ontario N2J 1V5, effective July 4, 2016 as outlined in report CSD-CHS-16-13, dated June 14, 2016.

Summary:

Nil

Report:

The Region currently has service agreements with 131 licensed early learning and child care programs. These service agreements allow the Region of Waterloo to purchase child care space on behalf of subsidy eligible families in a licensed early learning and child care program. These agreements support choice for subsidy eligible families with a wide range of requirements including special needs placements. In addition, the service agreement is a requirement for a licensed early learning and child care program to receive additional funding such as operating funding, wage enhancement funding, transition operating, play-based materials and equipment, and repairs and maintenance.

Waterloo Infant Toddler Daycare Association, a non-profit operator, has had a purchase of service agreement with the Region of Waterloo since 1987. The operator will be offering a full-day summer program for Kindergarten age children. This new program will offer licensed spaces for children age 4 and 5, at the site of St. John’s Christian
Nursery School, during July and August. The program is a result of collaboration between Waterloo Infant Toddler Daycare Association and St. John’s Christian Nursery School, to increase the licensed spaces available for this age group during the summer months.

The following table outlines the rates for the new program:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hours of Care</th>
<th>Per Diem Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>6 or more hours</td>
<td>$47.00</td>
</tr>
</tbody>
</table>

**Corporate Strategic Plan:**

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and child development.

**Financial Implications:**

The 2016 Purchase of Service budget totals $17.5M. This funding provides fee subsidy for an average of 3050 children each month. This agreement will be accommodated within the current fee subsidy budget for purchase of service.

**Other Department Consultations/Concurrence:**

The implementation of service agreements requires the assistance of Finance and Legal Services staff.

**Attachments**

Nil

**Prepared By:** Sheri Phillips, Manager, Early Learning Funding Administration

Nancy Dickieson, Director, Children’s Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner, Community Services
Region of Waterloo
Community Services
Children’s Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: June 14, 2016
File Code: S04-20

Subject: Special Needs Support Service Changes

Recommendation:
For Information

Summary:
Nil

Report:

1.0 Background

As the Consolidated Municipal Service Manager (CMSM), Children’s Services has responsibility for planning, development and delivery of licensed early learning and child care (ELCC) services in Waterloo Region. This includes services that support children with special needs to attend licensed early learning and child care settings. In 2015, approximately 1,500 children and 135 licensed ELCC settings received inclusion supports.

Inclusion support services are provided through service agreements with the Region of Waterloo. Agreements are in place with three agencies, who work together as the Special Needs Resourcing Collaborative to provide a range of services and supports within licensed ELCC settings. To be eligible for these supports children must be under six years of age and attending a licensed ELCC setting.

In 2015, the Ministry of Education, expanded the age mandate for special needs resources in their service agreements with CMSM’s to include children up to the age of 52.
12 years. At that time, staff indicated to the Province that given significant service pressures in the under 6 population it was not possible to expand the age mandate without additional funding. In order to better project how service expansion to this age grouping might impact services, funding and resources staff began planning work with the community to gather more information.

A preliminary needs survey was distributed to all licensed ELCC programs that are licensed to provide care to school aged children (6-12 years). As of September 2015, there were 94 programs that provide licensed care to over 5,517 six to 12 year olds in Waterloo Region. 53 programs responded to the survey. All programs that responded indicated that they had 1 to 2 children in attendance in their sites with some type of exceptional need requiring additional supports. When asked to identify what types of supports they would find most helpful the top three supports requested were: behaviour supports, extra staffing and program consultation. When asked if the program was currently purchasing additional resources within their own operating budgets, 42% indicated that they had purchased some form of additional support such as resources, training and extra staff. The majority of these programs provide licensed ELCC programs within school settings during times when school is not in session such as before and or after school.

During planning with the Special Needs Resourcing (SNR) Collaborative Leadership team, the development of a potential model and approach to service expansion for school aged children was identified as a priority action for 2016. During the 2015 budget process a modest increase in provincial funding was provided, Council approved allocating $250,000 in ongoing funding to the special needs resourcing envelope. This allocation has been designated to be used for the development and implementation of a service approach for the 6-12 population.

As a result of this modest funding, a working group was formed with the mandate to explore alternative approaches and models and recommend a model for review by the SNR Collaborative. The working group began to meet in the summer of 2015. The working group had representation from the SNR Collaborative organizations (KidsAbility, KW Habilitation, Family and Children’s Services), Early Learning and Child Care programs, two School Boards and Regional staff. The working group conducted an extensive literature review on provincial trends and directives related to inclusion in school aged programs and a scan of service models that already existed.

Throughout the process, the working group has consulted with key community members during various stages of the development. What the group concluded is that the model and service delivery approach for the 6-12 year old population would need to be different from the more intensive support approach utilized in the under six population. Several guiding principles were determined to embark upon the process of developing an approach, which are:
• The focus will be on social inclusion of the child as an engaged and active participant within the program
• Service providers will work together across systems to ensure smooth transitions for children
• The intervention provided would be based on building capacity of the licensed ELCC program to include all children
• The approach or model must be possible within the current funding parameters
• Where possible, the model should build upon and leverage existing supports, equipment and resources for the child to reduce duplication
• To work towards an integrated approach to providing supports to programs and children to maximize use of limited resources

2.0 The Model/Approach

Much credit is to be given to the working group who developed a model that can be implemented in a staged or phased approach within the existing budget allocation. This will allow for delivery of support services as early as fall 2016 to licensed ELCC programs. The model will focus primarily on building capacity within existing programs to support all children. Essentially, the approach has less focus on individualized interventions for the child and more on social inclusion and program modification to meet the needs of the child.

2.1 Phase One – Base Model

The proposed model has been developed as a base model with key features that can be enhanced and built upon in future years should additional funding come available. An overview of the model and identified phases is attached as Appendix 1.

Beginning this fall, the basic model will be implemented to provide supports to ELCC programs that provide ELCC services to school aged children.

The lead agency will be responsible for securing professionals who are knowledgeable in supporting and including school age children with diverse needs and will provide before and after school staff with support and strategies to ensure all children are included. This support will be offered as requested through a range of options which may include education, training and resources, program consultation, consultation with a specialist and/or access to a collaborative multi-disciplinary team. It is anticipated that this approach can be resourced through some staffing positions as well as purchase of service agreements for specialized resources. Taking a phased approach to the model allows time to refine and develop the base approach and to better predict need and costs related to any future expansion.

2.2 Future model enhancements
As new resources, partnerships and/or funding come available the model will be enhanced to include other additional supports as noted in Appendix 1 attached to this report. It is not anticipated that any changes to the base model will occur in the absence of increased provincial funding.

3.0 Lead Agency Selection

Typically service enhancements and modifications would be awarded within the existing three agencies in the SNR Collaborative. However, in this circumstance it is possible that an external agency with similar areas of focus may be able to leverage internal resources to provide service to this age population. Staff is recommending utilizing an Expression of Interest (EOI) format that will be sent to a few selected agencies external to the SNR Collaborative as well as the three agencies which are part of the Collaborative. An internal staff committee will review the EOI to determine best fit and recommend entry into a service agreement in a form satisfactory to the Commissioner, Community Services and the Regional Solicitor.

4.0 Evaluation

Since this approach is new and takes a different view in supporting inclusion of all children an approach to monitoring and evaluation will be put in place during the first year of the project. The evaluation will measure changes in the anticipated outcomes of the approach and provide a basis for future directions.

4.1 Anticipated Outcomes

- Increased capacity for ELCC programs in responding to challenging behaviour
- Increased capacity for ELCC programs in supporting inclusion in the classroom
- Increase in inclusive attitudes/awareness amongst professionals about children
- Increased awareness and partnerships amongst service providers
- Improved transitions for school age children between ELCC and school day
- An enhanced experience for all children

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and child development.

Financial Implications:

The 2016 Children’s Services budget totals $49,510,457. Of this total $4,332,555 ($3,599,177 Provincial, $733,378 Regional tax levy) is allocated to special needs resourcing services. The 2016 Children’s Services Special Needs budget has allocated
up to $250,000 for the new model. The remaining portion of the 2016 budget will remain dedicated to supporting children under the age of 6 with special needs.

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Appendix A – Service Model Diagram

**Prepared By:** Barb Cardow, Manager, Special Needs Supports  
Nancy Dickieson, Director Children’s Services

**Approved By:** Douglas Bartholomew-Saunders, Commissioner Community Services
Appendix A - Service for Children Up To 12 - Base Model

Phase One Menu of Services Available

**Assistance** with case coordination between school and ELCC to ensure communication and consistent approaches to support a seamless day for children

**Education/Training/Information & Resources for ELCC Program staff**

**Observation & Consultation** within ELCC program/classroom

**Multi-Disciplinary Team Consultation**
- Lead Agency Consultant
- Behaviour Consultant
- Occupational Therapist

Phase Two Additions to the Menu of Services to Service

**Expanded Multi-Disciplinary team**
- Child & Youth Worker
- School board specialists
- Resource Consultants
- Pedagogical Consultant
- Recreational Therapist
- Kinesiology Consultant
- Mental Health Worker

**Enhanced classroom supports**
- Volunteers
- Enhanced staff resources
- School board resources
- Specialized equipment
Report:  CSD-CHS-16-15

COR-FFM-16-09

Region of Waterloo
Community Services
Children’s Services
Corporate Services
Facilities & Fleet Management

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016  File Code: S04-20

Subject: Elmira Children’s Centre Capital Project Update

Recommendation:
For Information

Summary:
Nil

Report:

1.0 Background

Reconstruction of the Elmira Children’s Centre was approved by Regional Council during the budget process in 2011. The budget issue paper identified expansion of the enrollment in the program to accommodate younger age groupings. The new centre will provide programs for approximately 64 children in the licensed child care space. The upper level will be dedicated to shared community space which will be used by community partners to provide complementary services to families. This approach is consistent with the Provincial direction of Child & Family Centres, outlined in the Ontario Early Years Policy Framework.

As outlined in report SS-14-043/CR-FM-14-016 dated September 9, 2014, the Regional Municipality of Waterloo has entered into an agreement with the Waterloo Region
District School Board (WRDSB) for the construction of a new Elmira Children’s Centre co-located and constructed concurrently with the new Riverside Public School in Elmira. This new school is being constructed in the Lunar subdivision with an anticipated substantial completion date of mid-August 2016. Co-location provides advantages in terms of ongoing partnerships with education for a range of Early Years services for families that will be accommodated within the Child & Family Centre.

2.0 Construction Update

The construction of this multi-service facility is well under way. The pictures below show a view of the completed building based on an artists rendering as well as a picture of the current status of the building work.

Figure 1 – Artists rendering of the new facility
To date, the building structure and enclosure have been completed to a level that allows for substantial interior work to proceed. In spite of delays related to weather, the projected substantial completion date is in mid August 2016. The elementary school portion of the building will be open for students on September 6, 2016. Children’s Services has elected to delay moving to the new facility until October 2016, to allow the elementary school to settle in and to allow ample time to license the child care. It is anticipated that licensing will take up to six weeks. The Children’s Centre will continue to operate in the old facility until the license to operate in the new location is provided. A detailed plan for transitioning the program to the new facility will be provided to Council later this fall.

The existing Children’s Centre will be declared surplus and sold following the move to the new facility. The facility will be marketed through an Expressions of Interest process to ensure that the future use is compatible with the community setting.

3.0 Family Centre Space

On March 24, 2016, Council approved expansion of the scope of construction for the Children’s Centre to include space for a dedicated Family Centre, that will provide space for service providers to deliver services to families with young children (see report CSD-CHS-15-06/COR-FFM-15-03). Planning for the Elmira Family Centre (Family Centre) is underway and we are working towards a plan to begin operation in early 2017. The intent of the Family Centre space is to increase opportunity for multiple community partners to be housed in one location and centralize services for children.
and families into one location.

On April 26, 2016 Region staff hosted a community planning session and met with 35 community residents and service providers. Participants described the Family Centre as an opportunity to establish connections, access new and existing services, and receive support for children and families to transition through the early years, including having access to a connector. When asked about what supports families currently access or would like to access, families identified three key areas; parenting and early childhood education, health and wellness and referral and information resources.

Starting in June 2016 a Family Centre Project team, comprised of community professionals will begin to develop an approach and model for the use of the space in the new facility. A more detailed plan and project scope along with financial implications will be provided for consideration of council later this fall.

4.0 Public Art

The Elmira Children’s Centre has been recommended by the Region’s Public Art Advisory Committee (PAAC) as a future location for a permanent public artwork. Cultural Services staff will return to Regional Council in the fall of 2016 once the building has been constructed, with a report requesting approval for the location, theme and budget for the proposed public artwork project.

At this point, it is expected that the artwork would be created with input from, and for the enjoyment of, the children, families and staff that visit, work and learn at the community facility. Children’s Services staff looks forward to the opportunities that are provided through public art to assist in the centre’s goal of encouraging children to be both art appreciators and art producers.

5.0 Next Steps

In the coming months a number of plans will be developed relating to the new facility. Later this fall, staff will bring a report for consideration by Committee which will provide recommendations for consideration related to; a model and recommended approach for the Family Centre space, transition plans for the child care facility and an overview of the operational agreement with WRDSB.

Corporate Strategic Plan:

This report addresses the Region’s Corporate Strategic Plan 2015-2018, Focus Area 4: Healthy, Safe and Inclusive Communities and Strategic Objective 4.1: Support early learning and child development.

Financial Implications:

The 2016 Capital Budget for the redevelopment of Elmira Children’s Centre is $4.60
million. The project is financed by a Provincial grant of $2.49 million and the balance of $2.11 million will be financed by the issuance of debentures. The estimated debt service costs of $220,000 annually for 10 years will form part of the 2017 operating budget for Children’s Services.

This project will be completed within the approved capital budget.

