



The Corporation of the County of Wellington
Social Services Committee
Agenda

April 9, 2014

1:00 pm

County Administration Centre
Guthrie Room

Members: Warden White; Councillors Tosh (Chair), Innes, Whale, L. White

| | Pages |
|---|---------|
| 1. Call to Order | |
| 2. Declaration of Pecuniary Interest | |
| 3. Delegations | |
| 3.1 Mr. Shawn Armstrong, General Manager of Emergency Services, City of Guelph Land Ambulance Communication Model Report | 3 - 10 |
| 3.2 Ms. Sarah Haanstra, Co-Chair, Poverty Task Force 2013 Report to the Community | 11 - 24 |
| 4. Correspondence between Mr. Gagne and Town of Erin Fire and Emergency Services | 25 - 33 |
| 5. Resolution Regarding Ambulance Service | 34 - 34 |
| 6. Social Services Financial Statements as of March 2014 | 35 - 39 |
| 7. Child Care | |
| 7.1 Child Care Modernization Act 2013 | 40 - 50 |
| 7.2 Wellington Dufferin Guelph Youth Charter of Rights | 51 - 53 |
| 7.3 ADVOX Donation to Child Care Services | 54 - 56 |
| 7.4 Child Friendly Designation Report - Verbal | |
| 8. Housing | |
| 8.1 Housing Statistics | 57 - 58 |
| 9. Ontario Works | |
| 9.1 Discretionary Benefits Annual Report | 59 - 78 |
| 9.2 10 Year Housing and Homelessness Plan Update - Verbal | |

| | | |
|-----|---|---------|
| 9.3 | Homelessness Partnership Strategy | 79 - 80 |
| 9.4 | The Enterprise Project Report | 81 - 85 |
| 9.5 | Ontario Works Statistics | 86 - 90 |
| 10. | Investment in Affordable Housing Allocation Change Report | 91 - 93 |
| 11. | Social Housing Template Letter | 94 - 94 |
| 12. | Closed Meeting (Agenda emailed under separate cover) | |
| 13. | Rise and Report | |
| 14. | Adjournment Next meeting date May 14, 2014 or at the call of the Chair. | |

STAFF REPORT



TO Operations, Transit & Emergency Services Committee

SERVICE AREA Operations, Transit & Emergency Services

DATE February 4, 2014

SUBJECT Land Ambulance Communication Model

REPORT NUMBER OTES021403

EXECUTIVE SUMMARY

PURPOSE OF REPORT

To present a communications model framework that will assist in providing strategic communications on Land Ambulance past, present and future activities.

KEY FINDINGS

Responsibilities for providing land ambulance service to Guelph and Wellington County and is designated to Guelph.

Land Ambulance is provided seamlessly.

Information regarding land ambulance strategic activities is of interest to populations within Provincial, City, County, Town and Townships governance structures.

Broader communications by reporting to various governance structures will enhance transparency and accountability and improve the stakeholder relationships.

FINANCIAL IMPLICATIONS

Financial implications associated with this report are covered within the 2014 Operating budget. Funding for land ambulance is shared between the Province of Ontario, County of Wellington and the City of Guelph.

ACTION REQUIRED

To receive the report and presentation outlining the proposed land ambulance communication model for information.

RECOMMENDATION

1. That the Operations, Transit & Emergency Services Committee Report #OTES021403 Land Ambulance Communication Model dated February 4, 2014 be received.

STAFF REPORT

BACKGROUND

The Province of Ontario has designated the responsibility for the provision of land ambulance service to the City of Guelph. The designation requires land ambulance service to be provided in the primary coverage area comprised of the City of Guelph and the County of Wellington. However, the principle of “seamlessness” does require the provider to respond to emergencies outside of the coverage area as directed by the provincially operated central ambulance communication central (CACC). This results in City of Guelph ambulances providing emergency medical response outside of its geographical boundary.

REPORT

Many communities represented within the Guelph’s land ambulance coverage area have interest in strategic activities and land ambulance service objectives. From time to time, staff at Guelph Wellington Emergency Medical Service develops operational relationships with neighbouring municipal services to sustain and improve the timely access to life saving pre-hospital emergency care

Providing community stakeholders with strategic communications will enhance the transparency and accountability around the provision of land ambulance service. The proposed changes will ensure a process for two way communications around any land ambulance service issues. The process is focused on improving relationships and developing common strategies required to achieve land ambulance service objectives.

The attached presentation in ATT #1 provides an outline of the communications model and the frequency of reporting strategic information to the City, County of Wellington and County of Wellington to the 7 lower tier Towns and Townships.

The communication model encourages two way communications allowing local areas to review any and present any shared service issues with Guelph’s Emergency Service Staff. This will allow any major issues to be reported back to the Operations Transit and Emergency Service Committee of Council as required.

CORPORATE STRATEGIC PLAN

This initiative supports the following Strategic Directions:

- 2.2 Deliver Public Service better.
- 2.3 Ensure accountability, transparency and engagement.

FINANCIAL IMPLICATIONS

Financial implications associated with this report are covered within the 2014 Operating budget. Funding for land ambulance is shared between the Province of Ontario, County of Wellington and the City of Guelph.

STAFF REPORT



Any extraordinary financial implications outside of the current approved funding for land ambulance will be brought forward for consideration and deliberation in the 2015 operating budget process.

DEPARTMENTAL CONSULTATION

Consultation and feedback was sought from:

- Senior Policy Analyst, Office of the CAO - Strategic Planning and Corporate Initiative-Strategic, Plan,
- General Manager Legal Services, CITY SOLICITOR, Corporate and Human Resources.

COMMUNICATIONS

This report, once received, will be shared and presented to the County of Wellington Social Service Committee.

Following the Social Services Committee presentation a request will be made for staff to delegate to all Towns and Townships within the County of Wellington.

The Province of Ontario Ministry of Health and Long Term Care – Field Office will be copied on the Communication Initiative.

ATTACHMENTS

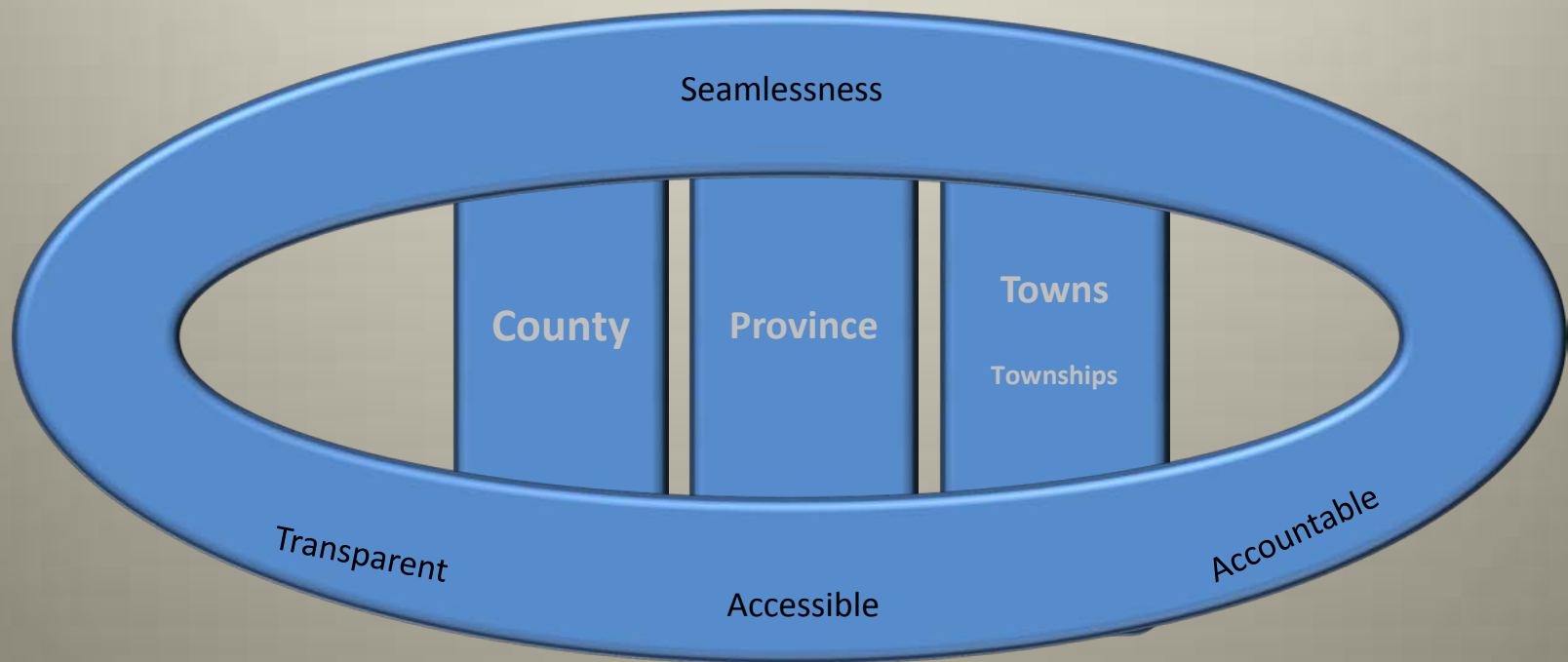
Authored & Recommended By
Shawn Armstrong
Fire Chief & General Manager
Emergency Services
519-822-1260 x2125
shawn.armstrong@guelph.ca

Approved By
Derek J. McCaughan
Executive Director, Operations,
Transit & Emergency Services
519-822-1260, x 2018
derek.mccaughan@guelph.ca

City of Guelph Communication Model

City of Guelph Communicating Land Ambulance Issues

Over Arching Principles



Service Relations

| Province | County | Townships |
|---|--|---|
| <p>Certify Training Regulation, Compliance and Investigations Funding Partner (50% overall L.A. costs) Service Reviews every 3 years for certification to operate Land Ambulance.</p> | <p>Funding County levy (20% of overall Land Ambulance costs) Receives updates on Land Ambulance Issues through the County Social Services as required Safer communities initiative</p> | <p>Contributes to County levy through local municipal taxation Support Land Ambulance through tiered response agreements with fire service and land ambulance Public Access Defibrillation participant with GWEMS</p> |

City

Overall
Governance of
Service

- Responsible for the governance, accountability and transparency of the service area
- Establishes Service Levels
- Approves Budget

GWEMS

Service
Provision

- Provides Staff Reports, Annual report, service change requests, information reports
- Implements changes to service levels or funding
- Information reports provided on service “dash boarding” service performance

County

Receives
information

Provides
Feedback

- Poses questions and service inquiries relative to system performance against expectations
- Social Service Committee or CAO forwards issues.
- Provides feedback /support proposed CTAS RTPP
- Provides feedback /support proposed annual work plan

GWEMS

Service
Provision

- Presents annual report on land ambulance for information
- Provides monthly financial performance to County Clerk
- Presents annual budget as submitted to the City
- Presents CTAS response time performance plan
- Solicits input on work plan development

Township/ Towns

Receives updates
from GWEMS Team

Develops Local
Rapport

- Poses questions on service delivery
- Supports Community Public Access Defibrillation Programs (PAD)

GWEMS

Service
Provision

- Presents annual work plan at local council
- Develops relationships with local groups supporting emergency services (local FD)
- Presents annual budget for information
- Presents response time performance plan annually

2013 REPORT TO THE COMMUNITY



PRESENTATION TO COUNTY OF WELLINGTON
April, 2014

PRESENTATION BY:
Sarah Haanstra, PTF Co-Chair

POVERTY TASK FORCE

THANK YOU FOR YOUR CONTINUED SUPPORT !