Other Department Consultations/Concurrence:

The assistance of Facilities Management, Legal Services and Finance is required to support this project

Attachments:

Nil

Prepared By: Nancy Dickieson, Director, Children’s Services

Tamara Kerr, Social Planning Associate

Kate Hagerman, Specialist, Cultural Heritage

Linda Bird, Manager, Children’s Centres

Kari Feldman, Sr. Project Manager, Facilities & Fleet Management

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Craig Dyer, Commissioner, Corporate Services/Chief Financial Officer
Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: June 14, 2016
File Code: S13-30

Subject: Emergency Shelter Program Framework Consultation and Next Steps

Recommendation:

For information.

Summary:

Program frameworks outline the description, role, and policy direction for a particular program area. Developing an Emergency Shelter Program framework (framework) builds on the success of the Community Homelessness Prevention Initiative (CHPI) Supportive Housing Program Framework approved by Council in 2014 (SS-14-030).

Over the past three years, the Region has facilitated a number of activities to engage service providers in the housing stability system about the role that shelters can play in ending homelessness. In consultation with a housing stability system working group (see Attachment A for the membership list), these activities have informed the development of a draft framework for broader community consultation. The policy direction of this framework aligns with new provincial directions outlined in the updated Long Term Affordable Housing Strategy (2016), the Region’s 10 Year Housing and Homelessness Plan, and the provincial CHPI Guidelines.

Activities to support further community consultation are planned for 2016. Broader consultation will focus on the draft definition for shelter and guiding principles. The final framework is planned to be submitted to Council in November 2016 for approval. Once approved, it will be attached to the Agreements between Emergency Shelter Programs and the Region beginning April 1, 2017.
1.0 Emergency Shelter (ES) Program Background

The housing stability system\(^1\) has a long history of offering shelter options for people experiencing homelessness. Some service providers have been operating in Waterloo Region since the early and mid-1900s. Similarly, the Region has a long history of investing in the ES Program, with service Agreements dating back to 1975.

The Region had previous descriptions for the ES Program through the Waterloo Region Emergency Shelter Guidelines updated in 2007 (SS-07-040) and the Homelessness to Housing Stability Strategy (2012), which forms part of the Region’s 10 Year Plan (P-14-042/SS-14-016)\(^2\). With changes in provincial policy direction, changes in the local community, and emerging promising practices for ending homelessness, it is timely to create a guiding document reflective of these changes in the form of an ES Program framework.

2.0 CHPI Background

The Province’s first Long Term Affordable Housing Strategy in 2010 provided direction for the consolidation of five homelessness programs (including emergency shelters) that had been funded through the Ministry of Community and Social Services. The provincial Community Homelessness Prevention Program (CHPI) was implemented January 1, 2013, funded through the Ministry of Municipal Affairs and Housing, and administered by the Region as local Service Manager for Housing and Homelessness.

The impact of this policy shift is significant, as it allows Service Managers to reinforce a shared approach to ending homelessness by investing in a broad range of programs across a coordinated system, rather than allocating funds for prescribed programs with varying degrees of policy alignment or fit with local need. CHPI funds local programs within the following four service categories:

1. Emergency Shelter Solutions
2. Housing with Related Supports
3. Services and Supports
4. Homelessness Prevention

CHPI provides Service Managers with more flexibility to design and deliver programs that address provincial outcomes and meet local need. For example, past funding for emergency shelters had no clear outcome measures and was very restrictive (provided through a cost-shared per diem tied to Ontario Works eligibility). The Region is now able

1 The housing stability system is a network of organizations, groups and individuals that support people with housing issues in Waterloo Region. It includes programs where at least 50 percent of the activities are dedicated to finding, establishing and/or retaining housing.
2 The 10 Year Plan merges the 2012 Homelessness to Housing Stability Strategy (with its primary goal to end homelessness) and the Region’s 2014 Housing Action Plan (with its focus on addressing a wide range of housing needs for low to moderate income households).
to provide grant funding to the local ES Program through the CHPI “Emergency Shelter Solutions” service category, which is less restrictive and less administratively burdensome, allowing the ES Program to focus its efforts more fully on its role in a system designed to end homelessness.

The Province’s CHPI Guidelines call for “a better coordinated and integrated service delivery system that is people-centred, outcome-focused, and reflects a Housing First approach to prevent, reduce, and address homelessness”. This vision reflects the Province’s policy direction to move from reactive responses to homelessness, to services that focus on integrated and permanent solutions. The vision has been further clarified through the Long Term Affordable Housing Strategy update in 2016 to include a focus on the goal of ending chronic homelessness in 10 years. To support this vision of ending homelessness, all CHPI-funded programs must align with one or both of the following outcomes:

1. People experiencing homelessness obtain and retain housing; and
2. People at risk of housing loss remain housed.

Each outcome has a set of performance indicators that must be reported annually. Guidelines for these indicators were last updated in 2016.

3.0 New Emergency Shelter Program Framework

CHPI afforded the opportunity to revisit the 2007 Waterloo Region Emergency Shelter Guidelines and develop a new conceptual framework for the ES Program that responds to the following local issues and needs:

- Capacity pressures in the years following the 2008 recession;
- Recent policy and funding changes;
- Evolution in local sheltering options; and,
- The need for greater clarity about the role of shelter and how it fits in the context of a housing stability system designed to end homelessness.

To support this process, between 2013 and 2016, the Region facilitated a number of activities to engage with local service providers in the housing stability system about the role that shelters can play in ending homelessness. These activities took place in consultation with ES Program providers largely through the Housing Stability System Working Group. This working group is an advisory committee hosted by the Region (Housing Services) to inform the ongoing development and implementation of policies designed to end homelessness and increase housing stability in Waterloo Region (see Attachment A for membership).

Over the last year, work in this area has intensified. Between March 2015 and May 2016 the Region facilitated:
• Fifteen meetings with housing stability system service providers (with three additional meetings planned between June and October 2016);
• Four surveys to gather feedback on draft shelter-related processes and materials;
• A review of ES Program practices, including: shelter diversion and intake messaging, service restrictions and planned intakes, and harm reduction approaches;
• A review of ES Program provider budgets over the last four years;
• Piloting new or enhanced practices across all ES Program providers over winter 2015/16, including: consistent shelter diversion and intake messaging, use of a common Referral Form and Housing Plan template, and setting a maximum service restriction timeline of 14 days and only for certain reasons (e.g., related to property damage, theft, weapons, drug dealing, violence, or substance use);
• Presentations by ES Program providers on topics such as implementing Housing First in shelter, current staffing models, harm reduction in a shelter context, and pilot results; and
• Two open community forums and three community stakeholder “winter check-in” meetings that focused on housing stability system evolution, highlighting the role of shelter in ending homelessness.

These activities informed the development of a draft framework; see Attachment B for an overview. The policy direction of the document aligns with the new expectations set out by the Province. When implemented, the framework will strengthen efforts to reach the goals outlined in the local 10 Year Plan related to the provision of shelter as a key component in the overall strategy to end homelessness in Waterloo Region.

4.0 Next Steps

The following activities are planned to support further community consultation on the draft framework:
• Open community forum June 23, 2016.
• Meetings with the Housing Stability System Working Group and related working groups in the housing stability system.
• Meetings with key stakeholders (e.g., local housing stability networks and other sectors including mental health and addictions, police, and health).
• Meetings with Region staff and advisory committees (e.g., Public Health, Employment and Income Support Advisory Committee, Integrated Drugs Strategy – Harm Reduction Working Group).
• Other local funders of the ES Program (e.g., United Ways).

The final framework is planned to be submitted to Council in November 2016. Once approved, it will be attached to ES Program service Agreements with the Region.
beginning April 1, 2017. Recognizing that the framework represents a shift in program
delivery, the Region has established an implementation period to March 31, 2018.
During this time, the Region will work closely with ES Program providers to further
develop new program elements and engage in additional consultation as appropriate.

ES Program Standards (Standards) will be developed following release of the
framework. When completed, the Standards will replace the existing Waterloo Region
Emergency Shelter Guidelines and complement the framework by outlining the roles,
responsibilities, and expectations related to service excellence. In addition, the
Standards will identify specific operational policies that must be developed by ES
Program providers.

Corporate Strategic Plan:

Development and implementation of an Emergency Shelter Program framework is
consistent with the 2015-2018 Corporate Strategic Plan Focus Area 4: Healthy, Safe
and Inclusive Communities, and Strategic Objective Action 4.3 (to) increase the supply
and range of affordable and supportive housing options as well as Focus Area 5:
Responsive and Engaging Government Services and Strategic Objective 5.4 (to) ensure
Regional programs and services are efficient, effective and provide value for money.

Financial Implications:

CHPI is 100% provincial funding through the Ministry of Municipal Affairs and Housing
and can only be used for operating expenses. Any costs associated with the
development of an Emergency Shelter Program framework can be accommodated
within the approved 2016 Housing Services operating budget.

Other Department Consultations/Concurrence:

Nil

Attachments
Attachment A Housing Stability System Working Group Membership (2016)
Attachment B Draft Emergency Shelter Program Framework Table of Contents

Prepared By: Angela Pye, Social Planning Associate
Marie Morrison, Manager, Housing Services
Deb Schlichter, Director, Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services
## Attachment A

### Housing Stability System Working Group Membership 2016

<table>
<thead>
<tr>
<th>Agency</th>
<th>Name</th>
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<tbody>
<tr>
<td>Argus Residence for Young People</td>
<td>Eva Vlasov, Holli Norman</td>
</tr>
<tr>
<td>Cambridge Self Help Food Bank</td>
<td>Dianne McLeod</td>
</tr>
<tr>
<td>Cambridge Shelter Corporation</td>
<td>Christine Kecser, Marian Best</td>
</tr>
<tr>
<td>House of Friendship</td>
<td>Ron Flaming, Christine Stevanus, Ashley Grinham</td>
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<tr>
<td>Kitchener Downtown Community Health Centre</td>
<td>Doug Rankin</td>
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<tr>
<td>Lutherwood</td>
<td>Lisa Gill-Tamcsu, Rob MacDonald, Lynn Macaulay, Edwina Toope, Lindsey White</td>
</tr>
<tr>
<td>Mennonite Central Committee Ontario</td>
<td>Greg deGroot-Maggetti, Katie Taylor</td>
</tr>
<tr>
<td>oneROOF Youth Services</td>
<td>Sandy Dietrich-Bell, Amanda Nickels</td>
</tr>
<tr>
<td>Supportive Housing of Waterloo</td>
<td>Gael Gilbert, Rob Smith</td>
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<tr>
<td>The Working Centre</td>
<td>Jennifer Mains, Sara Escobar</td>
</tr>
<tr>
<td>YWCA K-W</td>
<td>Cathy Middleton, Maria Wallenius</td>
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Attachment B
Draft Emergency Shelter Program Framework Table of Contents

The following provides an overview of the draft Emergency Shelter Program framework:

SECTION 1: INTRODUCTION
- What is the ES Program Framework?
- Why was it developed?
- How was it developed?

SECTION 2: ES PROGRAM BACKGROUND AND EVOLUTION
- Reasons why people access emergency shelter
- Provincial and local ES Program funding context
- Overview of ES Program to 2012
- ES Program evolution 2013 to 2016
- Principles informing ES Program policy direction

SECTION 3: ES PROGRAM IN A SYSTEM DESIGNED TO END HOMELESSNESS
- Progressive engagement
- Access to ES Program through progressive engagement
- ES Program system function
- Common assessment tool – SPDAT

SECTION 4: ES PROGRAM OVERVIEW
- Definition of ES Program and service objectives
- ES Program features
- Property, infrastructure, and amenities
- Other stay-related policy directions
- ES funding model
- Agreements with the Region

SECTION 5: MEASURING, MONITORING, AND SHARING PROGRESS
- Supporting a data-informed approach
- ES Program data
- Reporting

SECTION 6: PLANS FOR CONSULTATION AND NEXT STEPS
- Roles and responsibilities
- Plans for consultation June to October 2016
- Next steps November 2016 and beyond
Report: PHE-HPI-16-05

Region of Waterloo
Public Health and Emergency Services
Health Protection and Investigation

To: Chair Geoff Lorentz and Members of the Community Services Committee
Date: June 14, 2016     File Code: P23-80
Subject: 2016 Public Pools and Hot Tubs Inspection Results Disclosure

Recommendation:
For Information.

Summary:
Public Health has added the inspection results of public pools, hot tubs and other public recreational water facilities into Public Health’s inspection results disclosure system, Check it! We Inspect it!. Public pool and hot tub owners and operators have been kept informed of this transition, prior to disclosing these results on the website.

The primary goal of the Check it! We inspect it! website is to encourage people to check inspections before visiting recreational water facilities, food premises or beauty and body art facilities, to help inform their decision on their choice of facility. Check it! We inspect it! also motivates owners and operators to maintain high standards of operation. Public Health will be launching promotion to inform the general public about the addition of public recreational water facility inspection results to the Check it! We Inspect it! website.

Report:

Program Mandate

Under the Health Protection and Promotion Act, the Ontario Public Health Standards and other related provincial regulations, the objective for Public Health is to prevent or reduce the burden of water-borne illness and injury related to recreational water use. To accomplish this goal, Public Health Inspectors conduct inspections of public pools and
hot tubs, investigate reports of suspect water-related illnesses and injuries, respond to complaints from the public, increase public awareness about recreational water safety and report on inspection activities to the Ministry of Health and Long-Term Care and the general public. Public recreational water facilities include public pools, public hot tubs and other non-regulated facilities including public wading pools, spray/splash pads, and water slides and their receiving basins, which provide public access to water for recreational use. Public Health completes over 600 inspections of these facilities every year.

Disclosure of Public Pools and Hot Tub Inspection Results

Public Health has now made available public recreational water facility inspection results online through the “Check it! We inspect it!” website, Public Health’s inspection results disclosure system. Previously, public recreational water facility inspection results were only available to the public via phone or an in-person request. The aim of the Check it! We inspect it! website is to encourage people to check inspections and make an informed decision about the facilities they use. Disclosing inspection results to the public also increases the motivation for owners and operators of premises to maintain high standards in pool operation, infection prevention, injury prevention, and sanitation. In addition, the posting of these results increases transparency of health inspection programs and services, enhances Public Health’s customer service, and increases the accessibility of information to the public. Public Health started disclosing inspection results online for food premises in 2004 and beauty and body art facilities were added in 2014.

Owners and operators of recreational water facilities in Waterloo Region have been kept informed about the plan to add inspection results to the Check it! We inspect it! website. Between January and April 2016, this information was communicated by Public Health Inspectors during inspections and via a letter mailed to owners and operators. All public recreational water facility inspection results have now been posted to the Check it! We inspect it! website. All inspection results will remain on the website for two years, which is consistent with the current disclosure of inspection results. Owners and operators will continue to be informed and updated about any changes to the Check it! We inspect it! website.

Check it! We inspect it!

The Check it! We inspect it! website works by enabling the public to search for a specific facility using search fields (e.g. business type, municipality) or by browsing through a map of facility locations in Waterloo Region. Inspection reports specify the type of inspection completed (e.g. routine/compliance inspection, re-inspection) and the number and type of infractions identified during that inspection. Infractions are categorized into critical or non-critical infractions, based on their potential to pose an immediate public health risk and/or lead to a water-borne illness or injury. Examples of
critical infractions may include water clarity issues and missing or broken emergency equipment; examples of non-critical infractions may include general maintenance or operational issues.

Enforcement actions and other actions taken during an inspection are also posted to Check it! We inspect it! These actions depend on the number and severity of critical and non-critical infractions identified during the inspection. An example of enforcement action may include serving a closure order; examples of other actions taken may include requiring a re-inspection or providing education to the operator. There is also an embedded ‘enforcement actions taken’ webpage in Check it! We inspect it!, which lists all the facilities that had an enforcement action taken within the last six months. After six months, the facility names will be removed from the enforcement actions taken webpage. If a closure order is issued, there is also a place to see when that order was rescinded, meaning that the facility is open again.

Promotion Plan

Public Health is planning several ways to promote the incorporation of public recreational water inspection results onto the Check it! We inspect it! website. During inspections, Public Health Inspectors will encourage facility owners and operators to put up window clings or wall signs that have been created to promote the website and allow users access to inspection results. The Check it! We inspect it! signs have a QR (Quick Response) code that can be scanned by the public from their smart phones to quickly access the website. Businesses that would like a sign before their next inspection are able to receive it by calling their Public Health Inspector or by visiting Public Health in person.

Public Health will also promote the disclosure of public recreational water facility inspection results on Check it! We inspect it! through social media messaging and by highlighting it on the homepage of Region of Waterloo Public Health and Emergency Services’ webpage and Region of Waterloo’s webpage.

Ontario Public Health Standards:

This report outlines Public Health’s compliance with the Safe Water Standards and associated Recreational Water protocols of the Ontario Public Health Standards regarding the disclosure of recreational water inspection results, and provides information to help Board of Health members remain abreast of relevant updates in Public Health.

Corporate Strategic Plan:

Focus Area 4: Healthy, Safe and Inclusive Communities

Focus Area 5: Responsive and Engaging Government Services
Financial Implications:

The activities described within this report related to the reduction of burden of illness associated with water-borne illness and injury related to recreational water use are covered under the department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments

Nil

Prepared By: Peter Ellis and Bhairavi Sivaramalingam, Public Health Planners, Health Protection and Investigation Division

Aldo Franco, Manager, Food Safety, Recreational Water, and Small Drinking Water Systems

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Region of Waterloo
Public Health and Emergency Services
Health Protection and Investigation

To: Chair Geoff Lorenz and Members of the Community Services Committee
Date: June 14, 2016  File Code: P07-80

Subject: Region of Waterloo Heat Alert Response System Update

Recommendation:

For information.

Summary:

Extreme prolonged heat events can lead to heat-related illnesses, such as heat exhaustion and heat stroke. The Ontario Public Health Standards require that Public Health Units work to reduce the burden of illness associated with extreme heat. For several years, Region of Waterloo Public Health has been facilitating a coordinated response with Regional, municipal, and community partners to enhance our community response during extreme prolonged heat events. This includes aligning with a provincial heat initiative aimed at developing a harmonized approach for heat warnings across Ontario while also allowing flexibility to address local needs.

In May 2016, the provincial Ontario Heat Health Project team implemented a new Harmonized Heat Warning and Information System to increase the consistency of heat warnings and heat-related messaging to the public, especially to populations that are most vulnerable. This new approach will include evidence-based heat alert triggers, common terminology, and consistent heat health messaging for all regions across Ontario.

Public Health is currently working with partners on enhancing community outreach to vulnerable groups in the region, such as isolated seniors and people experiencing homelessness. Future weather projections for our region suggest an increase in extreme heat events and prolonged heatwaves. Partnerships with stakeholders who provide direct services to vulnerable populations are key to sharing important health
information related to heat events, and help to broaden our reach with efforts to reduce the risk of adverse health effects from extreme and prolonged heat events. These partners include Region of Waterloo Community Services – Housing Services Division, Region of Waterloo Paramedic Services, Waterloo Wellington Community Care Access Centre, and researchers from Wilfrid Laurier University. In addition Public Health works closely with municipal partners that open cooling centres during heat events.

**Report:**

Hot weather can contribute to heat-related illness among the general population, including heat exhaustion and heat stroke. In extreme situations, it can be particularly hazardous and even life-threatening. Groups at higher risk for health issues due to extreme heat include: older adults, infants and young children, people who are socially isolated or experiencing homelessness, and people who cannot care for themselves. These groups may be less able to cope with, and acclimatize to, hot weather conditions. See Appendix A for more information about specific challenges that vulnerable populations may face during extreme prolonged heat events. According to climate projections for Southwestern Ontario, it is expected that Waterloo Region will have more heat events of longer duration over the next few decades. While this is a concern for the general population, an increase in extreme prolonged heat events is a more significant issue for vulnerable groups.

Extreme weather, including extreme heat, is included under the Health Hazard Prevention and Management Program in the Ontario Public Health Standards. Public Health is mandated to increase public awareness of the health risk factors associated with extreme weather, by “(a) adapting and/or supplementing national and provincial health communications strategies; and/or (b) developing and implementing regional/local communication strategies.” To meet this mandate, Public Health provides health messaging to the public during extreme heat events to reduce the incidence of heat related illnesses. This includes working with Regional and Municipal partners to post Cooling Centre locations on the [www.regionofwaterloo.ca/extremeheat](http://www.regionofwaterloo.ca/extremeheat) website when Environment Canada issues a Heat Warning (previously Humidex Advisory; see PH-12-024). Cooling Centres are buildings in the region that are open to the public, and that welcome any individual inside during regular business hours to cool down during extreme heat events. Cooling Centres are located all over Waterloo Region, including all Cities and Townships. These Cooling Centres consist of governmental buildings, libraries, community centres, and other recreational facilities.

Extreme heat events are not uncommon for Waterloo Region. For example, in 2015, there were three Heat Warnings issued (July 17-19, August 15-17, and September 5-8).

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When a Heat Warning is issued by Environment Canada, Region of Waterloo Public Health shares heat health information with the public via media release and social media (Facebook and Twitter: @ROWPublicHealth). Media releases often result in media requests from radio, television, and print media during each heat event of the season.

In 2015, Public Health messages were enhanced to encourage the general public to check in on isolated friends, family, and neighbours during heat events. These messages were added to broaden the reach of sharing information to isolated individuals and to others that may not consider themselves to be at risk of heat illnesses.

**Harmonized Heat Warning and Information System for Ontario Public Health Units**

Recognizing that heat crosses over jurisdictions, a provincial team (the Ontario Heat Health Project team) has been working on developing a harmonized approach for heat warnings in Ontario. The Ontario Heat Health Project team consists of partners from Environment and Climate Change Canada, Health Canada, the Ontario Ministry of Health and Long-Term Care, and Ontario’s Public Health Units with the support of the Clean Air Partnership. In 2015, this approach was piloted with 10 health units that were within the Pan Am and Parapan Am Games footprint. While Waterloo Region was not in the geographical footprint of the games in 2015, Region of Waterloo Public Health proactively worked with Regional and municipal partners to align our heat response with the work happening at the provincial level.

After evaluating this pilot program, a harmonized approach was developed for 2016 and has been disseminated to all Public Health Units in Ontario. The approach is entitled the Harmonized Heat Warning and Information System and was officially launched across the province in May 2016. The Harmonized Heat Warning and Information System includes evidence-based heat alert triggers, common terminology, and consistent heat health messaging.

The new heat warnings are based on a combination of the latest evidence in health science and detailed analysis of weather patterns. The information provided as part of the new heat warning system will help people understand their personal risk and have a clear idea of what they can do to protect their health and the health of their family, friends and neighbours during extreme heat events.

Region of Waterloo Public Health has been involved in the planning of this initiative and has advocated for a harmonized heat warning system for Ontario. Public Health is aligning our current Heat Alert Response System plan with the changes implemented in the new Harmonized Heat Warning and Information System for Ontario. This updated plan will ensure consistent messaging across the province.
The new Harmonized Heat Warning and Information System initiative is influencing heat response programming and planning for Region of Waterloo Public Health, resulting in a need to: a) align messaging and update resources such as media release templates and online information, and b) update all partners about our local response.

Local Partnerships Related to Extreme Heat

Public Health continues to work with partners to carry out and improve our community response to extreme prolonged heat events. In order to reduce the risk of adverse health effects from these heat events, Public Health and partners are enhancing community outreach to vulnerable groups in the region such as isolated seniors and people experiencing homelessness. The intent of these partnerships is to work with stakeholders who provide direct services for vulnerable populations to broaden the reach of Public Health, support these groups and to share important health information related to heat events. Public Health has offered tailored information to local partners to ensure that they have appropriate information to inform their staff and patrons about heat and health impacts in order to decrease heat related illness among these groups. Partners who have received targeted heat health information include: Region of Waterloo Community Services – Housing Services Division, the Waterloo Wellington Community Care Access Centre, and Waterloo Region Paramedic Services. See Appendix B for specific partnership details.

In addition to partnering with direct service providers in the community, Public Health is also working with Wilfrid Laurier University in an advisory capacity to support research being conducted about seniors and their risk perceptions of heatwaves. Dr. Anne Wilson and Dr. Manuel Riemer with the Wilfrid Laurier University Department of Psychology are leading the project entitled, “Reducing Social Vulnerability for Extreme-Heat Events in Seniors: The Role of Risk Perception in a Social Environmental Context.” This research aims to delineate how older adults perceive changes in our climate and the risks associated with heat waves in Waterloo Region. This work is particularly relevant as the research team is aiming to find better ways of increasing awareness of the risks of heat waves for seniors, and to improve resources available for coping with heat and other extreme weather in Waterloo Region. In addition to the researchers from Wilfrid Laurier University, other members of the advisory committee include the Waterloo Wellington Community Care Access Centre, Community Support Connections, and the Social Development Centre. The research group is currently collecting data with results expected later in 2016. The information collected will help inform Public Health messaging and/or resources tailored to seniors and isolated seniors in the community.

Climate Change Projections and Climate Adaptation Planning Partnerships

As reported in Planning and Works Report PDL-CPL-15-58 in 2015, the University of Waterloo’s Interdisciplinary Centre on Climate Change has recently completed research
on climate projections for Waterloo Region compared to historical conditions over the past 30 years. Localized climate projections suggest that Waterloo Region will see a possible increase in extreme heat days (temperatures over 30 degrees Celsius) from the current 10 days to 32 days by 2041-2070, and could nearly double again to 60 days by the 2071-2100 period. These heat events are also likely to result in more periods of prolonged heat, or heatwaves. In order to prepare for these and other climate changes expected for Waterloo Region, representatives from Area and Regional Municipalities are proposing to bring together a collaborative team to focus on climate adaptation activities locally. Public Health is in contact with the lead planner on this initiative, David Roewade, Sustainability Specialist for Region of Waterloo, in order to support this work and to participate on the committee.

2016 Heat Programming

Region of Waterloo Public Health will continue to work with community partners to prepare for implementation of the provincial Harmonized Heat Warning and Information System at the local level. To inform partners prior to the heat season, Public Health facilitated a meeting with approximately 30 partners from across Waterloo Region in May 2016 to discuss the Harmonized Heat Warning and Information System and its implications for the regional Heat Alert Response System.

For Heat Warnings issued over the summer of 2016, Public Health, in collaboration with Regional, Municipal, and community partners, will provide heat health messaging for the public and post available Cooling Centre locations on the www.regionofwaterloo.ca/extremeheat website. In addition, Public Health will continue to connect with organizations who work directly with vulnerable populations to help the community prepare for heat events (e.g., Community Services – Housing Services Division, Paramedic Services, Community Care Access Centre, Wilfrid Laurier University).

Public Health will continue to participate in and closely follow enhancements from the Provincial Harmonized Heat Warning and Information System to ensure that our local Heat Alert Response System aligns with the provincial approach, while addressing local needs. In addition, Public Health is building relationships and continuing to collaborate with other Departments and external stakeholders working on Climate Change Adaptation activities. This aligns with one of Public Health and the Region of Waterloo’s strategic objectives to improve Waterloo Region’s resilience to climate change and/or severe weather.

Ontario Public Health Standards:

This report provides information related to compliance with the Health Hazard Prevention and Management Standards and that supports ongoing education for Board of Health members to help them remain informed of relevant trends and emerging
public health issues.

Corporate Strategic Plan:

Supports Focus Area 3: Environment and Sustainable Growth, 3.4: Improve the Region of Waterloo’s resilience to climate change and/or severe weather.

Financial Implications:

The activities described within this report are related to the reduction of the burden of illness associated with extreme heat and are covered under the department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy.