- For the past several years the County of Wellington has generously provided funding to help staff the Guelph & Wellington Task Force for Poverty Elimination
 - In 2013, the County of Wellington committed: \$24,342 (approximately 25% of funding)
 - In 2013, the City of Guelph committed remaining 75%
- Originally, United Way housed and provided overhead expenses for the Poverty Elimination Task Force.
- More recently, Wellington Dufferin Guelph Public Health has taken over as the host organization providing overhead expenses related to PTF staffing and activities.

background

2009

- Poverty Task Force formed in response to a community call for action to address poverty.
- Established organizational framework, strategic plan, and built network.

2010

- Released 2010 Official Plan.
- Established Income Security Action Group, Policy Working Group & Community Voices.

2011

- Reviewed strategic plan and released 2011 Report to the Community.
- Formed sub-committees to respond to specific community needs (example: transit).

2012

- Engaged in Social Assistance Review, began work on Ontario Housing Benefit and Living Wage.
- Engaged in collaborative research, organized forums and consultations.

strategic plan 2009 - 2013

VISION

Poverty will be eliminated in Guelph-Wellington by supporting, coordinating and inspiring sustainable change and supporting the building of individual resilience through collective action.

our values

Collaborate

Build
purposeful
partnerships
to eliminate
poverty.

Act

Support
actions to
meet the
short- &
long-term
needs of
people living
in poverty.

Recognize & Engage

Engage in
solution-based
research,
knowledge
development
and information
sharing related
to poverty.

Champion
system
change &
resources for
those in poverty
& for service
providers.

Shift Attitudes

Involve
community
members in
eliminating
poverty.

Increase
awareness &
understanding
of the impact of
poverty in
Guelph-
Wellington.

standing committees



Steering Committee

provides strategic guidance and oversight in the management of the PTF's resources and ensures that the mission, vision & values are being effectively followed.



research & knowledge
mobilization committee

Research & Knowledge Mobilization Committee

conducts solution-based research, enhances knowledge development, and supports knowledge exchange on poverty related issues. The committee also evaluates and reports on the impact of PTF actions.



Community Voices

advises the work of the PTF by providing insights and feedback based on their collective lived experience in poverty, and increases public awareness and understanding of the issues and consequences related to poverty.

action groups



Food Access Working Group works collaboratively to ensure those experiencing economic hardship in our community have access to culturally acceptable, safe and nutritious foods to meet their dietary needs.



Wellington-Guelph Housing Committee focus on educational, collaborative, and advocacy activities aimed at addressing, easing, and preventing issues related to homelessness and precarious housing.



Income Security Action Group increases awareness of issues and proposed solutions related to income security through advocacy and community engagement.



Guelph *in motion* supports actions that meet the short and long-term needs of people facing economic hardships in our community.



Seed Community Food Hub Committee supports the implementation of short-term recommendations to improve the current emergency food system, as well as works to develop a community food hub for our community.



Oral Health Action Committee supports local action and advocacy efforts to improve access to affordable oral health care.

priorities

2013

Food Security

Income Security

Housing Security

Access to Recreation

2014 - 2017

Food Insecurity

Income Inequality

Housing & Homelessness

Health Inequities



income security 2013

ACTIVITIES

- Established **living wage campaign**
- Researched and calculated a living wage for Guelph-Wellington (\$15.95/hour).
- Produced two Living Wage reports.
- Hosted consultations and community forum to review the final **Social Assistance recommendations**.
- Called on province to take action on six key priorities.
- Led a postcard campaign and on-line petition.
- Coordinated an on-line survey to obtain feedback on **Ontario Poverty Reduction Strategy**.
- Prepared official submission to province.

OUTCOMES

- Introduced a new framework for understanding poverty.
- Highlighted link between low-wage employment and poverty.
- Engaged community in Identifying key priorities related to social assistance reform and the next provincial poverty reduction strategy.
- Provided local Guelph-Wellington response to the provincial government related to social assistance reform and the poverty reduction strategy.
- Joined communities across Ontario to provide input, harmonize messaging and strengthen voice.



income security 2013

ACTIVITIES

- Convened an ad hoc work group to review the province's consultation report related to **minimum wage**.
- Developed an official submission to the **Minimum Wage Advisory Committee**.
- Established **Advance Your Voice**.
- Coordinated 6 week public speaking training for 8 community members.
- Participated on the City's **Affordable Bus Pass Pilot Program** work group.
- Hosted a one day **income security workshop** for service provider staff and volunteers in Guelph and Wellington.
- 39 participated in the Guelph workshop.

OUTCOMES

- Provided local Guelph-Wellington response to the minimum wage advisory committee, highlighting the importance of a living wage.
- Advance Your Voice speaker made six presentations in 2013 – providing a human face to poverty.
- Provided ongoing support and consultation to City's Affordable Bus Pass Program on issues related to poverty.
- Increased knowledge and understanding among agency staff/volunteers about the services, supports and programs delivered in the community.
- Encouraged greater connections among service providers.



affordable housing & homelessness 2013

ACTIVITIES

- Partnered with Wellington Guelph Housing Committee (WGHC) to promote an **Ontario Housing Benefit (OHB)**.
- Produced a research profile, report and local policy brief related to the OHB in partnership with WGHC.
- Met with MPP Liz Sandals re: OHB.
- Called for support of the OHB during Social Assistance Review and feedback on the 2013 Ontario Budget.
- Partnered with Research Shop to research the impact of **the elimination of Community Start-Up and Maintenance Benefit (CSUMB)** on furniture needs.
- Produced Furniture Needs report and recommendations for next steps.

OUTCOMES

- Increased awareness and understanding of **Ontario Housing Benefit** as an important policy option.
- WGHC gained official endorsement from several prominent community agencies and service providers.
- Identified strengths and challenges related to furniture needs and furniture provision in Guelph and Wellington.
- Created opportunity for further collaboration among furniture providers and service providers to address existing challenges.



affordable housing & homelessness 2013

ACTIVITIES

- Supported call to make \$42 million in transition funding for Community Homelessness Prevention Initiative (CHPI) permanent.
- Supported Bill C-400 - Secure, Adequate, Accessible and Affordable Housing Act.
- Partnered with WGHC to prepare a one pager on Bill C-400 and made it available to the public and community agencies.

OUTCOMES

- Created awareness of CHPI funding.
- Joined other communities to strengthen voice.
- Raised awareness of issues related to housing and homelessness.
- Highlighted the importance of a national housing strategy.



food security 2013

ACTIVITIES

- Produced two research reports exploring challenges/constraints within current **emergency food system**.
- Introduced **Guiding Principles for Eligibility Criteria for Emergency Food Provider**.
- PTF produced on-line toolkit to assist providers.
- Produced Guelph Wellington Food Access Guide.
- PTF supported the work of the SEED Community Food Hub to begin to work toward the implementation of a community food hub.

OUTCOMES

- Created awareness of challenges within local emergency food system.
- Identified long and short-term recommendations.
- Endorsement of clearer rules, more consistent approaches and fairer access to emergency food.
- Increased awareness and knowledge of best practices among emergency food providers.
- Service providers and community members able to access information about food access in Guelph and Wellington.
- Increased awareness of creative and alternative approaches to food access.



access to recreation 2013

ACTIVITIES

- Produced, in partnership with ***in motion* Guelph**, an Affordable Recreation Guide (hard copy and on-line version).
- In June 2013, PTF **convened the Oral Health Action Committee** to support local action to improve access to affordable oral health care.
- Reviewed research from other communities.
- Began work on local oral health survey.
- Called for OW recipients to immediately receive the same health benefits as ODSP clients within Social Assistance Review.

OUTCOMES

- Streamlined information about affordable recreation activities and opportunities in Guelph.
- Highlighted the link between poverty and access to recreation.
- Created forum for raising awareness and addressing the issue of oral health care for low-income individuals/families.
- Created forum for exploring local needs related to oral health.
- Identified the inadequacy and discrepancy related to health care for Ontario Works recipients.
- Highlighted link between poverty and health.

Thank you for your support



Questions??

Kim Courts

From: Donna Bryce
Sent: March 5, 2014 12:16 PM
To: Kim Courts
Subject: Fw: Henri Gagne letter
Attachments: 2014 Mar. 4 Tiered Resp Henri Gagne.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Sent from my BlackBerry 10 smartphone on the Rogers network.

From: Dina Lundy <Dina.Lundy@erin.ca>
Sent: Wednesday, March 5, 2014 11:42 AM
To: Donna Bryce
Cc: Ken Chapman
Subject: FW: Henri Gagne letter

Hi Donna:

Council passed a resolution last night to forward the attached letter to the County for the Social Services Agenda, as well as to copy Councillor Chapman.

Thanks

Dina Lundy

Clerk

Town of Erin

5684 Trafalgar Rd.

R. R. # 2, Hillsburgh, ON N0B 1Z0

(519) 855-4407 Ext. 233

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TOWN OF ERIN

5684 Trafalgar Road, R.R. #2
Hillsburgh, Ontario N0B 1Z0
www.erin.ca



Fire & Emergency Services

TEL: (519) 855-4407 ext. 254
FAX: (519) 855-4281
EMAIL: fire@erin.ca

March 4, 2014

Henri Gagne
15 Ellen Cres., Box 533
Hillsburgh, ON
N0B 1Z0

Dear Mr. Gagne;

This letter is in response to your letter dated December 10, 2013 expressing your concern regarding the "2012 Memorandum of Understanding for the Activation of Tiered Response" with Guelph Wellington EMS (GWEMS) and Cambridge Central Ambulance Communications Center (CACC) and the Town of Erin.

The agreement has multiple sections of criteria which the CACC Dispatch Call Taker assesses to determine how and if Erin Fire & Emergency Services is tiered to a medical call.

From information provided from our conversations, the call for help made by your wife to 911, should have activated an immediate tiered fire dispatch of Station 50 Hillsburgh to your home, as the information fit the Code 4 Response Criteria. If Station 50 Fire Fighters had been tiered for immediate response, the fire pagers would have been activated by Guelph Fire Communications Center and there would have been immediate fire response.

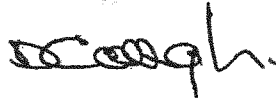
Fire Personnel have been given the authority to use common sense when dispatched to a Code 4 Medical Call. If a Fire Fighter is close to the incident location or has to pass the incident location to arrive at the Fire Station and it is safe to do so, they have been instructed to respond directly to the incident location and take life saving actions while the fire truck and personnel are responding.

Background:

Please see attached Staff Report dated October 16, 2012 regarding the "Medical Tiered Response Agreement" for more information on the framework on the "2012 Memorandum of Understanding for the Activation of Tiered Response", a copy of which is also attached.

As advised, you need to communicate with GWEMS and The Ministry of Health who oversee the CACC to determine why your request for help was not a tiered Code 4 Call. Only they can answer that question as I have no access to that information.

Sincerely;

A handwritten signature in black ink, appearing to read 'Dan Callaghan'.

Dan Callaghan
Fire Chief
Erin Fire & Emergency Services

Cc: Town of Erin Mayor and Council
:encl



Corporation of the Town of Erin

STAFF REPORT

Date: October 16, 2012

DEPARTMENT:

FIRE

Reference/File:

MEDICAL TIERED RESPONSE AGREEMENT

Description:

Recommendation:

That council approves the 2012 Memorandum of Understanding for the Activation of Tiered Response.

INTRODUCTION

The Ministry of Health and Long Term Care – Emergency Health Services, the Ministry of Community Safety and Correctional Services – Office of the Fire Marshal and the Ontario Association of Fire Chiefs support the implementation of formal tiered response agreements between public safety agencies namely Ambulance / Fire / Police.

Such written agreements provide a framework for cooperation between, and coordination of, emergency services on a local level. The coordination of safety agencies is a teamwork approach that improves upon the response to specified emergency situations and overall level of public safety in the community.

BACKGROUND

Tiered response is recognized internationally as an effective method of coordinating public or private safety agencies to provide rapid first response assistance to the public in the timeliest and most efficient manner possible. Tiered response endeavours to send the closest appropriate emergency response agency, (based on time) to render assistance at the scene of an emergency incident until the primary response agency can arrive.