Other Department Consultations/Concurrence:

Community Services – Housing Services Division

Attachments:

Nil

Prepared By: Brandie Bevis, Public Health Planner, Health Protection and Investigation Division

Chris Komorowski, Manager Health Hazard, Safe Drinking Water (Municipal), Emergency Preparedness Programs and Cambridge & Area Team

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
Appendix A: Heat-vulnerable groups and examples of challenges they may face in adapting to extreme heat events

<table>
<thead>
<tr>
<th>Heat-Vulnerable Groups</th>
<th>Examples of Challenges</th>
</tr>
</thead>
</table>
| Older adults           | Physiological characteristics that may contribute to increased vulnerability to heat:  
                          o reduced thirst sensation  
                          o reduced fitness level  
                          o reduced sweating ability  
                          o increased susceptibility to chronic dehydration  
                          Visual, cognitive and hearing impairments  
                          Agility and mobility challenges  
                          Differing perceptions of risks and vulnerabilities based on life experiences  
                          Reduced literacy  
                          Social isolation |
| Infants and young children | Physiological and behavioural characteristics that may contribute to increased vulnerability to heat:  
                              o increased body heat production during physical activity  
                              o faster heat gain from the environment if air temperature is greater than skin temperature, due to greater surface-area-to-body weight ratio  
                              o inability to increase cardiac output  
                              o reduced sweating  
                              Dependence on caregiver to recognize heat impacts and take recommended actions |
| People with chronic illness or who are physically impaired | Physiological characteristics that may amplify health risks, such as failing cardiovascular or respiratory system, psychiatric illnesses, renal illnesses  
                                                             Taking certain medications that affect heat sensitivity by interfering with the body's cooling functions or water/salt retention (e.g. antihypertensives, antidepressants, antipsychotics, anti-Parkinsonian)  
                                                             Confined to bed or dependence on caregiver, family or friends for assistance with daily living (e.g. water access)  
                                                             Communication, sensory, cognitive impairment  
                                                             Characteristics related to health status or behaviour (e.g. chronic dehydration, does not leave home)  
                                                             Social isolation |
| Socially disadvantaged individuals and communities: | Limited financial resources to adequately take protective actions  
                                                      Reduced access to clean water and cool places  
                                                      Limited access to health care and social services  
                                                      More environmental exposures (e.g. homeless, living on higher floors |

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### Low income
- Higher rates of alcohol and drug dependency
- Social isolation

### Homeless
- Living alone (with no air conditioning)

### Living alone
- Higher rates of alcohol and drug dependency
- Social isolation

### Newcomers to Canada and transient populations such as tourists
- Language and literacy barriers for non-English or French speakers
- Cultural differences, such as food consumption habits, clothing choices, pre-existing social or cultural beliefs
- Unique media use patterns
- Limited knowledge of local alert systems, health and social service programs

### Occupational groups
- Environmental and workplace exposures (e.g. farmers, construction workers, miners, tree planters)
- Increased physical strain
- Variation in health and safety regulations, codes and standards
- Irregular exposure to heat (i.e. lack of acclimatization) for new workers with job-related heat exposures and those faced with early season extreme heat events

### The physically active
- Greater environmental exposures (e.g. marathon runners, recreational athletes, people who walk or bike)
- Increased physical strain
- Reduced perception of risks and heat vulnerabilities
- Expectation of usual performance in the heat
### Appendix B: Public Health Partnerships Related to Extreme Heat

<table>
<thead>
<tr>
<th>Region of Waterloo Community Services – Housing Services Division</th>
<th>Public Health has collaborated with Community Services (Housing Services Division) to provide heat health information to inform the “Extreme Heat and Cold Weather Procedures – Emergency Shelters and Street Outreach Programs” to include extreme/prolonged heat to address the needs of individuals experiencing homelessness in Waterloo Region. Public Health and Community Services (Housing Services Division) are continuing to partner and discuss additional methods to prevent heat illness among persons experiencing homelessness and/or poverty. For example, we are exploring developing a resource with information about symptoms of heat illness, treatment for heat illness, prevention methods, and where to go to gain relief from the heat in Waterloo Region. This messaging was informed by the Participant Advisory Group from the <em>STEP Home: Support to end persistent homelessness</em> committee and Community Services staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region of Waterloo Paramedic Services</td>
<td>In 2015, Public Health provided information to Region of Waterloo Paramedic Services via an internal bulletin for staff to help enhance outreach to vulnerable groups during a heat event. The internal bulletin was intended to raise awareness amongst Paramedics of the Heat Alert Response System, heat alerts, and priority groups/individuals. A key focus of the bulletin was on isolated seniors, people experiencing homelessness, as well as a request for Paramedics to be on heightened alert during heat events especially during a heat warning. The bulletin also prompts Paramedics to initiate conversations with clients about heat illness prevention and how to cope with the heat during an extreme heat event.</td>
</tr>
<tr>
<td>Waterloo Wellington Community Care Access Centre (WWCCAC)</td>
<td>WWCCAC service workers are in contact with a wide cross section of people with different vulnerabilities and age ranges. In order to provide appropriate messaging to WWCCAC service providers, Public Health provided both general messaging for the public as well as tailored messaging for seniors, particularly isolated seniors. Similar to our partnership with Region of Waterloo Paramedic Services, Public Health provided key messages and targeted health information to help reduce the risk of adverse health effects among vulnerable groups and individuals. This information was intended to supplement the activities in which WWCCAC was originally involved in order to enhance outreach to those most vulnerable. An internal bulletin was sent to WWCCAC staff as well as their Patient Services and Communications teams. In addition, the information shared was used to provide content for their public website.</td>
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Region of Waterloo
Public Health and Emergency Services
Healthy Living Division

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016   File Code: P13-20

Subject: Childhood Obesity Prevention: A High Level Overview

Recommendation:
For Information

Summary:
The prevalence of overweight and obesity among children is a significant public health concern in Ontario. Almost one in three children are overweight or obese, which places these children at considerable risk of developing chronic diseases when they become adults.1 If this issue is not effectively addressed our children’s physical and mental health will be significantly compromised as “by 2040, up to 70 per cent of today’s children will be overweight or obese adults and almost half our children will be an unhealthy weight.”1

This report provides a high level overview of Region of Waterloo Public Health and Emergency Services’ approach to addressing childhood obesity using three categories as a framework. Once established, overweight and obesity is difficult to reverse both from the perspective of individual treatment and at a community level. Therefore this approach emphasizes obesity prevention at a community level.

Report:

Preventing Childhood Obesity: A Complex Issue

The Province of Ontario convened the Healthy Kids Panel, a group of child health experts, to make recommendations on how to most effectively address the issue of childhood obesity. The Healthy Kids Panel subsequently released “No Time to Wait: the Healthy Kids Strategy” in March 2013.
The Healthy Kids Panel acknowledged that factors related to the development of overweight and obesity are very complex. These include: individual psychological factors, social psychological factors, individual physical activity, the physical activity environment, food consumption, food production, individual physiology, and general physiology. This inherent complexity demands a broad ranging societal and political response; as such, “[n]o one policy, program or strategy will solve the problem of childhood overweight and obesity”. However, based on a review of the evidence, the Healthy Kids Panel encourages an immediate and focused provincial response to overweight and obesity in children that emphasizes three broad categories of interventions. These categories were:

1) Start all kids on the path to health;
2) Implement a co-ordinated “all-of-society” approach to create healthy communities with a specific emphasis on the reduction of social and economic disparities that contribute to overweight and obesity in children, and;
3) Change the food environment.

As mentioned above, the Healthy Kids Panel acknowledged the broad array and complexity of factors related to the development of overweight and obesity in children. The Obesity Systems Influence Diagram, shown in the Attachment, demonstrates the complexity of the pathways that affect body weight. This complexity makes it impossible to wholly address problems that result from excessive energy consumption, poor diet quality, too much sedentary activity and a lack of physical activity using any single strategy or intervention.

Addressing all of the factors that affect eating habits will require significant will and effort from all sectors including all levels of government, civil servants such as planners and facilities staff, food producers and retailers, stakeholders and decision-makers in schools and community settings that provide or sell food and local sports and parental associations. Interventions aimed at individuals, in addition to environmental interventions, will be needed to increase individual knowledge about the importance of, and the components of a healthy eating pattern, as well as the skills and resources (money and time) needed to select, purchase and prepare healthy food.

The Healthy Kids Panel has encouraged immediate emphasis on three broad categories of interventions to respond to the issue of overweight and obesity in children. A detailed description follows of activities carried out by Region of Waterloo Public Health and Emergency Services (Public Health) framed within each of these categories. These activities reflect both direct service provision and a “local governance” perspective, in which a wide range of stakeholders are convened in collaborative efforts to identify and solve complex community problems that span multiple government jurisdictions and disciplines.

1) Start all kids on the path to health.
This category emphasizes the crucial importance of pre-conception health, providing optimal pre-natal supports for expectant mothers, and encouraging exclusive breastfeeding for babies at least for six months after their birth. Public Health offers a broad range of these interventions.

For example, Public Health offers preconception and prenatal programs such as the My Life, My Plan preconception guide and the Online Prenatal Program to encourage healthy eating and physical activity behaviours for people who are planning to become parents or who have already conceived as both preconception weight and weight gain throughout pregnancy can affect the risk of obesity.

Public Health recently received its **Baby Friendly Initiative (BFI)** accreditation, an internationally recognized initiative to protect, promote, and support breastfeeding. Public Health promotes breastfeeding using a variety of approaches including breastfeeding clinics to receive individualized support from a public health nurse to help with the successful establishment of breastfeeding and address any challenges and telephone support through the Call Response line. Public Health also provides financial support to Breastfeeding Buddies, a peer-based program, available to families prenatally through a breastfeeding education program as well as after their child is born through group or individual support. Partners for this work include health care providers, local municipalities, and community members.

2) Implement a co-ordinated “all-of-society” approach to create healthy communities with a specific emphasis on the reduction of social and economic disparities that contribute to overweight and obesity in children.¹

This recommendation resulted in the Province of Ontario funding the Healthy Kids Community Challenge (The Challenge) to promote healthy weights for children 0-12 years of age. CSC report (PHE-HLV-15-03), provides an overview of the Healthy Kids Community Challenge in Waterloo Region. The Challenge is based on the **EPODE (Ensemble Prévenons l’Obésité des Enfants – Together Let’s Prevent Childhood Obesity)** model, which was developed in France in 1992 and is now in place in 15 countries around the world. The strength of EPODE comes from partnerships that connect government agencies, school boards, community groups, and other non-government agencies together to develop common goals and better ways of working collaboratively. In Waterloo Region, the Challenge combines a community-led approach with centralized regional coordination to help communities develop and implement evidence-based policies, programs, and environmental supports that encourage healthy weights. Another component of the EPODE model and other community based obesity prevention initiatives is parental involvement, with an important emphasis on the home environment.²⁻⁵ Although the main focus group is children, involving parents and families is essential for achieving sustained change.

The first phase of The Challenge promoted the theme of “Run, Jump, Play, Every Day”
and will come to a close in June 2016. Planning is currently underway for the second phase of The Challenge which will promote the consumption of water. Community consultations are underway with relevant community groups (Children’s Planning Table, Employment and Income Support Committee, Waterloo Region Peer program, Wilmot Family Resource Centre, Grow Community Centre, Positive Parenting Committee, etc) to identify priority action items to be submitted to the Ministry of Health and Long Term Care by the end of June 2016. It has been identified that private sector partnerships are also key to the success of The Challenge. As such, a proposal from Bell Media to promote the theme of drink more water on the local CTV and Bell Media radio stations has been accepted by the Steering Committee pending approval by the Ministry.

3) Change the food environment.

No Time to Wait: The Healthy Kids Strategy emphasized how the food environment strongly influences the food choices made by children. Of particular concern is the availability and advertising of “high-calorie foods, drinks and snacks” which results in the over-consumption of these food items among children. In other words, in order to expect significant improvement in population diet quality and a decrease in the prevalence of childhood obesity, the nutritional quality of food and beverages offered and sold where children live, learn and play should be addressed. The Healthy Kids Panel called for a range of interventions to limit children’s exposure to unhealthy food and beverages and to increase the availability of healthy food.

In August 2014, the Nutrition Environment in Waterloo Region, Physical Activity and Health Research Project – Diet and Food Environment Findings (PH-14-034/P-14-086) was presented to members of the Community Services Committee. Of particular note, this project found that based on the Healthy Eating Index, a diet quality assessment tool, only 0.6 per cent of adolescents in Waterloo Region follow the recommendations in Eating Well with Canada’s Food Guide. In addition, the project found that Waterloo Region offers an abundance of opportunities to eat food and beverages that are harmful to health. There is at least three times more shelf space devoted to less healthy food and beverages compared to vegetables and fruit in retail settings such as grocery stores and convenience stores. In addition, there are five to six times more fast food restaurants and convenience stores than grocery stores and specialty food stores across Waterloo Region.

Next steps from this project called for Public Health to:

a) Explore strategies to reduce exposure to unhealthy food and beverages;

b) Improve the affordability of healthy food and beverages relative to less healthy food and beverages, and;

c) Share the findings of the Report with area Municipalities and continue to work with
them to utilize the data collected in this project to inform reports, policies, and tools used to shape our community.

Since the 2014 Nutrition Environment in Waterloo Region, Physical Activity and Health Research Project report, Public Health has developed communications materials that are housed on the Public Health website. The intent of these educational materials is to raise awareness about the influence of the food environment on individual eating behaviour in an effort to build support for changing local food environments.

Public Health has also applied and been selected to participate in a Canada-wide research initiative. This initiative is known as FRESH-IT: Implementing a PHAC/Health Canada Local Government Toolkit in Smaller Jurisdictions to Develop Evidence-Informed Food Retail Environment Interventions and is funded by the Canadian Institutes of Health Research. The FRESH-It project provides an opportunity for Public Health to share the findings of the Nutrition Environment in Waterloo Region, Physical Activity and Health Research Project report with area municipalities. The project will raise awareness among decision-makers and stakeholders about the importance of reducing exposure to less healthy food in general.