Tiered Response Agreements are formal written documents negotiated between two or more public and/or private sector safety agencies. Its' intent is to establish local protocols for a multi-agency response to a life threatening or a public safety incident. A Tiered Response Agreement may outline the capabilities, expectations and limitations of each agency and defines the criteria for participation.

In the past, this cooperation led to the development and implementation of formal written Tiered Response Agreements. Such agreements determined when and under what circumstances participating public and/or private safety agencies would call upon each other for assistance.

The term "*tiered response*" grew out of an effort to establish a coordinated systematic approach to a medical emergency. Tiered Response, as a program, was first documented in the Fifteen Components of an Emergency Health Services (EHS) System. This includes the provision for multi-agency response to live-threatening medical emergencies (Tiered Response). These

components have been adopted as, and are recommended as being one of the principles of an effective emergency health services system.

Tiered Response is a voluntary program built on the principles of teamwork and cooperation between the public and/or private safety agencies. Each participant in a local emergency response program has a specific role to play in the community and by working together; they are better equipped to meet the specific emergency needs of the constituents they serve.

GUIDING PRINCIPLES

The guiding principles of any tiered response program are:

- To ensure the timely availability of staff and resources to safely and efficiently mitigate a life threatening / public safety incident;
- To deploy adequately trained and equipped personnel to the scene of agreed upon life threatening / public safety emergencies.

The goal of the new Tiered Response Agreement will ensure that the Town of Erin Fire & Emergency Services is dispatched in a timely manner to medical emergencies where they can have a positive impact on life safety and patient care. The new tiered responses protocols will be inputted into the Central Ambulance Communications Centre (CACC) computer and automatically notify Guelph Fire Department Dispatch (GFDD) in the event a medical call meets the tiered response criteria. This new system will be much faster than the old method of utilizing a land line and having the CACC dispatcher copying the caller's information, dispatching an ambulance and then contacting GFDD via a phone line and relaying the information.

Respectfully submitted,

Dan Callaghan
Fire Chief

2012 Memorandum of Understanding for the Activation of Tiered Response

The Town of Erin Fire & Emergency Services agrees to respond to the following medical emergencies within its response area when tiered by Cambridge Central Ambulance Communications Centre on behalf of Guelph Wellington Emergency Medical Service:

Tiered Response Criteria:

1. **Any Code 4 response triggered in the Primary Assessment** including:
 - a. Obvious Immediate Threat to Life (OIT) or VSA (Primary Assessment)
 - b. Choking, Not Breathing, Severe Respiratory Distress, Unconscious (Primary Assessment)
 - c. Airway/Breathing Compromise (Primary Assessment)
2. **Burns/Electrocution/Inhalation** (as per card 8, code 4 response)
3. **Near Drowning** (as per card 14, code 4 response)
4. **Motorized Vehicle Collision** (as per card 24, code 4 response)
5. **Penetrating Trauma** (as per card 27, code 4 response)

Tiered Response Criteria when the ambulance response time is greater than 15 minutes

1. **Breathing Problem** (as per card 7, code 4 response)
2. **Chest Pain / Heart Problem** (as per card 11, code 4 response)
3. **Convulsion / Seizure** (as per card 12, code 4 response)
4. **CVA / Stroke** (as per card 29, code 4 response)
5. **Decreased Level of Consciousness / Unconscious** (as per card 30, code 4 response)
6. **Blunt Trauma / Assault** (as per card 28, code 4 response)

The Town of Erin Fire & Emergency Services also agrees to respond to any calls involving accidents on farms or at industrial establishments.

In addition to these initial Tiered Response criteria, the Town of Erin Fire & Emergency Services agrees to respond to any calls, including code 3 calls, where there will be a significant delay **(greater than 15 minutes)** in the arrival of the ambulance.

The Town of Erin Fire & Emergency Services also agrees to respond to any calls where paramedics on a call request the assistance of Fire personnel.

Notes:

- a. Guelph Wellington EMS will ask that Cambridge Central Ambulance Communications Centre tier the Town of Erin Fire & Emergency Services within sixty (60) seconds on indication of a tierable call and committing the call to the CACC System (for all types identified above).
- b. Cambridge CACC will not tier the Town of Erin Fire & Emergency Services to Nursing Homes, Medical Clinics, Medical Facilities or Retirement Homes where there is a Medical Doctor (MD), Registered Nurse (RN) or Registered Practical Nurse (RPN) on scene with access to oxygen.

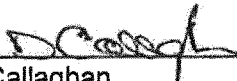
NOTE: All Vital Sign Absent calls will be tiered regardless if there is an MD, RN or RPN on scene with access to oxygen.

- c. This agreement acknowledges that fire emergencies take priority over requests for tiered response, but the Town of Erin Fire & Emergency Services may respond to the call typed identified above if not already engaged and having acknowledged acceptance of the tiered call.
- d. During declared municipal or provincial emergencies, the emergency takes priority and this Memorandum of Understanding (MOU) may be amended as necessary.
- e. In the event of a conflict or the need to clarify issues arising from this MOU, the parties agree that they will first attempt to resolve such issues at an operational level. Failing which and for any other purposes regarding this MOU, the following individuals shall be the contacts for formal resolution:

Contact for EMS:
Stephen Dewar
Chief EMS, GW-EMS
City of Guelph Emergency Services

- f. This MOU shall commence on the date signed by both parties and continue on an annual basis, renewed automatically unless terminated in writing effective thirty (30) days from the date of receipt of the official notice.

For the Town of Erin Fire & Emergency Services:



Dan Callaghan
Fire Chief

OCTOBER 16 / 2012

Date

For Guelph Wellington Emergency Medical Service:

Stephen Dewar
Chief

Date

TOWN COUNCIL,
 Town of Erin,
 5684 Trafalgar Rd.,
 Hillsburgh, ON
 N0B 1Z0

December 10, 2013

RECEIVED

DEC 10 2013

TOWN OF ERIN

As a resident of the Town of Erin since 1967, I am writing this letter to express my concern regarding the "Memorandum of Understanding for the Activation of Tiered Response Agreement with Cambridge Central Ambulance Communication Center on behalf of Guelph Wellington Emergency Medical Services." that was approved at your October 16, 2012 meeting.

This agreement lays out the criteria for tiered response. My concern starts with the implication that Tiered response for any reason in Part 2 will not be implemented if the ambulance response time is less than 15 minutes.

A lot can happen in 15 minutes. My understanding is that the Town of Erin Fire and Emergency Response Services can respond and be on the way in 5-7 minutes. That extra 6-8 minutes can make a tremendous difference to the health and welfare of the patient. Once on the scene the personnel can assist in many ways:

1. Perform life saving CPR, if needed.
2. Look after the patient and start collecting vital signs and background information.
3. Relieve and assist the family, or good samaritans, in the care of the victim.
4. Help in keeping the victim comfortable until ambulance arrives.

Another benefit of a more immediate tiered response is that our volunteers live in many different areas of the community and I have had many of the volunteers tell me that if there is a call on their street or nearby, they would go to the scene and let others bring the trucks to them.(an even faster

response) There is some concern that the number of calls would increase the risks to the responders but they are trained responsible volunteers who do not take unnecessary risks. They have volunteered to be of assistance to other members of their community.

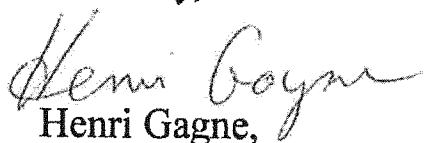
When I see the large amount of money that has been spent on updating facilities and equipment (I congratulate you on this) I wonder why you have restricted the Fire Department with this agreement. I understand that it is not "new" but wonder at the wisdom of a 15 minute timeline.

I am writing this because I recently had need of emergency services where fire was not tiered (ambulance only 9-10 minutes out) and I subsequently required CPR. Had my wife not had the foresight to immediately call my son-in-law (who is a volunteer firefighter) after her 911 call I wonder if I would be able to write this letter, my doctors didn't think so. The two of them performed CPR until the ambulance arrived.

While I was lucky that night, the ambulance was here in 9 minutes, what about next time when they may be 12 minutes out? What about the safety of others in the community?

My last concern regarding the "Memorandum" is that it does not appear to be "easily" available to the public. I could not find it on the Town of Erin site, maybe I did not know where to look, nor in the minutes of the meeting because "renewal agreement information will be provided separately by e-mail to Council members".

I would like to thank all of you for taking the time to consider my concerns.
Sincerely,



Henri Gagne,
15 Ellen Cres.
Box 533,
Hillsburgh, ON
N0B 1Z0

cc: Dan Callaghan,
Fire Chief,
Town of Erin

Resolution approved at February 27, 2014 County Council:

That the following notice of motion by Councillor Maieron be referred to the Social Services Committee for review:

Wellington County Council requests that the Guelph-Wellington Ambulance Service reinstate providing monthly Ambulance reports which clearly indicate number of calls per member municipality, the nature (code) of the calls and the response time per call; and all other pertinent information regarding ambulance service provided.



County of Wellington
Ontario Works
Statement of Operations as of
31 Mar 2014

| | Annual Budget | March Actual \$ | YTD Actual \$ | YTD Actual % | Remaining Budget |
|---|--------------------------|----------------------------|--------------------------|-------------------------|-----------------------------|
| Revenue | | | | | |
| Grants and Subsidies | \$18,693,500 | \$1,519,867 | \$4,545,024 | 24% | \$14,148,476 |
| Municipal Recoveries | \$3,772,200 | \$256,364 | \$839,980 | 22% | \$2,932,220 |
| Other Revenue | \$56,900 | \$226 | \$39,440 | 69% | \$17,460 |
| Internal Recoveries | \$10,300 | \$876 | \$5,526 | 54% | \$4,774 |
| Total Revenue | \$22,532,900 | \$1,777,332 | \$5,429,970 | 24% | \$17,102,930 |
| Expenditures | | | | | |
| Salaries, Wages and Benefits | \$5,725,200 | \$471,827 | \$1,390,883 | 24% | \$4,334,317 |
| Supplies, Material & Equipment | \$213,800 | \$14,044 | \$30,065 | 14% | \$183,735 |
| Purchased Services | \$372,600 | \$20,047 | \$86,336 | 23% | \$286,264 |
| Social Assistance | \$16,740,000 | \$1,357,913 | \$4,047,935 | 24% | \$12,692,065 |
| Transfer Payments | \$24,300 | \$0 | \$0 | 0% | \$24,300 |
| Insurance & Financial | \$0 | \$0 | \$569 | 0% | \$(569) |
| Internal Charges | \$1,269,900 | \$106,160 | \$322,153 | 25% | \$947,747 |
| Total Expenditures | \$24,345,800 | \$1,969,990 | \$5,877,942 | 24% | \$18,467,858 |
| NET OPERATING COST / (REVENUE) | \$1,812,900 | \$192,658 | \$447,972 | 25% | \$1,364,928 |
| NET COST (REVENUE) | \$1,812,900 | \$192,658 | \$447,972 | 25% | \$1,364,928 |