The specific focus of FRESH-IT will be to encourage decision-makers to begin the process of making changes in our community, by addressing the food offered and sold in municipally run recreation facilities. In the case that less healthy food and beverages remain available in these settings, a relative pricing structure will be recommended to ensure healthier choices are priced the same or lower than less healthy options. Staff have shared information on FRESH-IT with all seven representatives from local municipalities who serve on The Challenges’ Steering Committee. Together, they will explore ways to measure the retail food environment by creating an inventory of food and beverages available for sale in recreational settings and identify potential next steps to improve the quality of these food and beverages.

The Healthy Kids Community Challenge and the FRESH-IT project represent opportunities to have a dialogue with municipal leaders and decision-makers that may allow continued discussions, efforts and collaborations to address the food environment beyond the timelines and mandates of these projects.

It is important to note that even with considerable resources and effort, responses to such complex problems take time.

As depicted in the Obesity Systems Influence Diagram in the Attachment, there are many influences on individual body weight. Addressing each influence requires a significant amount of interaction with the stakeholders and decision-makers involved.

There has been a primary focus on individual responsibility in terms of physical activity and eating behaviours. It will require a change management process to shift the focus
from a solely individual perspective, to also incorporate the role of the built and food environments on individual behaviours. This process will require engaging not only decision-makers and stakeholders, but also the public who may not initially be supportive of changes.

Even with significant support from local municipal decision makers, schools, and local community organizations, it can take time for significant changes in children’s body mass index to emerge. For example, one study noted that a town that followed an Epode intervention took ten years to see a significant change in children’s body mass index at a population level.\(^7\)

This Community Services report will be complemented by more detailed reports on each of these categories in the near future. This report should be considered an important step in raising the profile of the issue of childhood overweight and obesity and is an effort to communicate steps being taken by local government and other key stakeholders to respond this problem.

**Ontario Public Health Standards:**

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region’s Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information related to the compliance with the following Chronic Disease Prevention requirements in the Standards:

- #6 - The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment.
- #7 - The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services.
- #11 - The board of health shall increase public awareness.

as well as Family Health Program Standards:

- #2 - 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: Preconception health; Healthy pregnancies; and Preparation for parenting.
- #3 - The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by: Adapting and/or supplementing national and provincial health communications strategies; and/or Developing and implementing regional/local communications strategies.
and Child Health Program Standards:

- #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;
- #5 - The board of health shall increase public awareness of: Breastfeeding.

This report also 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:

2015 – 2018 Strategic Objective: Healthy, Safe and Inclusive Communities

4.4 Promote and support healthy living and prevent disease and injury.
4.4.1 Work with area municipalities and other community partners, to implement the provincially funded Healthy Kids Community Challenge to reduce childhood obesity (0-12 years of age).

Financial Implications:

Routine activities related to the Public Health role in addressing childhood obesity are covered under the department’s existing base budgets for Public Health Mandatory Programs; the budgets are established by Regional Council (as the Board of Health) and are funded up to 75% by the province with the remainder funded by the local tax levy. In addition, the province has approved 100% funding to support the implementation of the Healthy Kids Community Challenge within Waterloo Region from 2015-2018.

Other Department Consultations/Concurrence:

Nil

Attachments

Attachment A: Obesity Systems Influence Diagram

Prepared By: Ellen Gregg, RD MSc Public Health Nutritionist
Carolyn Tereszkowski, RD MSc Public Health Dietitian
Katie McDonald, MPH Public Health Planner

Approved By: Dr. Liana Nolan, Commissioner/Medical Officer of Health
References


Region of Waterloo
Public Health and Emergency Services
Paramedic Services
Corporate Services
Facilities & Fleet Management

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016   File Code: A20-20

Subject: East Waterloo to Breslau Ambulance Station

Recommendation:

That the Regional Municipality of Waterloo enter into an agreement with the Township of Woolwich for the construction, use and occupation of a new ambulance station to be co-located and constructed concurrently with the new Breslau Fire Station in Breslau, as detailed in report PHE-PSV-16-03/COR-FFM-16-07 on terms and conditions satisfactory to the Chief Financial Officer and the Regional Solicitor;

And that the Commissioner of Public Health and Emergency Services and Regional Solicitor be authorized to execute the agreement on behalf of the Regional Municipality of Waterloo as outlined in report PHE-PSV-16-03/COR-FFM-16-07, dated June 14, 2016.

Summary:

Facilities Management and Paramedic Services staff have reached an agreement-in-principle with the Township of Woolwich to co-locate, including the construction, use and occupation of, the planned Waterloo-Breslau ambulance station at the Woolwich Fire Breslau Station property located at 51 Beacon Point Court in Breslau. The property has direct access to Highway 7, 250 m north of Fountain Street. The station will improve coverage in Breslau, Bloomingdale, Bridgeport, along the Bridge Street corridor and also at the Region of Waterloo International Airport. The Region would contribute capital
funding for the full incremental hard and soft costs to provide the ambulance station. The facility will be constructed and owned by the Township of Woolwich. The Region will have the right to exclusive possession and use of the ambulance station for an initial term of 25 years, with an option to renew for an additional term of 24 years, at a nominal rent and any further renewal will be by mutual agreement. If the agreement were terminated during the initial term the Region would be refunded a portion of its original contribution to construction costs. An operating fee would be payable to the Township to pay for operational and maintenance costs of the Region’s space.

Report:

The current Paramedic Services master plan identifies a station to be constructed to serve the east Waterloo to Breslau area. This is the final station identified in the current master plan. The master plan is currently being updated; however it is not expected to change the need in this area. The station will improve coverage in Breslau, Bloomingdale, Bridgeport, along the Bridge Street corridor and also at the Region of Waterloo International Airport.

Staff have reviewed several potential sites in the east Waterloo to Breslau service area. Screening criteria have included coverage area, call volumes, ready access to arterial roads, sight lines and safety for exiting ambulances, and property availability. The Township of Woolwich property at 51 Beacon Point Court in Breslau was identified as a strong candidate. The site offers excellent access to the current Highway 7, 250 m north of Fountain Street. The eventual extension of Fountain Street to connect to the new Highway 7 will further improve response time to the Bridgeport and east Waterloo area.

Most ambulance stations have been co-located at facilities owned by the Region, the area municipalities or community partners. Four stations have been co-located with operating fire stations (although the Baden station was recently relocated to the Region’s Phillipsburg Yard property) and the Westmount Road station is located at a former fire station. Staff is agreeable to co-locate with other facilities to realize land acquisition cost savings and to achieve synergies with community partners.

The property currently houses a storage building for a Woolwich Fire vehicle. The Woolwich Fire master plan identifies this property as the site for a satellite three-bay unmanned fire station to be constructed in 2018. The existing fire truck storage building would be repurposed for Township of Woolwich general use. The Woolwich Fire master plan, completed in 2015, includes the option of a co-located ambulance station.

Council of the Township of Woolwich has passed a resolution supporting pursuing the construction of a joint facility with Regional Paramedic Services for a new Fire Station in Breslau in 2016/17 and directing staff to draft an agreement with the Region of Waterloo for Council’s review and approval at a later date. The Township of Woolwich is agreeable to advancing the timing of the new fire station to accommodate the earlier
need for the ambulance station. The project will be designed in 2016. Construction is anticipated to begin in late 2016 or spring 2017 and be completed in 2017.

The Township of Woolwich prepared a preliminary site plan, in consultation with Region staff, for the ambulance station to be incorporated into the fire station as an attached but separate ambulance station. Staff agrees that the proposed site plan meets the project objectives and is the preferred option.

Staff have negotiated the general terms of an agreement-in-principle with Township of Woolwich staff. The agreement will provide for the Region to contribute capital funding for the full incremental hard and soft costs to provide the ambulance station. The facility will be constructed and owned by the Township of Woolwich. The Region would have the right to exclusive possession and use of the ambulance station for an initial term of 25 years, with an option to renew for an additional term of 24 years, at a nominal rent and any further renewal will be by mutual agreement. If the agreement were terminated during the initial term the Region would be refunded a portion of its original contribution to construction costs. An operating fee would be payable to the Township to pay for operational and maintenance costs of the Region’s space.

The Township of Woolwich will proceed with the project on approval of both Councils.

Corporate Strategic Plan:

This initiative meets the 2015-2018 Corporate Strategic Plan objective to promote and support healthy living and prevent disease and injury under Focus Area 4, Healthy, Safe and Inclusive Communities.

Financial Implications:

The 2016-2025 approved Paramedic Services Capital Budget and Forecast includes $840,000 in 2016 and $400,000 in 2017 for the East Waterloo/Breslau ambulance station. Sources of funding for the estimated project cost of $1.24m are development charges (90%; $1.116 million) and property taxes (10%; $124,000). The property tax component represents the 10% mandatory capital cost discount as required by the “Development Charges Act.” It is possible that the development charge portion will be debt financed over 10 years, as the balance in the Paramedic Services RDC Reserve may not be sufficient in 2016/2017. The property tax component will be financed from the Capital Levy Reserve Fund. The 2017-2026 Capital Program will be updated to reflect any necessary adjustments to project timing and financing.

Other Department Consultations/Concurrence:

Finance staff have reviewed and provided input into this report.
Attachments:

Nil

Prepared By:  Stephen Van Valkenburg, Chief Paramedic Services

          Kari Feldmann, Senior Project Manager, Facilities & Fleet Management

Approved By:  Dr. Liana Nolan, Commissioner/Medical Officer of Health

          Craig Dyer, Commissioner, Corporate Services/Chief Financial Officer
Region of Waterloo
Planning Development and Legislative Services
Legal Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: June 14, 2016           File Code: L04-20

Subject: Region of Waterloo Community Housing Inc. Borrowing By-Law and Appointment of New Director

Recommendation:

That The Regional Municipality of Waterloo, in its capacity as both Service Manager in accordance with the Housing Services Act and sole shareholder of Region of Waterloo Community Housing Inc. (“ROWCHI”) approve the Resolution of the Sole Shareholder appointing Michelle Sergi as a director of ROWCHI to hold office until the close of the first annual meeting of shareholders or until such director’s successor is elected or appointed, whichever occurs first, and authorize the Region’s Commissioner of Community Services and the Commissioner of Corporate Services/Chief Financial Officer both in their capacity as employees of the Region of Waterloo and based on their positions as officers and directors of ROWCHI to sign such Resolution in a form satisfactory to the Regional Solicitor;

And that The Regional Municipality of Waterloo, in its capacity as both Service Manager in accordance with the Housing Services Act and sole shareholder of Region of Waterloo Community Housing Inc. (“ROWCHI”) confirm ROWCHI’s By-Law No. 3 (Borrowing By-Law) attached as Appendix “A” and authorize the Region’s Commissioner of Community Services and the Commissioner of Corporate Services/Chief Financial Officer in their capacity as employees of the Region of Waterloo and based on their positions as officers and directors of ROWCHI to sign such confirmation in a form satisfactory to the Regional Solicitor;

Summary:

Nil
Report:

As outlined in Report CR-RS-14-066/P-14-085/F-14-093 dated August 12, 2014, Region of Waterloo Community Housing Inc. (ROWCHI) amalgamated as of January 1st, 2015 with La Capanna Homes (Non-Profit) Inc. (La Capanna 1) and La Capanna II Homes (Non-Profit) Inc. (La Capanna 2) pursuant to Articles of Arrangement dated January 1st, 2015 (the “Amalgamation”) and the name of this amalgamated corporation is ROWCHI.

The corporate Region is the sole shareholder of ROWCHI.

As a result of the Amalgamation, ROWCHI, as of January 1st, 2015, now owns the 40 unit townhouse and 10 unit apartment rental property located at 199 Elm Ridge Drive in the City of Kitchener previously owned by La Capanna 1 and a 42 unit four storey rental building located at 86 Elgin Street South in the City of Cambridge previously owned by La Capanna 2. The 199 Elm Ridge Drive and the 86 Elgin Street South properties are both community housing properties. ROWCHI now oversees the management of these two community housing properties.

Board of Directors:

The current Board of Directors of ROWCHI is composed of Rob Horne, the Region’s Commissioner of Planning, Development and Legislative Services, Craig Dyer, the Region’s Commissioner of Corporate Services/Chief Financial Officer and Douglas Bartholomew-Saunders, the Region’s Commissioner of Community Services. The current Officers of ROWCHI are Douglas Bartholomew-Saunders as President/Chief Executive Officer and Craig Dyer as Treasurer.

The number of directors is currently fixed at three (3) by Directors’ Resolution. With Rob Horne’s upcoming departure from the Region of Waterloo, Rob Horne will resign from ROWCHI as a director and ROWCHI will have to elect a new director to maintain the current Board complement of three (3) directors.

If the recommendation of this Report is approved by Council, then Michelle Sergi, the Region’s Director of Community Planning, will be elected as a new director to hold office until the close of the first annual meeting of shareholders or until such director’s successor is elected or appointed, whichever occurs first, to maintain the Board complement of three (3) directors.

Borrowing By-Law:

As outlined in Report CSD-HOU-15-17 dated August 11, 2015, the Region authorized (i) entering into an agreement with ROWCHI for an interest free loan to assist with capital needs in an amount not to exceed $180,000 and such other documention as may be required to secure the loan; (ii) providing the interest free loan through the Region’s Housing Reserve Fund; and (iii) requiring the loan to be secured by a
mortgage registered on title for 199 Elm Ridge Drive, Kitchener with consent obtained from the mortgagee for ROWCHI Inc. for the mortgage registration.

ROWCHI’s existing By-Laws do not include a borrowing By-Law. Any By-Law enacted by ROWCHI’s directors must be submitted to the Region as sole shareholder to confirm such By-Law, a copy of which is attached as Appendix “A”.

ROWCHI will consider the By-Law at its meeting on June 13, 2016.

If the recommendation of this Report is approved by Council, then by virtue of confirmation by the Region as ROWCHI’s sole shareholder, borrowing By-Law No. 3 will be enacted to facilitate ROWCHI’s borrowing of funds pursuant to Report CSD-HOU-15-17 and any future borrowing authorized by Regional Council subsequently.

**Corporate Strategic Plan:**

This Report is in furtherance of the objectives in the Corporate Strategic Plan to increase the supply and range of affordable housing and supportive housing options and to ensure Regional programs and services are efficient, effective and provide value for money.

**Financial Implications:**

Nil

**Other Department Consultations/Concurrence:**

Planning, Development and Legislative Services, Corporate Services and Community Services staff was consulted in the preparation of this Report.

**Attachments**

Appendix “A” - Copy of ROWCHI’s By-Law No. 3 (Borrowing By-law)

**Prepared By:** Catherine A. Brohman, Solicitor, Corporate

**Approved By:** Debra Arnold, Regional Solicitor, Director, Legal Services
Appendix “A”

**BY-LAW NO. 3**

**Borrowing By-law**

A by-law relating to the borrowing of money of Region of Waterloo Community Housing Inc. (the “Corporation”)

**BE IT ENACTED** as a by-law of the Corporation as follows:

1. The board of directors of the Corporation is hereby authorized from time to time to:

   (i) borrow money upon the credit of the Corporation;
   
   (ii) limit or increase the amount to be borrowed;
   
   (iii) issue debentures or other securities of the Corporation;
   
   (iv) subject to the *Business Corporations Act, 1990*, give a guarantee on behalf of the Corporation to secure performance of an obligation of any person;
   
   (v) pledge or sell such debentures or other securities for such sums and at such prices as may be deemed expedient; and
   
   (vi) secure any such bond, debentures or other securities, or any other present or future borrowing or liability of the Corporation, by mortgage, hypothec, charge or pledge of all or any currently owned or subsequently acquired real and personal, movable and immovable, property of the corporation, and the undertaking and rights of the Corporation.

The directors may by resolution delegate any one or all of the powers referred to in this clause to a director, a committee of directors or to one or more officers of the Corporation to such extent and in such manner as the directors shall determine at the time of such delegation.

2. Nothing herein limits or restricts the borrowing of money by the Corporation on bills of exchange or promissory notes made, drawn, accepted or endorsed by or on behalf of the Corporation.
3. This Bylaw No. 3 shall come into force and effect on the date upon which it has been approved by the Corporation.

ADOPTED AND APPROVED by the Directors of the Corporation as of the _____ day of ______________, 2016.

______________________
Rob Horne,
Director

______________________
Douglas-Bartholomew-
Saunders
Director

______________________
Craig Dyer,
Director

The foregoing by-law is hereby confirmed by the sole Shareholder of the Corporation as of the ____ day of June, 2016, as evidenced by the signatures of the sole Shareholder endorsed below.

THE REGIONAL MUNICIPALITY OF WATERLOO

____________________________  _______________________________
Douglas Bartholomew-Saunders   Craig Dyer
Commissioner, Community Services  Commissioner, Corporate Services/
                                        Chief Financial Officer

(Confirming By-law No. _____, dated ______, 2016)
<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Requestor</th>
<th>Request</th>
<th>Assigned Department</th>
<th>Anticipated Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2/2016</td>
<td>CS Committee</td>
<td>That staff review options and previous resolutions in relation to a basic income guarantee and report back to the Committee</td>
<td>Community Services</td>
<td>May/June 2016</td>
</tr>
</tbody>
</table>
This fact sheet is a guide for what to consider when you design, plan, operate or build outdoor public spaces such as seating and spectator areas, streetscapes, trails, playgrounds, schools, and parks.

These considerations can be incorporated into policy - see Shade Policy Fact Sheet found at www.regionofwaterloo.ca/shade.

Why Shade Matters?
Skin cancer, caused by exposure to ultraviolet radiation (UVR), is the most common cancer in Canada and is on the rise. It is also highly preventable. Shade is considered one of the most effective approaches to reduce exposure to UVR from the sun. Shade can also mitigate the urban heat island effect, encourage physical activity and reduce energy costs. Shade trees can improve air quality and stormwater management, and reduce soil erosion.

Designing and Constructing for Shade
It is essential that outdoor spaces are designed with shade to reduce exposure of direct and indirect UVR from the sun while allowing for the benefits associated with time in the outdoors. Well-designed and constructed shade ensures that there is shelter from the sun where and when it is most needed.

Shade is needed:
- where people move through or gather to work, play, and learn (e.g. seating and spectator areas, streetscapes, trails, playgrounds, schools, and parks)
- at the right time of the day (between 11 a.m. – 3 p.m.)
- at the right time of the year (April – September)
- in children’s spaces as children are especially vulnerable to damage from UVR
1. Complete a Shade Inventory and Analysis

Identify your shade needs

Follow these steps if you have a number of outdoor spaces:

a. Conduct a shade inventory to identify all sites where shade is important.

b. Prioritize these sites based on usage/greatest need for shade.

c. Select a site for shade development.

d. Conduct a shade audit to identify the shade needs of that site.

2. Conduct a Shade Audit

What is a shade audit?

A shade audit is a tool to assess how your outdoor space is used and whether the existing shade (natural or built) provides sufficient protection from UVR for the users. It can also be used in the preplanning stage of designing a site. Detailed audit steps are explained in the Shade Work Group of Waterloo Region’s Shade Audit Information Guide + Tool found at www.regionofwaterloo.ca/shade.

3. Develop a Shade Plan

Taking the results from your shade audit, develop a short and long-term plan for your site. This includes incorporating the key shade design considerations (in the next section) and determining a plan for financial support and ongoing care and maintenance.

Key Shade Design Considerations

a. Plan for shade (shadow casting) to fall where it is needed for peak UVR times

- Place trees and structures to the south and southwest of the area you want to shade. Remember the sun’s rays move throughout the day and shadows that are cast will move. Buildings can also be oriented to provide shade where it’s needed.

- When possible use existing shade from trees and structures in your design (e.g. place seating under existing shade).

- Consider minimum set-backs of any buildings/structures for safety, site lines and to minimize vandalism.

- Break up large activity zones (e.g. playground structures) into smaller sections or incorporate shade into the footprint to get more effective shade.

b. Plan for dense shade

- Select trees and built shade that will provide the most shade coverage possible for your site. See the recommended list of tree species on the next page.

- Consider the caliper size (diameter) and age of the tree for immediate and long-term shade needs, as larger trees may provide quicker shade benefits.

- Plant trees in groves (groups) so that canopies overlap and provide full shade coverage.
c. Combine natural, built, and portable shade to maximize shade coverage

- Natural shade is provided by trees, multi-stemmed shrubs and climbing vegetation.
- Built shade is a permanent structure standing alone or attached to a building. Examples include arbors, pergolas, gazebos, retractable awnings, or shade sails.
- Portable shade is provided by pop-up marquee tents, temporary shade sails/tarps, canopy tents and umbrellas.
- Select the type of shade that is best suited to produce the desired shade benefit in the short and long-term for your site. You may need to consider putting in temporary built shade until trees reach their maturity and can provide long-term shade benefits.

d. Use vertical barriers and select surface materials to reduce indirect UVR

- Hard surfaces (e.g. concrete, paving) tend to reflect more UVR than softer surfaces (e.g. grass, mulch).
- Smooth surfaces (e.g. glass, metals, smooth concrete) tend to reflect more UVR than coarse, varied surfaces (e.g. cladding, roof tiles, brick paving).
- Vertical barriers (e.g. vines, trellis, bushes, slats, screening) can further reduce the amounts of scattered and reflected UVR on the space to be shaded.

Recommended Tree Species

- American basswood (*Tilia americana*)
- Black maple (*Acer nigrum*)
- Freeman maple (*Acer freemanii*)
- Hackberry (*Celtis occidentalis*)
- Northern catalpa (*Catalpa speciosa*)
- Red maple (*Acer rubrum*)
- Red oak (*Quercus macrocarpa*)
- Silver maple (*Acer saccharinum*)
- Sugar maple (*Acer saccharum*)
- White oak (*Quercus alba*)

See the Shade Work Group of Waterloo Region’s Shade Tree List at www.regionofwaterloo.ca/shade for details on these species including the suitability to the climate and site conditions. Consider having a variety of species and ages of trees to reduce the risk of losing all trees on a site due to disease or insects.
Tree Installation and Maintenance

If trees are selected for site conditions and planted properly, the need for replacement is minimized. Each municipality and school board has their own tree planting and installation standards and guidelines. Some general considerations include:

• Consider whether the planting site has adequate space for when trees reach maturity: plant trees a sufficient distance apart from each other and from surrounding built structures.

• Consider what preparations are needed for hard and soft surfaces (see examples in the green box).

• Determine if you need to apply amendments to improve the soils or to remove invasive species to reduce competition.

• Ensure that any larger roots circling the pot are spread out to prevent girdling, and prune excessive surface roots.

• Stakes and ties can be used to provide some support after planting depending on tree size and soil characteristics, but the stakes and ties should be removed after one year.

• Protect existing trees when working on site by ensuring that within the drip-line (the outermost reach of the branches) the following practices are adopted:
  • there is no root cutting;
  • no changes to the grade by adding fill, excavating or scraping;
  • no soil compaction;
  • no storage or stockpiling of construction materials, equipment, soil, debris or waste; and
  • no movement of heavy vehicles or equipment.

• Proper maintenance includes applying mulch, using wrap or fencing for protection, watering until established, and completing necessary pruning.

Hard/soft surface specification examples

Evergreen:

• When installing trees in soft surfaces make sure the hole is three times the size of the root ball to ensure adequate soil volume.

• In hard surface areas, remove all sub-surface material and debris before planting in a minimum 10-square-foot (3-square-metre) opening and fill with 30 cubic metres of quality soil.

City of Kitchener:

• Tree Planting & Establishment Best Management Practices

Shade plays an important role in creating a healthier, happier and safer community. From policymakers, municipal staff, businesses, employers, and education facilities to community groups and individuals - everyone has a role to play to increase shade in the community. So let's work together to make a formal commitment to ensure that we have the shade we need by managing shade and trees as infrastructure.

More about the Shade Work Group of Waterloo Region

The Shade Work Group of Waterloo Region is a collaborative that works to increase shade in publicly accessible spaces in Waterloo Region by:

- building the case for shade,
- providing support to organizations,
- sharing research and best practices,
- and creating tools and resources.

For more information:

www.regionofwaterloo.ca/shade
This fact sheet is intended as an overview of how to incorporate shade into policies (e.g. a municipal policy, school board policy, a public health policy, a transportation policy, a parks policy, etc.). Whether your organization or group is responsible for designing, planning, operating or building outdoor public spaces such as seating and spectator areas, streetscapes, trails, playgrounds, schools, and parks, existing and new policy documents can be written to make a formal commitment to increasing and maintaining shade in our communities.

Note: Inclusion of shade into policies is an emerging area. To date, few policies have been evaluated. The following recommendations and considerations are based on the experience of the Shade Work Group of Waterloo Region and from others in the field.

Why Shade Matters?

Skin cancer, caused by exposure to ultraviolet radiation (UVR), is the most common cancer in Canada and is on the rise. It is also highly preventable. Shade is considered one of the most effective approaches to reduce exposure to UVR from the sun. Shade can also mitigate the urban heat island effect, encourage physical activity and reduce energy costs. Shade trees can improve air quality and stormwater management, and reduce soil erosion.

Incorporating Shade into Policies

Considering shade in your new or existing policies and/or writing a stand-alone shade policy or strategy will assist in making a formal commitment to shade and ensure it is part of your infrastructure.

Look for opportunities to collaborate, both within your organization and with other organizations and stakeholder groups. A collaborative approach that considers diverse viewpoints in the planning process not only strengthens your policy but helps with implementation and awareness.

Shade can be incorporated in a number of ways, at different levels of policy. A combination of overarching policies and guidelines or strategies can be included to operationalize and implement shade. For example, city official plans can include requirements for shade provision. Operational standards, guidelines and strategies (e.g. planting, mowing, parks management and environmental strategies) can be written or revised to incorporate shade principles. Similarly, request for proposal criteria for parks and landscape design can include a shade requirement which meets shade design considerations.

Policy is any written commitment by an organization that gives direction and ensures:

- Consistency
- Accountability and documentation
- Budget/resources are assigned
- A long-term commitment

Developed by the Shade Work Group of Waterloo Region and

Shade Matters www.regionofwaterloo.ca/shade
Existing Policy Examples:
The following table provides guidance on how to incorporate shade into various levels of policy documents. The examples are taken from Waterloo Region policy documents and demonstrate wording segments related to shade.