County of Wellington
Child Care Services
Statement of Operations as of
31 Mar 2014

| | Annual Budget | March Actual \$ | YTD Actual \$ | YTD Actual % | Remaining Budget |
|---|--------------------------|----------------------------|--------------------------|-------------------------|-----------------------------|
| Revenue | | | | | |
| Grants and Subsidies | \$11,080,300 | \$1,389,046 | \$3,575,418 | 32% | \$7,504,882 |
| Municipal Recoveries | \$2,223,100 | \$322,914 | \$546,345 | 25% | \$1,676,755 |
| User Fees & Charges | \$241,000 | \$15,027 | \$40,175 | 17% | \$200,825 |
| Internal Recoveries | \$313,100 | \$1,327 | \$73,364 | 23% | \$239,736 |
| Total Revenue | \$13,857,500 | \$1,728,314 | \$4,235,303 | 31% | \$9,622,197 |
| Expenditures | | | | | |
| Salaries, Wages and Benefits | \$3,210,100 | \$232,159 | \$703,816 | 22% | \$2,506,284 |
| Supplies, Material & Equipment | \$168,100 | \$8,244 | \$21,165 | 13% | \$146,935 |
| Purchased Services | \$139,800 | \$78,269 | \$87,284 | 62% | \$52,516 |
| Social Assistance | \$10,126,200 | \$1,491,353 | \$3,424,937 | 34% | \$6,701,263 |
| Transfer Payments | \$100,000 | \$23,677 | \$45,556 | 46% | \$54,444 |
| Insurance & Financial | \$0 | \$0 | \$1,377 | 0% | \$(1,377) |
| Minor Capital Expenses | \$119,600 | \$0 | \$0 | 0% | \$119,600 |
| Internal Charges | \$951,700 | \$43,801 | \$201,344 | 21% | \$750,356 |
| Total Expenditures | \$14,815,500 | \$1,877,504 | \$4,485,479 | 30% | \$10,330,021 |
| NET OPERATING COST / (REVENUE) | \$958,000 | \$149,189 | \$250,176 | 26% | \$707,824 |
| Transfers | | | | | |
| Transfers from Reserves | \$(100,000) | \$(50,000) | \$(50,000) | 50% | \$(50,000) |
| Total Transfers | \$(100,000) | \$(50,000) | \$(50,000) | 50% | \$(50,000) |
| NET COST (REVENUE) | \$858,000 | \$99,189 | \$200,176 | 23% | \$657,824 |



County of Wellington
Social Housing
Statement of Operations as of
31 Mar 2014

| | Annual Budget | March Actual \$ | YTD Actual \$ | YTD Actual % | Remaining Budget |
|---|--------------------------|----------------------------|--------------------------|-------------------------|-----------------------------|
| Revenue | | | | | |
| Grants and Subsidies | \$7,254,500 | \$511,831 | \$1,820,351 | 25% | \$5,434,149 |
| Municipal Recoveries | \$15,458,300 | \$1,023,864 | \$3,107,091 | 20% | \$12,351,209 |
| Licenses, Permits and Rents | \$5,125,000 | \$433,639 | \$1,284,923 | 25% | \$3,840,077 |
| User Fees & Charges | \$52,500 | \$3,978 | \$11,906 | 23% | \$40,594 |
| Other Revenue | \$0 | \$1,348 | \$1,348 | 0% | \$(1,348) |
| Total Revenue | \$27,890,300 | \$1,974,660 | \$6,225,619 | 22% | \$21,664,681 |
| Expenditures | | | | | |
| Salaries, Wages and Benefits | \$3,416,700 | \$259,509 | \$782,256 | 23% | \$2,634,444 |
| Supplies, Material & Equipment | \$339,700 | \$21,884 | \$47,424 | 14% | \$292,276 |
| Purchased Services | \$6,067,700 | \$525,314 | \$1,651,512 | 27% | \$4,416,188 |
| Social Assistance | \$17,574,500 | \$1,300,506 | \$3,618,286 | 21% | \$13,956,214 |
| Transfer Payments | \$1,225,300 | \$0 | \$306,336 | 25% | \$918,964 |
| Insurance & Financial | \$224,100 | \$159 | \$170,078 | 76% | \$54,022 |
| Minor Capital Expenses | \$1,325,000 | \$71,319 | \$121,989 | 9% | \$1,203,011 |
| Internal Charges | \$653,800 | \$54,482 | \$164,244 | 25% | \$489,556 |
| Total Expenditures | \$30,826,800 | \$2,233,174 | \$6,862,126 | 22% | \$23,964,674 |
| NET OPERATING COST / (REVENUE) | \$2,936,500 | \$258,514 | \$636,506 | 22% | \$2,299,994 |
| Transfers | | | | | |
| Transfer to Capital | \$290,200 | \$290,200 | \$290,200 | 100% | \$0 |
| Transfer to Reserves | \$1,500,000 | \$1,500,000 | \$1,500,000 | 100% | \$0 |
| Total Transfers | \$1,790,200 | \$1,790,200 | \$1,790,200 | 100% | \$0 |
| NET COST (REVENUE) | \$4,726,700 | \$2,048,714 | \$2,426,706 | 51% | \$2,299,994 |



County of Wellington
County Affordable Housing
Statement of Operations as of
31 Mar 2014

| | Annual Budget | March Actual \$ | YTD Actual \$ | YTD Actual % | Remaining Budget |
|---|--------------------------|----------------------------|--------------------------|-------------------------|-----------------------------|
| Revenue | | | | | |
| Grants and Subsidies | \$206,400 | \$0 | \$0 | 0% | \$206,400 |
| Licenses, Permits and Rents | \$404,200 | \$40,383 | \$115,974 | 29% | \$288,226 |
| User Fees & Charges | \$0 | \$25 | \$50 | 0% | \$(50) |
| Total Revenue | \$610,600 | \$40,408 | \$116,024 | 19% | \$494,576 |
| Expenditures | | | | | |
| Salaries, Wages and Benefits | \$3,600 | \$246 | \$721 | 20% | \$2,879 |
| Supplies, Material & Equipment | \$14,200 | \$1,599 | \$4,424 | 31% | \$9,776 |
| Purchased Services | \$294,900 | \$41,603 | \$73,442 | 25% | \$221,458 |
| Transfer Payments | \$3,500 | \$0 | \$0 | 0% | \$3,500 |
| Insurance & Financial | \$9,900 | \$0 | \$9,530 | 96% | \$370 |
| Minor Capital Expenses | \$26,600 | \$10,791 | \$14,406 | 54% | \$12,194 |
| Debt Charges | \$301,600 | \$0 | \$(9,877) | (3%) | \$311,477 |
| Total Expenditures | \$654,300 | \$54,238 | \$92,645 | 14% | \$561,655 |
| NET OPERATING COST / (REVENUE) | \$43,700 | \$13,830 | \$(23,379) | (53%) | \$67,079 |
| Transfers | | | | | |
| Transfers from Reserves | \$(43,700) | \$0 | \$0 | 0% | \$(43,700) |
| Transfer to Reserves | \$500,000 | \$500,000 | \$500,000 | 100% | \$0 |
| Total Transfers | \$456,300 | \$500,000 | \$500,000 | 110% | \$(43,700) |
| NET COST (REVENUE) | \$500,000 | \$513,830 | \$476,621 | 95% | \$23,379 |



County of Wellington

Social Services

Capital Work-in-Progress Expenditures by Department All Open Projects For The Period Ending March 31, 2014

| | Approved Budget | March Actual | LIFE-TO-DATE ACTUALS | | | | Remaining Budget |
|--------------------------------|--------------------|------------------|----------------------|-------------------|------------------|----------------|---------------------|
| | | | Current Year | Previous Years | Total | % of Budget | |
| Investing in Affordable Hsing | \$600,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$600,000 |
| Mohawk/ Montana Kitchens | \$310,000 | \$0 | \$13,265 | \$204,230 | \$217,495 | 70% | \$92,505 |
| 301-303 Edinburgh Kitchens | \$90,000 | \$0 | \$0 | \$50,271 | \$50,271 | 56% | \$39,729 |
| Palmerston Kitchens | \$80,000 | \$0 | \$0 | \$73,227 | \$73,227 | 92% | \$6,774 |
| Willowdale Construction | \$2,000,000 | \$230,709 | \$246,065 | \$0 | \$246,065 | 12% | \$1,753,935 |
| 261-263 Speedvale Elevator | \$40,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$40,000 |
| 221 Mary Landscape upgrade | \$50,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$50,000 |
| 263 Speedvale Fire System | \$60,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$60,000 |
| 500 Ferrier Front Entrance | \$40,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$40,000 |
| Applewood Sunset Parking Lot | \$100,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$100,000 |
| 51 John St Make up Air Unit | \$70,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$70,000 |
| Willow Dawson Parking Lot | \$130,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$130,000 |
| 450 Albert Front Entrance | \$40,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$40,000 |
| 229 Dublin Roof | \$25,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$25,000 |
| 212 Whites Rd Parking Lot | \$100,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$100,000 |
| 130 Grange Balcony Waterproof | \$170,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$170,000 |
| 212 Whites Rd Make up Air Unit | \$50,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$50,000 |
| 411 Waterloo Retaining Wall | \$180,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$180,000 |
| 212 Whites Rd Balcony | \$120,000 | \$0 | \$0 | \$0 | \$0 | 0% | \$120,000 |
| Gordon St Moisture Remediation | \$350,000 | \$1,808 | \$34,880 | \$62,582 | \$97,462 | 28% | \$252,538 |
| Total Capital | \$4,605,000 | \$232,516 | \$294,210 | \$390,310 | \$684,520 | 15% | 3,920,480 |



COMMITTEE REPORT

To: Chair and Members of the Social Services Committee
From: Luisa Artuso, Director of Child Care Services CC-14-01
Date: Wednesday, April 9, 2014
Subject: **Child Care Modernization Act 2013/Regulatory Changes**

Background:

On December 3, 2013, the Government of Ontario introduced *Bill 143, Child Care Modernization Act, 2013*. This legislation if passed (Second Reading, February 20 and March 4, 2014), repeals the existing the *Day Nurseries Act* and replaces it with the *Child Care and Early Years Act, 2013*; amends the *Education Act*; and, amends the *Early Childhood Educators Act*. These legislative changes represent the most significant changes to child care in Ontario since the original Day Nurseries Act (1943) was updated in 1983.

Update:

The legislative changes in *Bill 143, the Child Care Modernization Act, 2013* were made based on advancements in child development research evidence over the last several decades that show the importance of high quality, nurturing care to children's brain development, learning, health, and well-being. *Bill 143, the Child Care Modernization Act, 2013* reflects Dr. Charles Pascal's recommendations for better aligned systems for children in Ontario that meet families' child care needs, and that are better integrated with schools and with other programmes for children birth to 12 years. Included in the *Child Care Modernization Act, 2013* are the following key points:

- CMSMs are named as the service planners for child care and early years programmes and services
- All child care and early years programmes will have a common approach to pedagogy, be staffed by registered early childhood educators, and provide a range of services to support working families children ages 6 to 12 years

The Ontario Government has been motivated by the high number of child deaths in unregulated care providers' homes to make legislative changes to hold unlicensed providers accountable. A notable change in *Bill 143, the Child Care Modernization Act, 2013* is the power that the province would have to fine, inspect, and enforce rules with unlicensed care providers who are negligent.

The *Child Care Modernization Act, 2013* includes:

- Fines up to \$100,000 for infractions of the *Child Care and Early Years Act* (these penalties would be for unlicensed and for licensed providers who break the rules)
- No one can provide care for children (in licensed or unlicensed care) if they have been convicted of sexual interference, child pornography, neglect, murder, infanticide, or if they have been found guilty of misconduct according to the *Early Childhood Educators Act*, *Teachers Act*, or *Social Work Act*
- No unlicensed provider can call their work "child care" or "day care" or any variation of this. The Act specifies that unlicensed providers cannot in any way suggest that they are regulated, or formal
- Unlicensed providers are able to care for 5 children. Licensed home child care providers are able to care for 6 children.

In addition to the legislative changes for child care and early years, the Government of Ontario has also proposed regulatory changes for child care. They sought public feedback on the proposed regulatory changes by February 28, 2014. It is possible for the regulatory changes to be made without the legislative passing of *Bill 143, the Child Care Modernization Act, 2013* into Ontario law. The County of Wellington Child Care Services submitted a feedback report on the proposed regulatory changes which included the following key points:

- Any regulatory or legislative action that reduces the proportion of qualified, registered early childhood educators to non-qualified staff in licensed child care programmes will have a negative impact on child care quality.
- Quality needs to be part of the provincial legislation, in order to motivate child care operators to maintain or improve the quality of the services they provide. Reductions in basic province-wide expectations for appropriate ratios, group sizes, and staffing will put undo pressures on fewer qualified early childhood educators and compromise the child care system
- Implementing the proposed regulations without the Child Care Modernization Act, 2013 and without a more developed, stronger policy structure and framework will negatively impact children, families, early childhood educators, and the child care system.