<table>
<thead>
<tr>
<th>Policy document</th>
<th>Relevant sections (Where)</th>
<th>Examples of how shade has been included in existing policies (How)</th>
</tr>
</thead>
</table>
| **Official Plan** | Can be incorporated in different sections such as: | • Urban design requirements of the provision of shade for protection from sun exposure, including trees as site amenities, shade studies, and incorporating into landscape design, for example:  
  *City of Kitchener, Section 11: Urban Design:* “The City will require the provision of shade, either natural or constructed, to provide protection from sun exposure, mitigate the urban heat island, and reduce energy demands […]”  
  • Specific wording related to planting of trees for shade, urban greens or smaller green spaces for rest/respite, for example:  
    *City of Waterloo, Open Space Land Use Policies, Parks and Other Green Spaces:* “The planting of trees within municipal parkland blocks is encouraged to provide shade and to enhance the urban forest.”  
  • Pedestrian movement and the creation of pedestrian-friendly streets/streetscapes (shade as essential for this), for example:  
    *City of Kitchener, 13 Integrated Transportation System 13.C.1.4:* “The City will design pedestrian-friendly streets by: providing shade as an essential component of streetscape design.” |
| * It may be possible to include shade in by-laws (zoning, trees, conservation) that conform to the official plan | *Urban design*  
*land use, public realm, open space, play areas/parks  
*transportation systems  
*urban forest  
environmental sustainability  
Or shade can be a stand-alone section within the document |
| **Strategic Plan** | Sections related to the environment, health | • *Regional Municipality of Waterloo 2011-2014:* Notes partnership/collaborating to develop policies and programs that provide shade. Not included in Regional Official Plan so the strategic plan offered an opportunity to incorporate into policy. |
| **Shade Policy or Shade Guidelines** | Stand-alone documents/policy specifically related to shade | • *Waterloo Regional District School Board, Sun Safety and Shading Board Policy:* Acknowledges the rationale for providing shade and states that schools should be periodically reviewed (audited) “[…] the provision of shade, […] as an essential element in the planning and design of new or renovations to board facilities.”  
  • *City of Toronto, Shade Guidelines:* The Guidelines assist in the implementation of the Shade Policy by laying out the shade principles, tree species, how to audit a site and guidelines for specific sites. They also contain shade guidelines for specific sites. |
| **Urban Design Guidelines/Landscape Guidelines** | Specifications related to city owned facilities/properties. Could also include: streetscapes, amenity areas, private developments | • *City of Waterloo, Urban Design Guidelines, 2009:* Use/planting of canopy trees to incorporate shade in sports facilities, spectator areas, and along trails. For example, planting in play areas, while respecting child safety, and around playground seating to provide ample shade. |
| **Plans/Masterplans—such as Urban Forest Plan, Park Masterplans** | Can be included in:  
• operational considerations  
• asset management (retention of mature trees and establishment of new trees)  
• green infrastructure  
• policy revisions and development  
• monitoring  
• resources required  
• priority setting | • *City of Cambridge Urban Forest Plan, 2015:* Identifies the resources (capital, operating, and human) required for defined projects over the short term (5 or 10 years) and sets priorities for the longer term. It also sets a canopy target and forest health indicators to monitor the urban forest and manage it as a green infrastructure. |

When writing policy, we recommend the use of strong language to denote that it is a requirement (i.e. use of the word will/have/require).
Key Ideas to Help Shape Your Policy:

Shade should be considered when planning and approving new public facilities or spaces and renovating existing ones which includes landscape design. In addition, it can be incorporated into the approval of planning permits and in urban and open space planning. The following are some key components to consider incorporating into your new or existing policy.

<table>
<thead>
<tr>
<th>Key component</th>
<th>Examples of details to include in the policy information</th>
</tr>
</thead>
</table>
| 1. Why Shade/Shade Policy | • A statement about skin cancer (statistics and methods of prevention)  
• Information on shade trees, built shade and their respective co-benefits (encourages physical activity, reduces greenhouse gases and air pollutants, mitigates urban heat island effect, reduces energy costs, etc.) |
| 2. Area Prioritization | • Spaces where people gather or move through that are used at critical peak UVR times (11 a.m. - 3 p.m., April to September)  
• Settings can include: public squares, seating and spectator areas; streetscapes, trails and pathways; child care facilities, schools, parks and playgrounds |
| 3. Commitment to Auditing and Planning | • New or retrofitted sites will have a shade audit completed (see Shade Audit Information Guide + Tool)  
• A shade plan or strategy which includes a larger scale inventory  
• Shade targets for certain sites (XX% of playground shaded) |
| 4. Specifications about Shade Selection and Installation | • Each site will be planned for its shade needs. This may be in the form of trees, built structures, or a combination of both to meet short and long-term needs  
• When young or smaller caliper sized trees are used, the installation of built shade will be considered to provide immediate shade until the trees have reached maturity  
• Trees will be selected and installed based on the standards, which includes details on tree selection (see Shade Tree List), site preparation, protection, and maintenance to ensure tree survival and optimal growth. Tree selection details can include: right tree for soil conditions and exposure to wind and sun, space and height allowances, diversity of species and ages, etc.  
• Existing shade from trees and built structures will be considered in designs. For example, placing seating or play structures under existing shade  
• New trees or built structures will be placed to the south and southwest of the area where shade is needed |
| 5. Commitment to Management and Maintenance | • A long-term plan for maintenance includes:  
  • A plan for tree care (e.g. wrapping, tree caging, mulching, watering, pruning)  
  • A plan for addressing vandalism, repairs, and replacement  
  • A commitment to keep the shade inventory up to date (status of trees and structures, and increase/decrease in shade)  
  • A commitment to dedicate resources (budget and staffing) |
| 6. Planning Events | • Shade will be made accessible at outdoor events (trees, built structures, or portable shade) |
| 7. Community Awareness | • Community members will be encouraged to use personal sun protection practices and to seek shade  
• Signage will be posted at outdoor facilities and spaces to encourage the use of sun protection practices |
Implementation:

Often policy does not translate to practice. To ensure that your policy is implemented be sure to consider the five key steps below to build a strategy and support the policy.

**Implementation Key Steps**

- Identify champions
- Identify your resources and budget
- Create a communication strategy
- Develop an evaluation process
- Develop training

Shade plays an important role in creating a healthier, happier and safer community. From policymakers, municipal staff, businesses, employers, and education facilities to community groups and individuals - everyone has a role to play to increase shade in the community. So let’s work together to make a formal commitment to ensure that we have the shade we need by managing shade and trees as infrastructure.

**More about the Shade Work Group of Waterloo Region**

The Shade Work Group of Waterloo Region is a collaborative that works to increase shade in publicly accessible spaces in Waterloo Region by: building the case for shade, providing support to organizations, sharing research and best practices, and creating tools and resources.

**For more information:**

[www.regionofwaterloo.ca/shade](http://www.regionofwaterloo.ca/shade)
**Program Goal:** To influence decision makers in Waterloo Region to adopt policies and practices which will increase the strategic use of shade coverage in targeted publicly accessible spaces under the jurisdiction of the Region of Waterloo, area municipalities, and local school boards that are used at critical peak ultraviolet radiation (UVR) times by vulnerable users.

**Shade Principles:**
- Vulnerable users: certain populations are at increased risk for skin cancer and therefore are a priority for shade. Vulnerable populations identified in the literature include children, seniors, and outdoor workers.
- Peak UVR periods: in Southern Ontario UVR is strongest and most damaging between April and September from 11 a.m. - 3 p.m.
- Direct and indirect UVR: exposure to UVR can come from direct sunlight or indirectly, where UVR is reflected off of surfaces. Indirect UVR can increase the amount of UVR reaching the skin and eyes, and should be considered through surface and structural material choices.
- Shadow casting: understanding how a tree or structure will cast its shadow is fundamental to effective shade planning. Shadow casting is most successful when trees/structures are placed to the south and southwest of the area requiring shade.
- Natural or built: shade can be provided by trees, built structures, or a combination of both to meet short and long-term needs. Natural shade provided by mature, leafy trees should be considered for UVR protection for the provision of other co-benefits.

**Assumptions:**
- Appropriate implementation of shade principles will lead to an increase in shade in publically accessible spaces, ultimately leading to a reduction in skin cancer rates in Waterloo Region
- Policies can be formal or informal, ranging from guidelines and standard operating procedures to departmental, organizational, or municipal policies, regulations or by-laws

**External Factors:**
- Level of commitment of participants and the community
- Resources of participants and the community
- Access to experts/research
- Political factors/considerations

**Shade Work Group**
Representatives from Region of Waterloo Public Health (Public Health)
-1 Public Health Nurse
-1 Public Health Planner

Representatives from area municipalities, school boards, and the community (groups and members)
- City of Cambridge
- City of Kitchener
- City of Waterloo
- Evergreen

Administrative support for and maintenance of the functioning of the Shade Work Group is provided by Public Health

**Inputs**
- Participation
  - Shade Work Group
  - Public Health
  - Municipalities
  - Local school boards
  - Community members and groups

**Outputs**
- Activities
  - Contribute to and solicit local evidence
  - Build the case for shade through promotion of its benefits and the Shade Principles, and share research/best practices
  - Create and promote tools and resources to support partners in planning for the strategic use of shade
  - Support partners in the development of policies and practices that incorporate shade principles and promote the strategic use of shade
  - Evaluate processes and outcomes of Shade Work Group activities

**Activities**
- Short-term
  - Partnerships built and knowledge exchanged
  - Partners have increased awareness and buy-in of importance of shade principles
  - Partners recognize the social, health, environmental and economic benefits of shade
  - Partners have increased capacity to develop comprehensive policies and practices

**Outcomes**
- Medium-term
  - Partners implement comprehensive policies and practices which incorporate shade principles and promote strategic use of shade
  - Partners consider shade in tree selection, planting and maintenance practices
  - Increase in shade in areas that are used by vulnerable users at critical peak UVR times

**Long-term**
- Decrease in skin cancer rates
- Increase in social, health, environmental, and economic benefits provided by trees and shade

**Shade Matters** [www.regionofwaterloo.ca/shade](http://www.regionofwaterloo.ca/shade)
We believe in the creation of a community where everyone has the opportunity to thrive and nobody is left behind.

The Community Services Department exists to remove social, financial and other barriers for our most vulnerable citizens. To achieve this goal we engage with partners within the Region of Waterloo, agencies and organizations throughout the community and those who need our supports to develop and deliver programs and services that span early childhood to old age.

In addition to the vision, mission and values of the Region of Waterloo, we operate from a departmental belief that we are working together to create a community where everyone has the opportunity to thrive and nobody is left behind. Each of the four Divisions within the Department has a belief statement that underpins and guides service design and delivery. These belief statements are specific to the populations they serve.

Throughout 2015 we focused on integrating services and streamlining processes that enhance the customer service experience and reduce the steps staff must take to deliver services. That will continue into 2016 as we expand our focus on excellent customer service provision and delivering the best value for money in all we do.

This 2015 Annual Report provides an overview of Community Services, including budgets, metrics on what we have achieved, and interesting facts. It includes stories about our clients/residents/tenants and how our work has impacted their lives. While there is much more that cannot be reported within a few pages, this report provides a sampling of the efforts of our staff and our partners and work about which we can be very proud.

Douglas Bartholomew-Saunders
Commissioner, Community Services
We believe in providing a vibrant comprehensive system of early learning and child care that supports the developmental health of all children in our community.

In 2015, many parents expressed publicly just how important it was to their families and to future generations that the Region continue to directly operate child care programs. Regional Council’s renewed commitment will enable more children to benefit from the high scope curriculum – a high quality, evidenced-based approach to early learning that supports children to become strong independent learners. Council’s decision also enables Children’s Services to continue its work in the community providing leadership and expertise in early learning and child care.

Construction began in Elmira this summer on a unique redevelopment project that will provide families with one central place for child care, school, and other services they need. The site will be the new home for the Elmira Children’s Centre, providing more physical space and additional enrollment for infants and toddlers. Being co-located with Riverside Public School will give children continuity up to Grade 6. To enhance seamlessness for families even further, it will be home to the Elmira Family Centre, which will offer community services to meet the needs of children and families in the area.

Another big project moving forward this year was the conceptualization of a virtual access point for families, a joint venture between the Children’s Planning Table (CPT) and its community partners. CPT is a collaborative supported by the Region that works together to improve services for children and youth. A central access point to services has the potential to lead to increased awareness of what is offered in the community, higher service usage, and earlier intervention.

The Numbers

- Funding from Children's Services enabled community partners to provide **38,581 hours of enhanced classroom support**
- Increased the number of children receiving subsidized child care to **2,942 per month**
- For the third year in a row, there was no wait list for child care subsidy in Waterloo Region
- **789 children referred** for services through the Special Needs Access Point
- Provided a provincially-funded wage enhancement to over **900 licensed early learning and child care program staff** to increase retention and improve quality of care

The Numbers

- **38,581 hours**
- **2,942**
- **789 children referred**
- **900+**

Budget

- Child Care Fee Subsidy: 18,400,000
- Directly Operated Programs: 8,900,000
- General Operating Grants: 6,500,000
- Special Needs Resourcing: 4,300,000
- Administration: 2,800,000
- Wage Enhancement: 2,700,000
- Other Community Funding: 1,200,000
- **Total: 44,800,000**
Seniors’ Services

We believe in enabling adults to age with dignity. Seniors’ Services works collaboratively with the community to plan, support and operate long-term care services and residential and community programs.

In the absence of more long term care beds and with an aging population, Seniors’ Services brought in a number of new and enhanced Region programs and services in 2015. The division expanded the Community Alzheimer Program into Waterloo and opened a program for people 65 or younger who are living with memory loss – the first of its kind in the region. The Young Onset Dementia Association gives participants the chance to get out and socialize with others in an environment where they do not feel judged or criticized.

Residents of Sunnyside Home gained better access to medical and mental health care services in 2015, with the establishment of a psychiatric clinic on campus and the addition of a Nurse Practitioner through a partnership with St. Joseph’s Health Care. By having this resource available to provide enhanced medical care to residents in their rooms, the addition of the Nurse Practitioner could potentially reduce the number of trips residents need to make to hospital emergency rooms.

Seniors’ Services is continually researching new ways to enrich and enhance the lives of residents at Sunnyside Home and participants in community programs. In 2016, Sunnyside will adopt an innovative model of care for people living with mid to late stages of dementia that will help them feel more at home. Through this model of care, staff get to know the person behind the dementia, their past interests, etc. and create a customized environment that enables them to feel more comfortable, independent and to do the things that make them happy, at ease, and engaged throughout the day.

Residents at Sunnyside Home can move with ease and dignity after the Sunnyside Foundation raised $102,000 to fund the remaining ceiling lifts needed for the home.

Sunnyside Home freed up the equivalent of 15 hours of hands-on care per day for residents through a more efficient approach to doing laundry, as part of its Lean initiative.

Seniors’ Services reduced the wait list for the Community Alzheimer Program by 50% by expanding the program into Waterloo.

972 older adults used the fitness centre and/or services provided through the Sunnyside Wellness Centre.