Attached: The proposed regulatory changes under the DNA and ECEA to support the Government of Ontario's Child Care Modernization Agenda - Feedback from the County of Wellington, Child Care Services dated February 2014

OMSSA's response to the Proposed Changes to Child Care Regulations dated February 2014

Recommendation:

"THAT report CC-14-01 on the Child Care Modernization Act and proposed changes to Regulation 262 of the Day Nurseries Act be received for information."

Respectfully submitted,

A handwritten signature in cursive script that reads "Luisa Artuso".

Luisa Artuso
Director, Child Care Services

The proposed regulatory changes under the DNA and ECEA to support the Government of Ontario's Child Care Modernization Agenda

Feedback from the County of Wellington, Child Care Services

The County of Wellington Child Care Services is pleased to have the opportunity to provide feedback on the proposed regulatory changes that are intended to support the child care modernization agenda.

We are encouraged that the Government of Ontario is looking to make important changes to the *Day Nurseries Act* (DNA) which can, as Dr. Charles Pascal recommended, enable the outcomes he noted in his report *With Our Best Future in Mind*. The right changes to the DNA can reduce redundancies in the existing early childhood services system, eliminate outdated legislation, and facilitate a single integrated piece of legislation.

In relation to the regulatory changes, we received feedback from local child care programme operators and our Child Care Services' administrative teams and would like to share with you the knowledge we have drawn from our collective experiences.

Qualified Early Childhood Educators are the Education in Child Care

There are several proposed regulatory changes that we agree will be better for children and for licensed child care; however, we strongly object to any regulatory or legislative actions that will reduce the proportions of early childhood educators to unqualified staff in licensed child care.

Our local child care operators, despite facing some deep challenges in maintaining the viability of their programmes, still agreed that the proposals for reductions in qualified early childhood education staff in licensed child care is an undesirable compromise in these regulations. It is a compromise that does not help to get at the root-cause of an inadequate supply of qualified early childhood educators in Ontario. The concern is that an inadequate supply of qualified educators combined with proposed larger group sizes and potentially unreasonable ratios, will put undue pressure on the fewer qualified staff in child care programmes, causing burnout and destabilizing the sustainability of their child care programmes.

As municipal service system managers, we view the results of the three OECD *Starting Strong* international reviews of early childhood education and care (2001, 2006, & 2012) and the recommendations of the *Best Start Expert Panel on Quality and Human Resources* (March, 2007) as evidence that system level accountability for quality in early childhood education and care environments includes highly regulated structural quality elements such as good ratios, small group sizes, and appropriate staff qualifications. The confounding, combined impact of 1) ratio flexibilities, 2) group size increases, and 3) reductions of qualified early childhood educators in the classroom will make achieving high quality pedagogy difficult and will move licensed child care in Ontario *away* from what the research tells us is good for children.

Allowing for *fewer qualified early childhood educators in licensed child care* gives Ontario's citizens a message that good pedagogy can happen in licensed child care with fewer qualified ECEs.

This message:

- defeats the decades of intense work that went into the *Early Childhood Educators Act 2007* and the development of the College of Early Childhood Educators
- contradicts the work of the *Best Start Expert Panel on Early Learning* that was composed of several of the most respected academic researchers in early childhood pedagogy in all of Canada who had the government-appointed task of developing a guide to support curriculum and pedagogy in early childhood programmes across Ontario
- counters the efforts that have been taken by a number of Ontario Community Colleges that have expanded their early childhood education diploma programmes to offer a four year early childhood education degree programme.

Inclusivity of children with disabilities and special needs in licensed child care will suffer too. Pan-Canadian research verifies that there are strong, multifaceted connections between early childhood educator qualifications, experience, skill, and commitment levels and their ability to effectively support and include children with disabilities and special needs in child care (Irwin, Lero, Brophy, 2004). As child care quality diminishes because of fewer early childhood educators, ratio flexibilities, and group size increases, it will be inevitable that child care programmes will hesitate to include children they feel they lack the skills and capacity to support. Families of children with disabilities and special needs will once again be required to seek out alternative care arrangements or face conditions with respect to their child's participation in licensed programmes (e.g., only when qualified staff are on hand, part time attendance, higher expectations of parental involvement in the programme). Consequently, the modest advances that families of children with disabilities and special needs have experienced in terms of more equitable access to licensed child care programmes in Ontario will disappear.

Quality Needs to Come First

The County of Wellington has implemented a quality assurance tool for child care and has funded the Quality Child Care Initiative since 2009. We have analysed data from three phases of quality evaluations of every licensed for-profit and non-profit child care programme that has a purchase of service agreement with us. Our data represents 84% of all licensed programme sites in our area and includes details on licensed child care programmes that are small, large, rural, urban, part time, school age, full time, multi-site, single-site, non-profit, and for-profit.

The patterns from the quality evaluations show that child care programmes struggle to make improvements to their quality levels that are sustainable over time. Despite efforts made to ensure professional development, quality consultations, networking, and resources are available locally at no cost (or, very low cost) for all interested ECEs, supervisors, home child care providers and other child care programme staff, the County of Wellington's evaluations show that child care programmes tend to stay stuck at the same quality level over time.

The changes that child care programme operators make to address the problems identified by our quality evaluations tend to be those that require the least financial, physical, human, or time-demanding resources. Under the current system, it is difficult to hold child care programmes fully responsible for sustainable changes to their programmes. Operators can make decisions that nudge programmes forward in quality levels (such as improving staff wages, providing paid planning time, and supporting staff engagement in professional development) but they are lacking the financial resources to do so in a consistent way. The outcome is child care programme quality levels remain stagnant.

Highly regulated structural quality elements alone offer no guarantee that early childhood environments will be high quality. Nor do structural quality elements guarantee high quality pedagogical practice that has a lasting impact on children's healthy development, learning, and well-being. However, weakening the standards for child care programme operation without intense policy consideration given to child care system governance, financing, and pedagogy will compromise the system and little will be achieved for early childhood education and child care quality.

Modernization Requires a Legislative and Policy Framework

Licensed child care is the one and only early childhood context where Ontario legislation has complete dominion over how early childhood educators practice. It is only in licensed child care that the province of Ontario can hold child care operators, by virtue of their license, to regulatory elements associated with who works in licensed child care. This is not to suggest that highly qualified early childhood educators need to be told how to practice by the regulations. When qualified, reflective, responsive educators are able to work in child care programmes that meet their professional needs (including all of the following: living wage, paid planning time, adequate paid sick time, professional development, etc.), they have the foundation they need to be competent at working with children in complex and professional ways that lead to profound pedagogical experiences that have a lasting impact on children's healthy lives.

Emphasizing pedagogy is important. The provincial materials for pedagogical guidance have been influenced by examples of effective pedagogy from around the world (e.g., Sweden, New Zealand, Reggio Emilia). The countries and regions with some of the most effective early childhood pedagogical frameworks also have comprehensive policy infrastructures for their early childhood systems. These international leaders have high standards of training, remuneration, and ongoing professional development for their early childhood educators. In addition, there is little variability in how child care programmes are governed or operated among these leaders. Without similarly high standards and solid infrastructure development for licensed child care in Ontario, effective and inclusive pedagogy will not happen.

Without a strong, consistent policy framework that sets out clear operator and municipal system management expectations where it matters most, we consider some of regulations that are proposed to be potentially deleterious to the child care system. This will negatively impact children, their families, and their early childhood educators. On the other hand, with a strong and consistent policy structure that sets out clear operator and municipal management expectations, the *Child Care Modernization Act*,

2013 and the changes to regulations might be reasonable and progressive; but they need to function within a very strong policy context.

We fear that the great potential that the proposed Act holds will not be realized unless critical details in the regulations are rectified. To proceed with implementing these regulations *without* the *Child Care Modernization Act, 2013* and *without* a more developed, stronger policy structure and framework, *Bill 143* will not be the modern legislation that fulfills a long-awaited vision of a comprehensive, integrated early childhood system that better serves children, families, and early childhood educators.

OMSSA's Response to the Proposed Changes to Child Care Regulations

The Ontario Municipal Social Services Association (OMSSA) is pleased to respond to the consultation on the proposed changes to regulation 262 of the *Day Nurseries Act*.

In recent years, the government has taken important steps to modernize child care and early years, and to build a system that not only responds to the needs of Ontario's families and children, but also contributes to the strength of the province as an educated and dynamic economic force for the future.

We share the government's vision for the development of a high-quality, accessible, affordable, and inclusive early learning and care system that better supports all children and families in Ontario.

And, it makes sense at this time to update the child care legislative and regulatory framework in Ontario as part of the modernization effort. Equipping the system with a new framework is essential to realizing the vision.

Our comments build on the strong partnership that OMSSA and its members, Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs), have developed with the Ministry of Education (EDU), working together to build this vision for the early years and child care system. We offer our recommendations with the understanding of the important strides the government has made, and in the spirit of partnership, to move forward on the regulatory changes.

The Benefits of Service System Management and Partnership

Building a high-quality, accessible, affordable, inclusive early learning and care system is not only the right thing to do for Ontario's children and families, it also makes economic sense. We know the government and EDU understand this, and that this propels much of the effort being put into transforming our early years and child care system.

OMSSA recognizes that the child care modernization exercise is occurring in a broader context, a context framed and driven by fiscal constraint. OMSSA members see the consequences of these constraints and economic challenges on a daily basis in the work that they do.

We understand that the provincial government, like municipal governments, has a great deal on the line when it comes to responding to service pressures in our communities. We have an opportunity, even within the current context of underfunding, to lay strong foundations for an early years and child care system that achieves its two core purposes: supporting families in their daily lives and creating environments where all children can learn and thrive.

OMSSA was pleased to see the introduction of Bill 143, the *Child Care Modernization Act, 2013*. We support many aspects of the Bill and are hopeful that an opportunity will exist to move this important proposed legislation forward as it is a key element in transforming the system.

We recognize that the current context has necessitated efforts to continue to further modernization through the regulatory framework. However, OMSSA members have expressed concern with some of the changes being proposed and their potential to impact the child care system in a profound manner, most notably in terms of quality and safety. We encourage the Ministry to work with OMSSA and your municipal and DSSAB partners prior to deciding final regulatory changes to ensure measurable and demonstrated benefits of any changes will support a safe, strong, viable and sustainable early learning and care system.

We are at a critical juncture where for the first time in decades the legislative and regulatory framework for child care is being addressed at a fundamental level. As partners in government, and in working on behalf of Ontario's children and families, we must ensure that we take the time to get change right.

OMSSA Recommendations for Moving Forward

Service System Management as a tool to align needs and resources:

When it comes to a high-quality, accessible, affordable, and inclusive early learning and child care system, we know that one size does not fit all. Local flexibility is critical to ensuring CMSM and DSSAB are best able to utilize the fiscal and human resources at hand to respond to local labour markets and the need this presents in terms of child care. The outcome of this is that Ontario's children and families are well-served, and that Ontario's communities are designed to grow and prosper.

As the Ministry understands, CMSMs and DSSABs, as service system managers, have a key role to play in the child care modernization effort, and OMSSA believes that further opportunities exist for us to work together as strategic partners in facilitating this important change.

The government's key policy documents and vision recognize that CMSMs and DSSABs are an important tool to bring child care modernization initiatives successfully into practice, most notably in their service system management role. As orders of government we continue to face economic challenges and constrained budgets. It makes sense that modernizing the early years and child care system in large part happens on the ground. This provides an opportunity to fully realize the benefits of coordinated, streamlined planning and managing of services and resources at the local level.

We encourage the government to take the lead of the Ministry of Municipal Affairs and Housing who have utilized the service manager role to address local affordable housing and homelessness issues. We know EDU understands the benefit of local service system management, and we look forward to working together to fully develop this function in the modernization of the system.

Building on qualification requirements for Home Visitors:

OMSSA supports the government's efforts to enhance quality in home-based settings provided by licensed private-home day care agencies. We were pleased to see the proposal to require Home Visitors to hold a diploma in early childhood education and be registered with the College of Early Childhood Educators. This supports establishing high-quality child care in a more consistent way.

As a next step, we encourage the government to consider expanding the requirements for Home Visitors to include other qualifications (e.g. social work). Having Home Visitors from a variety of disciplines can be beneficial for quality, particularly in circumstances where Home Visitors function as part of a team that includes Early Childhood Educators.

However, as with all changes the Ministry is pursuing, it is important that cost implications are understood and mitigated. As indicated, OMSSA supports quality child care and understands that this is reliant on the qualifications of staff. However, costs of moving in this direction must not be shifted to municipalities, DSSABs or full-fee paying parents alone.

Important considerations for access and resources – quality and safety:

OMSSA and its members understand that, through efforts to update the child care legislative and regulatory framework, the government is striving to use the funding at hand to develop a more accessible and responsive child care system.

In a context where demand for child care far exceeds availability, we also recognize the difficult balance the government must strike between quality, affordability and accessibility of child care.

We support the government's intention to give child care providers more flexibility and to increase access and affordability for parents through the proposed changes to child-staff ratios and group sizes. But, like the government, we agree that quality must be a central component driving our shared vision for child care and the early years.

OMSSA has heard from its members, and they have raised some significant concerns.

Ratios and group sizes are a critical element of quality child care as well as the safety of children. When adults are caring for fewer children there is more opportunity for interaction, closer emotional bonds and learning. OMSSA has heard from its members that the proposed ratios may jeopardize this and as a result, the quality of care, learning opportunities, and the safety of children.

OMSSA members have also expressed concern that changes to ratios are being proposed in absence of changes to staff qualifications. To realize the government's vision for child care, staff qualifications must also be modernized to reflect the importance of the pedagogy and quality the government is pursuing. This is particularly so if the proposed ratios come into practice. Access to child care should not be negotiated through the quality of care provided to Ontario's children.

We understand the tensions of demand for services in a context of finite resources, and the response to find solutions by doing more with less. But we must pursue remedies cautiously and with due diligence.

Bill 143 clearly demonstrates the government's support for increased quality and safety in child care settings. OMSSA, as well, supports this approach. We understand the challenges facing families in finding care for their children. We understand this because OMSSA members see it at the front lines on a daily basis. However, it would be counterintuitive to move forward at this time with the proposed ratios in the absence of a closer examination and better understanding of the full implications of what is being proposed.

Child-staff ratios and group size are complex, multi-faceted issues, and a clear example that one size does not fit all when it comes to ensuring local communities can respond to local needs. Careful

examination and analysis of any changes must be undertaken. It may in fact make sense to pilot proposed changes prior to moving to full implementation. Determining the best way forward should be done cautiously and in partnership with municipal governments, DSSABs and relevant stakeholders.

Ratios and group sizes have not changed in Ontario since 1983, and so it is important that the government take the necessary steps and time to get this right. Further review and discussions are required on these proposals.

Planning for children with special needs:

Uncertainty with respect to special needs resourcing in child care continues to raise questions about how all the pieces will fit together in the child care modernization effort.

OMSSA was pleased to see the announcement of the government's Special Needs Strategy. This is a good and important step.

We know that the government is committed, in principle, to a child care system that is inclusive of all Ontario's children and families. However, we note the relative silence in the announcement of the Special Needs Strategy, the proposed regulations, as well as in Bill 143, with respect to children in child care with special needs with some concern.

There is a critical need for a more cohesive approach to special needs planning in local communities. CMSMs and DSSABs play a unique role in understanding and linking all the key elements related to special needs resourcing, which must be recognized.

It is important to understand how the province's Special Needs Strategy will relate to the funding that CMSMs and DSSABs receive. With Local Services Realignment, many CMSMs and DSSABs inherited agencies that provide programs to children with special needs. Understanding EDU's vision for how these agencies will be treated in terms of the funding they receive is important.

The province and its municipal partners must work together to address these significant and growing concerns.

Understanding the impact of change:

As the Ministry can appreciate, the regulatory changes as proposed, and if implemented will add a layer of complexity to an already complex early years and child care system for service system managers. The proposal to allow the use of parallel models of child-staff ratios and age groupings, for example, will carry administrative and associated costs implications, which will need to be addressed.

Specifically, allowing for the use of previous and new ratios will be difficult to implement, and even more difficult to report back on, and in the process, will undermine data integrity. Sufficient time will be required to determine how to prepare current technology to support CMSMs and DSSABs in their planning role. Without access to accurate data, planning and forecasting will be compromised.

While OMSSA supports policy directions that respond to local capacity and realities and that are flexible and responsive to changing circumstances, important to this will be that CMSMs and DSSABs are appropriately resourced, supported and given adequate time to address and adjust to any impacts of regulatory changes.

An additional consideration goes directly to the matter of Ontario's vision for early years and child care. We indicated above the difficulty in finding our way through change and transformation in an environment absent new funding to mitigate cost impacts arising from any new regulatory or legislative changes. Also as indicated above, the foundation of transformation that we lay today is critical. OMSSA appreciates the government is not in an enviable position. Many needs and interests must be balanced and, to different degrees, addressed. But the government and EDU have shown great leadership, and some may say bravery, in changing the dialogue in Ontario to focus on the importance and benefits of a strong and effective early years and child care system. The time is now to continue to pursue this vision. Our future depends on it.

We look forward to continuing to working as partners to build this vision for Ontario.



COUNTY OF WELLINGTON

COMMITTEE REPORT

To: Chair and Members of the Social Services Committee
From: Luisa Artuso, Director of Child Care Services CC-14-03
Date: Wednesday, April 9, 2014
Subject: **Wellington-Dufferin-Guelph Youth Charter of Rights**

Background:

The Wellington-Dufferin-Guelph Coalition for Report Cards on the Well-Being of Children is a committee of community service providers in the County of Wellington, the County of Dufferin and the City of Guelph. The Coalition is committed to raising the profile of children in our communities by examining and reporting on the state of their well-being.

The Coalition accomplishes this through the development of Report Cards that provide access to a wide range of population-level health and well-being indicators that provide the status of child and youth health and well-being in our communities. Report Cards are guided by the Wellington-Dufferin-Guelph Children's Charter of Rights and the determinants of health framework.

Unlike the Canadian Charter of Rights and Freedoms which legislatively guarantees certain political rights to Canadian citizens and civil rights of everyone in Canada, the W-D-G Children's Charter of Rights is used as compelling statement about our collective intent to support children.

The County of Wellington endorsed the Children's Charter in 2007 along with 55 other local organizations; hence, it has been widely adopted throughout our community as the vision to make Wellington, Dufferin, and Guelph a better place for children and families. Local service planning tables (including Growing Great Kids Network and Growing Great Generations Planning Table), and service providers use these Report Cards and the Charter to identify indicators to examine how effective their plans and programmes support children and their families in the community.

Update:

In developing the Report Card of Well-Being of Children Ages 13-17, the Report Coalition has developed a W-D-G Youth Charter of Rights. The Youth Charter builds on the tenets of the Children's Charter with one important difference: youth from across Wellington, Dufferin, and Guelph contributed their voices to modify the Children's Charter to reflect the youth perspective.

The goal of the Report Card Coalition is to have the Youth Charter endorsed by political councils, community organizations and local businesses in an effort to make a compelling statement about our collective intent to support our youth population.

The Wellington-Dufferin-Guelph Report Card Coalition on the Well-being of Children is now inviting organizations to endorse the Wellington-Dufferin-Guelph Youth Charter of Rights.

Committee and Council are being asked through this Report to endorse the attached Youth Charter. Once a decision is taken by County Council to endorse the Charter, the following steps are anticipated to be completed by County staff as part of the endorsement process.

1. Distribution of the Youth Charter to staff and Council members
2. Register the County's endorsement of the Youth Charter with the Wellington-Dufferin-Guelph Report Card Coalition on the Well-being of Children.
3. The Youth Charter would serve as a guide to how we will work with youth in our community.

Within Social Services, both the Child Care and Ontario Works departments have a leadership role in the planning and delivery of children and youth services in the community. Endorsement of the Youth Charter will serve to confirm our on-going commitment to children, youth, and their families in the community.

Attached: Wellington-Dufferin-Guelph Youth Charter of Rights

Recommendation:

“THAT the County of Wellington endorse the Wellington-Dufferin-Guelph Youth Charter of Rights as a compelling statement on the vision to make Wellington, Dufferin and Guelph a better place for children, youth and their families.”

Respectfully submitted,

A handwritten signature in dark ink, reading "Luisa Artuso". The signature is written in a cursive, flowing style.

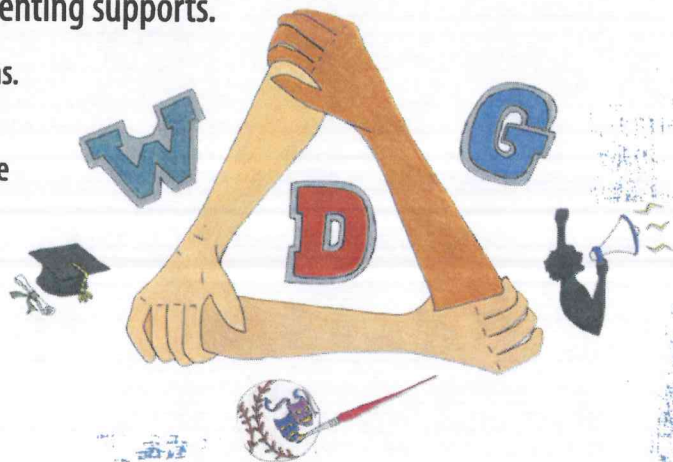
Luisa Artuso
Director, Child Care Services

Wellington-Dufferin-Guelph Youth Charter of Rights

All youth in Wellington-Dufferin-Guelph have a right to:

- » A voice in the issues that affect our lives;
- » Good health by having our social, emotional, mental, physical and spiritual needs met;
- » A place to sleep, clothes to wear, food to eat and supportive friends and/or family;
- » Affordable activities and programs, and safe places to hang out;
- » Education, training and opportunities that prepare us for our future lives;
- » Quality time with our friends, family and/or other positive role models in our community;
- » Be and feel safe in our homes, schools and communities;
- » Be accepted for who we are and what we believe without being discriminated against;
- » Access to quality and affordable child care, early education programs and/or parenting supports.

All youth deserve basic rights and freedoms. A fair share of society's resources must be devoted to ensuring this. While families are responsible for raising their children, all levels of government, in partnership with communities, have a duty to support families by putting the health and well-being of children first.





COUNTY OF WELLINGTON

COMMITTEE REPORT

To: Chair and Members of the Social Services Committee
From: Luisa Artuso, Director of Child Care Services CC-14-02
Date: Wednesday, April 9, 2014
Subject: **Marg Starzynski AD VOX Kids' Fund Donation to Child Care Services**

Background:

Marg Starzynski was a founding member of the local children's mental health community mobilization project, AD VOX Adding Voices Together for Mental Health for Kids. The AD VOX project was active for more than eight years in this community, working to bring together the voices of parents, service providers, and community leaders to highlight that there is a crisis in Canada impacting children's mental health. Statistics show that only one in six children and youth receive intervention for needed mental health supports in Canada; and suicide is the second leading cause of death among adolescents. The Mental Health Commission of Canada's report, *Changing Directions, changing lives: the mental health strategy for Canada (2012)*, acknowledges that for promotion, prevention, and intervention regarding child and youth mental health, Canada does not do enough.