The Numbers

<table>
<thead>
<tr>
<th>Program</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Care</td>
<td>28,179,142</td>
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<tr>
<td>Community Support Programs</td>
<td>3,297,628</td>
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<tr>
<td>Supportive Housing Programs</td>
<td>1,113,665</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>32,590,435</strong></td>
</tr>
</tbody>
</table>

Budget
Housing Services

We believe communities thrive when everyone has a place to call home. Housing Services engages community partners to end homelessness and to provide a range of quality, affordable housing options with appropriate levels of support.

To help alleviate the wait list for affordable housing, the Region will allocate $10 million in funding over the next three years for 118 new units. Though great news, it is not enough to make a significant dent in the wait list, so in the absence of additional funding, Housing Services is providing some financial support where needed to make the wait more manageable for applicants.

Housing Services also has a role in helping people in the community who are vulnerable find housing, recognizing that a space with four walls is not enough. “Home” is a feeling. That’s why in 2015, the Region put changes in place to ensure tenants living in supportive housing feel more secure, comfortable, and have a sense of belonging. Supportive housing funded by the new Community Homelessness Prevention Initiative (CHPI), now offers more supports, more privacy and security, and more opportunities for tenants to engage with neighbours and the community.

In 2015, Housing Services also strengthened support for families at risk of homelessness by making the Family Shelter Diversion pilot project a permanent program. The pilot helped 524 households with 841 children avoid an emergency shelter stay and the negative impacts of living in a shelter environment. This program, delivered by our community partners, shows the true value of working together.

The Numbers

Family Shelter Diversion program diverted 64 per cent of families from emergency shelters over two years. With less pressure on the shelter system, motel overflow costs decreased by 97 per cent during that time.

As of May 30th, a smoke-free policy being grandfathered in to Region-owned community housing units reached a major milestone; 50 per cent of the 2,720 units became smoke free.

The number of home buyers who benefited from the Region’s Affordable Home Ownership program increased by 11 per cent.

700 individuals and families on the affordable housing wait list were housed.

We helped permanently house 50 people experiencing homelessness through the support of STEP Home – exceeding our goal of 40, as identified by the Region’s 20,000 Homes Campaign Registry Week pilot.

In 2015, the following housing funds were provided:

- Housing Programs . . 31,723,166
- Waterloo Regional Housing . . . . . . . 23,894,574
- Homelessness Programs . . . . . . . 12,066,395
- Total . . . . . . . . . . . . . . . . . . . 67,684,135
Employment and Income Support

We believe in removing obstacles and creating opportunities. Through the provision of financial assistance, employment services and other supports, staff help individuals feel included in our community, find employment and establish financial independence.

Employment and Income Support (EIS) spent much of 2015 learning to work with the province’s Social Assistance Management System (SAMS). One of the biggest challenges was learning the system at the same time as serving the individuals and families who require the programs and services we deliver. Despite these challenges, the Ontario Ministry of Community and Social Services recognized EIS for its management of the implementation of SAMS and for the training resources staff developed to help them learn the system. Ministry representatives visited the Region to see these tools and resources and a number of staff were part of provincial working groups on SAMS.

During the 2015 KPMG review of Region services, Council voted against a recommendation that the Region no longer provide Employment Ontario. In order to ensure that both the Employment Ontario and Ontario Works employment programs meet the needs of the individuals and families they serve, a review and restructuring of the employment programs began in late 2015 and will be concluded with a new program delivery model in 2016.

In 2015, EIS began re-positioning itself as an employment-focused division and initiatives that focus on the integration of service are underway; this will lead clients to better navigate the programs that meet their needs.

EIS also funds, monitors and facilitates Social Development Programs delivered by community agencies to help reduce the negative impacts of poverty on families. This past year, a survey of Community Outreach Program participants showed families reported increased financial resources, recreational opportunities for their children, more participation in school, and felt more connected to their community after getting involved in the program.

The Numbers

- Increased Ontario Works clients’ direct bank deposit rate to 84 per cent
- A promotional campaign for the Canada Learning Bond helped an additional 50 children benefit from the federal grant for their education
- The Waterloo Region Energy Assistance Program helped 1,340 low-income households with utility costs. This is an increase of 93 households from 2014
- Approximately 35,000 people visited and used the services in our Employment Resource Centres

Budget

- Ontario Works Administration . . . . 19,384,361
- Employment Programs 8,198,111
- Ontario Works Allowances . . . . . . 71,968,425
- Social Assistance Benefits . . . . . . 9,477,343
- Total . . . . . . . . . . . . . . . . . . . 109,028,240
Your stories. Our support.

The journey to more fulfilling employment starts with a door

In 2015, Josie was laid off from a long tenured, high skilled occupation but at 60, she wasn’t ready to retire. A placement in a call centre through Employment Ontario may not have been her end goal, but it was the gateway to full time employment in a position that she desired more. When Employment Ontario followed up with her to see how she was doing, she replied, “I want to say thank you for all your positive encouragement and your help getting me back in the workforce. After more than a year looking for work I didn’t know where to turn anymore, and thanks to you I was able to get a position as a bilingual customer service representative. I got trained, and after three and a half months I was advised by my supervisor to apply for the position of quality coach... I was chosen, trained and now am working regular (office) hours, no more shifts, no more working weekends. The salary is far from the salary I was making before my company shut down, but it’s okay, I am very happy to feel that I am still employable. Turning 60 and losing my job the same year wasn’t easy, but I’m back and I’m not planning on going anywhere soon.”

"I am very happy to feel that I am still employable. Turning 60 and losing my job the same year wasn’t easy, but I’m back and I’m not planning on going anywhere soon.”

Special Needs Access Point helps Noah fully participate in child care

Tatjana’s three year old son Noah is autistic. In 2015, Tatjana began considering child care for Noah, and she reached out to a coordinator with the Special Needs Access Point (SNAP) to figure out where to start. “If it wasn’t for her, I don’t know where I would be,” Tatjana says about Michelle, the SNAP Coordinator who worked with Tatjana to build a support system and guided her through what can often be a complex process of getting to the right resources. Michelle met with Tatjana in her home to discuss Noah’s diagnosis, help determine the best type of assessment for him, help the family find a licensed child care setting he would be comfortable in with the support he needed, apply for child care fee subsidy, complete paperwork, and sort through available resources. A few months after placing him in a licensed child care centre with the support he needed, Tatjana says she has seen a big change in him. “I’ve seen Noah more interactive with other children, participate in activities, follow instructions and have a routine... I feel like it just gets better and better with his improvement. He goes to a really good child care provider and with the people in his life there, it all makes a big difference.”
A heartfelt thank you from Carolyn to staff at Sunnyside Home

“I am writing to the whole team because that is how you operate, hand-in-hand, working together to provide the greatest service possible to each and every resident. I want to truly thank you for your skills, your devotion, your energy, and your hard work as given to my dear Mom over the two years she was there with you. Without reserve you found the gentle hands and cheerful attitude to help Mom along the journey. Each day I visited I saw you getting to know Mom, learning of her needs and appreciating her sweet nature and wit. You held her hand, talked about life, shared a hug and laughed along with her. These moments are like little treasures... I have not read your many job descriptions, but I suspect that “nurturing the family” is not on the list. Bringing Mom to Sunnyside was very difficult for me and for the first month all I could think of was taking her home. Through each of those days, you supported me in your own way with a kind word, a smile, or a little tip to help me adjust. I can’t tell you how much I appreciate your efforts when I was struggling with my decision. Your work is complicated, demanding, and difficult; please know that it is extremely important... I believe the measure of a society is by how well it takes care of its most vulnerable members. I know there are challenges, but you carry forward and I have seen many examples of this effort. You make a direct contribution each day and should be extremely proud of your work.”

—Carolyn, daughter of former Sunnyside Home resident

Palliative Care at Sunnyside Home comforts Carl

Ann Marie’s husband Carl was diagnosed with Alzheimer’s several years ago. He became a client of the Community Alzheimer Program in Seniors’ Services, and later became a resident at Sunnyside Home in Kitchener. As Carl’s condition began to decline and it became clear that he didn’t have much time left, Ann Marie says he began to feel afraid. He told Ann Marie he was afraid of being alone. During their first Palliative Care session, the Chaplain who leads the program told Carl a story about a man who was palliative and who had the same fear as Carl. She had told that man that he may not be alone, that someone may be coming for him when it is time. She didn’t say who, and meant this in a spiritual sense. The Chaplain told Carl that just before the man passed away, he sat up, put his arms out, and told his family that his former boss and close friend had come for him. After hearing this story from the Chaplain, Ann Marie says Carl felt comforted. He passed away in July. Ann Marie says the Palliative Care her family received at Sunnyside gave Carl the emotional foundation he needed to be ready.
ISTEP helps Heidi gain the confidence she needs to succeed

Heidi just completed the Individual Steps Towards Employment (ISTEP) program offered to individuals receiving Ontario Works to support them in finding or increase employment and earnings. Here is her assessment of the program: “Towards Employment is an AWESOME course for anyone looking for work. It armed me with the necessary knowledge and skills to write a powerful resume, the ‘how to’ of an effective interview, how to access the hidden job market – all the nuts and bolts of building a better candidate. Being unemployed is not a choice and the course turned something that happened to me into something that happens for me. The group environment provides a social setting to exchange ideas, share experiences and just simply talk and have fun while working towards a common goal. It goes without saying that the key was the incredible facilitation, making me feel empowered, inspired and hopeful that I can and will succeed. This course is a hidden gem that should be promoted beyond the borders of Community Services. It works, right for the times, and is AWESOME!”

Syrian refugee resettlement: The power of community partnerships

A message from Tara Bedard, Manager of the Immigration Partnership, on what can be accomplished when the Region and its partners, including other municipalities, service providers and the community, come together to achieve a common goal: “The nature and scale of the Syrian resettlement initiative has shown that we can do more together. We have made significant advances in coordinated information sharing and alignment with municipal and community services and the community at large to respond together in real-time to the needs of newcomers and partner agencies. The model of collaborative leadership, engagement and innovation in partnerships and ways of partnering which emerged have reaped incredible short-term results in one of the largest resettlements of people in Waterloo Region’s history. In the span of several months, hundreds of individuals and families have been connected to local services, found housing, undergone health and dental screenings, language assessment and school enrollment, and children provided with recreational programming. There is recognition that the learning and insights from this response are equally applicable to addressing the needs of other populations through truly responsive and engaging services.” The Immigration Partnership is a community collaborative hosted by Community Services that ensures immigrants and refugees are able to successfully settle, work and belong in Waterloo Region.

"The nature and scale of the Syrian resettlement initiative has shown that we can do more together."
Collaborating for the benefit of children

The Children’s Planning Table (CPT) is supported by Community Services and is a collaborative of providers and planning bodies working together to plan how services can be better coordinated for children and youth in Waterloo Region. Here is one service provider’s experience with the CPT: “The most significant change I’ve experienced (since joining the CPT) is being able to meet other like-minded professionals who are working towards common goals to better the services and capacity to serve families better through an integrated approach. The CPT gives me an avenue to share my thoughts and my organization’s vision and values and it gives me the opportunity to hear and learn from others’ views and opinions, approaches, and priorities. The CPT is a healthy place to debate the things that matter most in a professional setting and respectful way. We feel that what makes us successful in reaching more families in the community and being able to meet their needs as best we can comes from working together and ensuring our community partnerships are positive. The more we work together, the more we can do. Parents, health professionals, educators, and others can work together as partners to help children grow up to reach their full potential.”

From isolation to independence: The difference a home can make

David was born with cerebral palsy, a debilitating disability that leaves him in chronic pain; so much so that he had to stop teaching at a local college. For years, he lived in an inaccessible apartment; the doors were not wide enough for him to leave without assistance. This led to isolation and severe depression. In 2015 though, David moved off the affordable housing wait list and into an accessible apartment in a community housing building on Linden Drive. At the building’s official opening in July, David told the audience his new home changed his life: “When you go into my apartment, you’ll see on the left a kitchen. It has an accessible level counter with electrical outlets so that I can plug things in at my level, it even has a place where I can wheel the chair under and prepare food... there’s also an electric lift in the bedroom. Before, I had to be transferred physically in a great deal of pain; now the transfer is like a ride at an amusement park... and now that I can get out when I want, this is the first year in five years that I have not needed mental health care.” David says he is truly grateful for everyone who helped make this happen. “If you’re wondering where your tax dollars are going, they made a dream come true. I am truly happy to live here.”
Family Shelter Diversion: A little support goes a long way

Katherine remembers how great life was just one year ago. “I had two cars, a house, a part-time job, a fiancé and we had our health,” she says. “I never imagined things could go so wrong, so quickly.” After things didn’t work out with her fiancé, Katherine moved out with her children, Kelsey and Aidan; beginning a series of frustrating housing experiences. She moved into what became an unsafe rental situation, to a trailer for the summer to save some money, and then to sharing an apartment with a friend in exchange for cleaning jobs. Her vehicle broke down, and the housing and financial instability weighed heavily on Kelsey. Katherine took a medical leave from her workplace to care for her daughter. Things got worse when the landlord refused to pay Katherine for her cleaning work and then gave her short notice to move out. With two kids, two cats, two dogs, no savings and living on social assistance, Katherine followed every housing lead without success. Most options, including using an emergency shelter meant losing her pets – members of her family. “Crying, panicking and desperate, I went to Lutherwood five days before I had to move out,” Katherine recalled. “I was immediately referred to the Family Shelter Diversion Program Worker. She was understanding, caring and amazing! She found a place that looked perfect so we sent in an application. Then she helped me access various resources to cover first and last month’s rent and pay my outstanding utility bills. Later that day, I was approved and we had a place to stay.” Katherine says now that last year was a test to see what her family could handle. “I have one part-time job and am starting another. We have a two bedroom apartment close to the school, groceries and bus. My daughter is healthy, we are safe and we are all together.”

Story and photo courtesy of Lutherwood
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