Update:

The AD VOX Kids' Fund was established to commemorate the work and energy that Marg Starzynski brought to all areas impacting childhood mental health in Wellington and Guelph.

The Friends of AD VOX has offered the Director of Child Care Services the opportunity to receive a one-time allocation of funding for \$1,000. The funding is intended to be used to help support mental health awareness for young children and their families.

The County of Wellington, Child Care Services was strategically chosen by the Friends of AD VOX for this funding because of Child Care Services' outreach capacities to connect with families and young children throughout the Wellington and Guelph service planning area. This amount of funding can have a powerful impact for children's mental health promotion through materials that can be used to raise early childhood educators' awareness of children's mental health and mental illness. Recipients of the Marg Starzynski AD VOX Kids' Fund will be announced and celebrated at a public event on May 27, 2014

Attached: Letter from The Friends of AD VOX dated February 27, 2014

Recommendation:

“THAT the report on Marg Starzynski AD VOX Kids’ Fund donation to Child Care Services be received for information.

Respectfully submitted,

A handwritten signature in cursive script that reads "Luisa Artuso".

Luisa Artuso
Director, Child Care Services

AD VOX Wellington



Luisa Artuso
Director of Child Care Services
County of Wellington
21 Douglas Street
Guelph, Ontario N1H 2S7

February 27, 2014.

The Marg Starzynski AD VOX Kids' Fund was established to commemorate the work and energy that Marg Starzynski brought to all areas impacting childhood mental health in Wellington County. Marg died in August 2012 and we wish to honour her capacity to build collaboration, and to enhance community awareness and understanding within the complex challenge of mental health/illness facing individuals and families.

Marg was one of the founding members of *AD VOX Adding Voices Together for Mental Health for Kids*, a community mobilization project uniting the voices of parents, service providers, and community leaders into a powerful message: there is a crisis in Canada impacting childhood mental health.

AD VOX Wellington would like to award funding from The Marg Starzynski AD VOX Kids' Fund to Luisa Artuso in her role as Director of Child Care Services, County of Wellington, to be used in areas of mental health awareness for young children and their families, in our community. (See funding guidelines 2014)

In turn Luisa will provide AD VOX with the details of the use of the funds and will be accountable to this group for a report in a year (2015) of the funding success.

Successful recipients will be invited to participate in a public forum and celebration when the final announcement will be made on May 27, 2014.

The Friends of AD VOX

Laura Hanley
Patricia Peters
Marlene Pfaff
Bob Reeve
Liz Schroder

Matthew Stanley
John Starzynski
Kathryn Zettle
Judy Coulman
Lorraine Bruce-Allen

Applicant Services**Centralized Waiting List (CWL)** (Figures represent the CWL Total Applications for the corresponding year)

| | Total Applications on CWL | Total Household Members | People Per Application |
|-------------|---------------------------|-------------------------|------------------------|
| 2012 | 1147* | N/A | N/A |
| 2013 | 1333** | 2469 | 1.85 |

*figure represents the number provided to Ontario Non Profit Housing Association for 2012 drawn on May 1, 2013.

**figure represents the number to be provided to Ontario Non Profit Housing Association for 2013 drawn on December 31, 2013.

Centralized Waiting List Composition (Figures represent the CWL composition on December 31, 2013)

| Total Applications | Applied | Eligible | On Offer | Pending | Prospect |
|--------------------|---------|----------|----------|---------|----------|
| 1333* | 22 | 1107 | 59 | 133 | 12 |

*figure the total number of all applicants on the CWL holding the following application status: Applied, Eligible, On Offer, Pending and Prospect

Centralized Waiting List Activity (Total CWL application actions between January 1 & December 31 of the corresponding year)

| CWL Application Actions | New Applications | Reactivated | Cancelled | Ineligible | Offers | Refusals |
|-------------------------|------------------|-------------|-----------|------------|--------|----------|
| | 1005 | 81 | 758 | 78 | 883 | 504 |

Centralized Waiting List Housed (Total Housed from the CWL between January 1 & December 31 of the corresponding year)

| | Total Housed | Chronologically | Special Priority | Extraordinary | Transfer |
|-----------------------|--------------|-----------------|------------------|---------------|----------|
| Housed in 2013 | 302 | 132 | 114 | 21 | 35 |
| % | 100% | 44% | 38% | 7% | 12% |
| Housed in 2012 | 294 | 115 | 120 | 22 | 37 |
| % | 100% | 39% | 41% | 7% | 13% |
| Housed in 2011 | 337 | 134 | 128 | 23 | 52 |
| % | 100% | 40% | 38% | 7% | 15% |

Wait Times (Figures represent the average wait times for those housed chronologically between January 1 & December 31 of the corresponding year)

| CMSM* Chronological | All Units Types | Bachelor | 1 Bedroom | 2 Bedroom | 3 Bedroom | 4 Bedroom | 5 Bedroom |
|--------------------------------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2013 Wait Times (years) | 2.1 Years | 1.7 Years | 2.5 Years | 1.2 Years | 2.5 Years | N/A | 4.3 Years |
| 2012 Wait Times (years) | 2.1 Years | 1.0 Years | 2.6 Years | 1.5 Years | 2.4 Years | 3.5 Years | N/A |
| 2011 Wait Times (years) | 2.5 Years | 3.0 Years | 2.5 Years | 2.3 Years | 2.0 Years | 3.4 Years | 3.3 Years |

*(CMSM) Consolidated Municipal Service Manager, encompassing the geographic region of the County of Wellington, including the City of Guelph.

Housing Help Centre (Figures show the number of supports provided from January 1, 2013 & December 31, 2013)

| | | | |
|---|-----|-------------------------------------|-----|
| Housing Help Centre supports provided: | 512 | Rent Bank supports provided: | 367 |
|---|-----|-------------------------------------|-----|

Review of Decisions (Figures show the number of Reviews of Decisions (Formally "Internal Reviews") from January 1, 2013 & December 31, 2013)

| | Total Reviews | Decisions Upheld | Decisions Overturned | Decisions Pending |
|--------------------------|---------------|------------------|----------------------|-------------------|
| Number of Reviews | 21 | 17 | 4 | 0 |

Properties and Operations**CWHS Unit Breakdown** (As of December 31, 2013)

| | |
|--------------------------|------|
| CWHS* Owned Properties | 31 |
| CWHS* RGI Units | 1189 |
| Rent Support Units | 231 |
| Housing Allowance Units | 67 |
| Total Units with Support | 1487 |

*(CWHS) County of Wellington Housing Services

Maintenance Activity (January 1 - December 31, 2013)

| | |
|-----------------------------|------|
| CWHS* Work Orders Scheduled | 2964 |
| CWHS* Work Orders Closed | 2629 |
| CWHS* Move Outs | 170 |
| CWHS* Move ins | 198 |

*(CWHS) County of Wellington Housing Services

Affordable Housing**Affordable Housing New Rental**

| | |
|--|-----|
| Affordable Housing Projects Built since 2005 | 6 |
| Number of Affordable Housing Units | 229 |
| Affordable Units Directly Managed by CWHS* | 55 |

*(CWHS) County of Wellington Housing Services

Affordable Housing Units In Development

| | |
|------------------------------------|-----------|
| Affordable Housing In Development | 1 |
| Number of Affordable Housing Units | 8 |
| Permit Date | July 2013 |
| Occupancy Date | May 2015 |

Affordable Housing Capital Components (As of December 31, 2013)

| | | | | |
|--|-------------------|--------------------|---------------------------|------------|
| | Households Served | Active Loans | Revolving Funds Available | |
| Home Ownership Programme* | 81 | 59 | \$94,753.61 | |
| *Figures represent Home Ownership activity since July 2007 | | | | |
| | Household Served | Projects Submitted | Under Consideration | Ineligible |
| Ontario Renovates Programme** | 5 | 5 | 0 | 0 |

**Figures represent Ontario Renovates activity since January 2013

Housing Providers**Housing Provider Breakdown** (Service Level Standard)

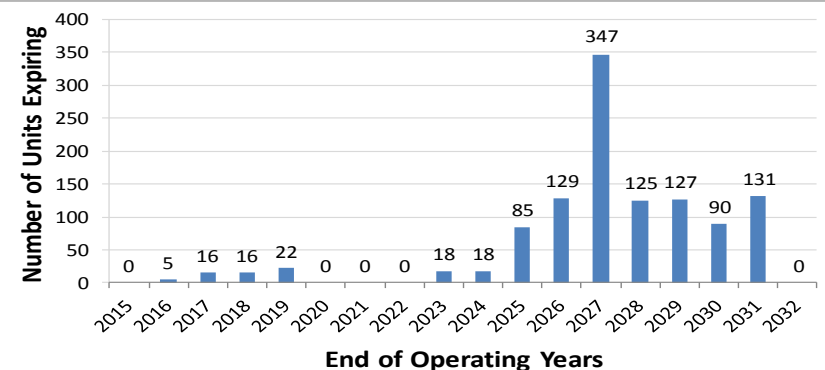
| | |
|--|-------|
| Housing Providers | 21 |
| Total Number of Properties | 31 |
| Rent-geared-to-income Units | 1129* |
| Market Rent Units | 436* |
| Total Number of Housing Provider Units | 1565 |

*15% of Federal units (27 units) have been moved from market rent to RGI

End of Operating Agreements

| | |
|--|--------|
| Total Number of RGI Agreements Set to Expire | 1129** |
|--|--------|

**All Housing Provider RGI Operating Agreements expire between 2016 and 2031





COUNTY OF WELLINGTON

COMMITTEE REPORT

OW-14-02

To: Chair and Members of the Social Services Committee
From: Stuart Beumer, Director of Ontario Works
Date: Wednesday, April 9, 2014
Subject: Discretionary Benefits to Individuals and Families - 2013

Background:

This report provides the Committee with an overview of the 100% municipally funded assistance that the Ontario Works office has delivered to individual clients throughout 2013. These are benefits that are delivered to low income individuals and families who are not eligible for provincial social assistance or, in exceptional circumstances, to provide benefits to social assistance recipients that are not eligible to be cost-shared with the Province. These investments primarily support the immediate medical and emergency needs of low income individuals in our community and are a vital component of our local social assistance system.

All clients that request discretionary benefits are required to make an application to the Ontario Works office. Financial eligibility is determined through a needs test that assesses the clients income, assets, basic eligible expenses and the cost of the particular benefit required. Medical verification is also required to support the request. Value for money is ensured by requiring multiple quotes for particular items, establishing benefit maximums in certain areas and/or entering into service agreements with benefit providers in other areas.

The attached report provides a brief overview of the categories of benefits that we provide, details the investment that is being made in each category and indicates the total number of clients assisted in each category. In addition a unique client count has been included in order to demonstrate instances where the same individual or family may have received the same category of benefit more than once in the year.

Excluding clients served through the Rural Transportation Programme, in 2013 the Ontario Works office assisted 613 unique individuals or families a total of 1192 times. Total discretionary benefits expenditures, including the Rural Transportation Programme, in 2013 were \$364,558; representing a decrease of 0.9% over 2012.

Attachment: Discretionary Benefits to Individuals and Families – 2013 Annual Report

Recommendation:

That report OW-14-02 and the attached Discretionary Benefits Report to Individuals and Families 2013 be received for information.

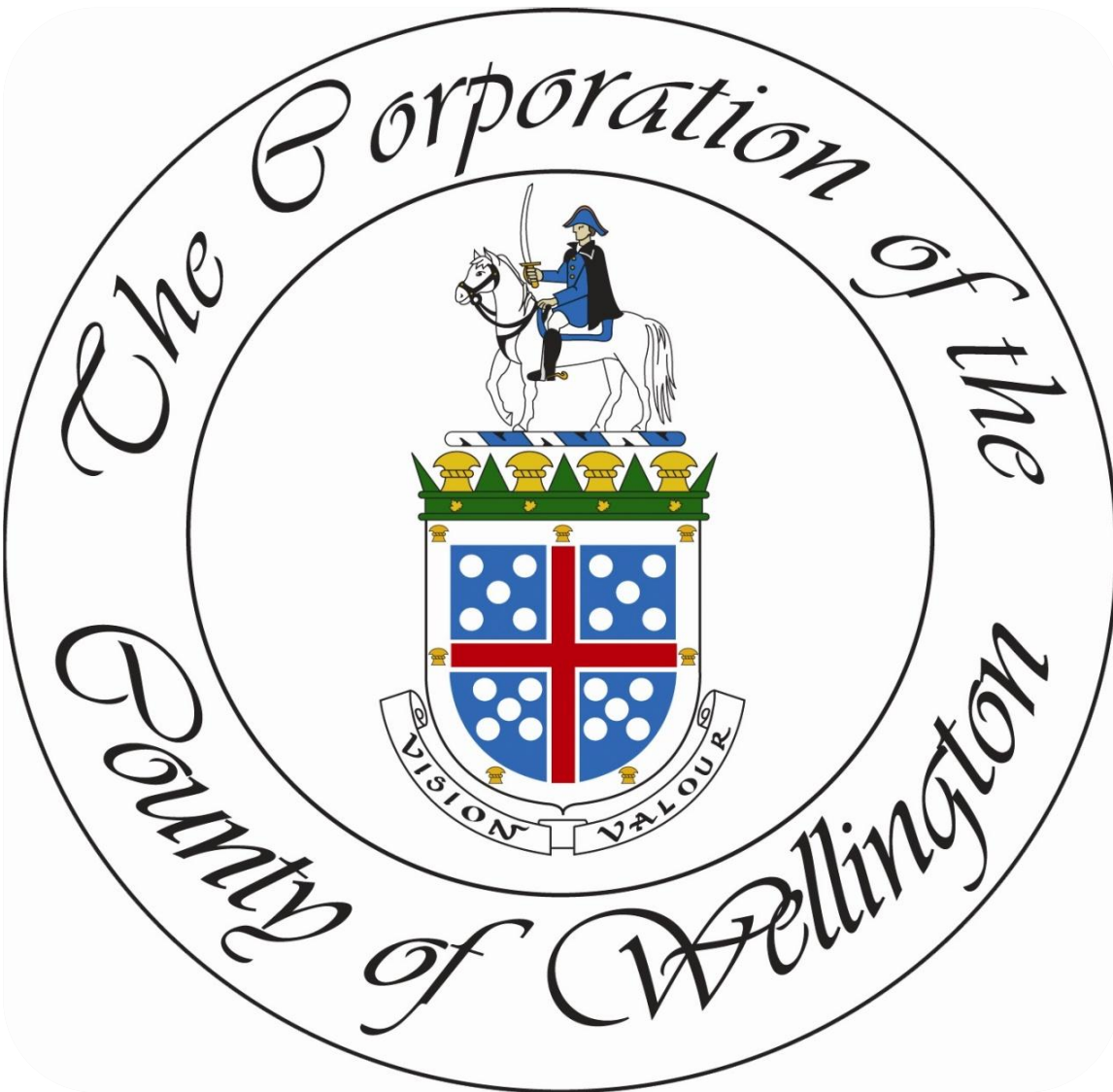
Respectfully submitted,

Stuart Beumer
Director of Ontario Works

Discretionary Benefits to Individuals and Families – 2013 Annual Report

100% Municipal Expenditure

February 2014



Special Services Unit
County of Wellington

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SECTION 1 - INTRODUCTION

1.1 BACKGROUND

Discretionary benefits are provided on a case by case basis at the discretion of the Administrator. Requests for 100% municipally funded Discretionary Benefits are handled by the Special Services Unit.

For a summary of Discretionary Benefit categories and descriptions see Appendix A.

In all cases sufficient medical verification and/or determination of financial need is required. Financial eligibility to receive Discretionary Benefits is determined through a needs test, see Appendix B for the assessment form used. In order to determine the client's eligibility and ability to contribute towards the cost of a discretionary item/benefit, the eligible household expenses are compared against household income and assets.

Municipal Discretionary Benefits are provided to low income residents of Guelph and Wellington County when there is no other social assistance programme or other community support that meets their need. Wherever possible cost sharing options with other agencies and programmes is sought.

1.2 DESCRIPTIONS

The following section lists each category of Discretionary Benefits and provides a brief description. It also includes a breakdown of approximately how many individual clients accessed the benefit in 2013 as well as how much was spent. In this report a unique client count has been added in addition to the total client count. This provides the difference between how often a benefit was accessed compared to how many individuals accessed it. For example a client may access the benefit more than once in a calendar year increasing the total client count but still only being counted once in the unique client count. The report further provides a comparison between 2011, 2012 and 2013 expenditures.

DENTAL

Emergency dental care for adults and dental care that supports employability or quality of life is provided through Discretionary Benefits.

Services for cosmetic reasons are not provided.

The Ontario Works dental fee schedule is used to determine appropriate fees, see Appendix C.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|-------------|--------------|-------------|----------------|-------------|---------------|----------------|
| 2011 | \$40 068.69 | 67 | \$24,143.89 | 52 | \$64 212.58 | 119 | 62 |
| 2012 | \$29,178.23 | 69 | \$8,551.06 | 14 | \$37,729.29 | 83 | 58 |
| 2013 | \$48,563.41 | 94 | \$16,584.54 | 34 | \$65,147.95 | 128 | 76 |

DIABETIC SUPPLIES

Through Discretionary Benefits assistance is provided for diabetic necessities such as alcohol swabs, lancets, monitors, syringes test strips or other medically necessary items not covered by another source.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|-------------|--------------|------------|----------------|-------------|---------------|----------------|
| 2011 | \$2,340.39 | 14 | \$1 512.05 | 15 | \$3,852.44 | 29 | 26 |
| 2012 | \$2,556.72 | 17 | \$1,440.29 | 6 | \$3,997.01 | 23 | 15 |
| 2013 | \$12,023.10 | 51 | \$3,097.67 | 15 | \$15,120.77 | 66 | 20 |

FUNERALS

Funerals and burials are approved at prescribed rates for eligible applicants. See Appendix C for the 2013 Funeral rate fee schedule.

All possible reimbursements are pursued by the Special Services Unit. The expenses listed below include reimbursements received to date. Further reimbursements may be received in the future as the time period to settle estates is often lengthy. In 2013 we achieved above average reimbursements many of which pertained to funerals completed in 2012. The overall effect of this has significantly reduced the net cost of funerals as reflected in the figures below for 2013.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients |
|------|-------------|--------------|-------------|----------------|-------------|---------------|
| 2011 | \$4,799.54 | 5 | \$7 080.52 | 8 | \$11,880.06 | 13 |
| 2012 | \$46,853.76 | 17 | \$29,793.43 | 10 | \$76,647.19 | 27 |
| 2013 | \$2,345.74 | 14 | \$15,614.10 | 14 | \$17,959.84 | 28 |

HEARING AIDS

Hearing aids can be approved where medically necessary to eligible applicants. Hearing aids are provided based on the most cost effective estimate submitted.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|------------|--------------|------------|----------------|------------|---------------|----------------|
| 2011 | \$2,450.00 | 2 | \$300.00 | 1 | \$2,750.00 | 3 | 3 |
| 2012 | \$4,980.00 | 3 | \$2,665.00 | 1 | \$7,645.00 | 4 | 4 |
| 2013 | \$5,160.00 | 3 | \$2,505.00 | 1 | \$7,665.00 | 4 | 4 |

MEDICAL TRAVEL AND TRANSPORTATION

Medical Travel and Transportation costs when not covered by another source can be approved using the most cost effective and appropriate method of transportation.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|------------|--------------|------------|----------------|------------|---------------|----------------|
| 2011 | \$5,507.66 | 82 | \$1,422.14 | 25 | \$6,929.80 | 107 | 52 |
| 2012 | \$4,380.50 | 61 | \$1,619.38 | 23 | \$5,999.88 | 84 | 61 |
| 2013 | \$6,167.70 | 56 | \$1,073.40 | 28 | \$7,241.10 | 84 | 53 |

PRESCRIPTION MEDICATION

Short term prescription medication may be covered while other funding sources such as Trillium are pursued.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|-------------|--------------|------------|----------------|-------------|---------------|----------------|
| 2011 | \$11,093.52 | 103 | \$8,034.96 | 82 | \$19,128.48 | 185 | 59 |
| 2012 | \$13,525.78 | 123 | \$5,894.96 | 64 | \$19,420.74 | 187 | 99 |
| 2013 | \$30,730.63 | 251 | \$4,633.46 | 74 | \$35,364.09 | 325 | 75 |

PROSTHESIS

Any device that strengthens a bodily function is considered a prosthetic. Orthotics when medically necessary are covered under this category.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|------------|--------------|------------|----------------|------------|---------------|----------------|
| 2011 | \$2,216.00 | 5 | \$900.00 | 2 | \$3,116.00 | 7 | 7 |
| 2012 | \$2,525.94 | 6 | \$1,544.10 | 4 | \$4,070.04 | 10 | 10 |
| 2013 | \$1,228.00 | 3 | \$1,300.19 | 4 | \$2,528.19 | 7 | 7 |

SURGICAL SUPPLIES

Surgical supplies are items required by a person being treated at home for an injury, infection or other condition. Surgical supplies may include: catheters, colostomy supplies, incontinence supplies, surgical condoms etc.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|-------------|--------------|-------------|----------------|-------------|---------------|----------------|
| 2011 | \$22,722.51 | 173 | \$10,557.27 | 81 | \$33,279.78 | 254 | 120 |
| 2012 | \$20,030.79 | 180 | \$12,721.79 | 63 | \$32,752.58 | 243 | 170 |
| 2013 | \$21,129.77 | 191 | \$6,725.59 | 47 | \$27,855.36 | 238 | 112 |

VISION

Adult vision care includes eyeglasses, lenses and frames, repairs or replacement. These requests are approved based on a cost estimate.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|------------|--------------|------------|----------------|------------|---------------|----------------|
| 2011 | \$3,254.90 | 15 | \$2,069.00 | 7 | \$5,323.90 | 22 | 22 |
| 2012 | \$4,577.35 | 24 | \$1,362.00 | 6 | \$5,939.35 | 30 | 30 |
| 2013 | \$4,729.20 | 23 | \$1,700.00 | 7 | \$6,429.20 | 30 | 30 |

RURAL TRANSPORTATION PROGRAMME

The County of Wellington provides funding to the Community Resource Centre of North and Centre Wellington to provide the Rural Transportation Programme. This programme provides transportation supports to the residents of Wellington County enabling access to the supports, services and programmes that they require.

Funding supports the administration of the programme as well as the mileage for drivers.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|---------|--------------|--------------|----------------|--------------|---------------|----------------|
| 2011 | \$0 | 0 | \$163,094.60 | 2414 | \$163,094.60 | 2414 | 411 |
| 2012 | \$0 | 0 | \$146,833.87 | 2460 | \$146,833.87 | 2460 | 374 |
| 2013 | \$0 | 0 | \$154,686.46 | 2173 | \$154,686.46 | 2173 | 229 |

OTHER BENEFITS

Other Benefits consist of items deemed necessary that do not fall into any of the additional prescribed categories. Most often in this category are payments for laboratory work, blood tests, occupational therapy recommended equipment like shower chairs, grab bars, commodes etc.

| Year | City \$ | City Clients | County \$ | County Clients | Total \$ | Total Clients | Unique Clients |
|------|-------------|--------------|------------|----------------|-------------|---------------|----------------|
| 2011 | \$30,395.95 | 170 | \$9,998.24 | 112 | \$40,394.19 | 282 | 197 |
| 2012 | \$21,558.10 | 189 | \$5,285.96 | 139 | \$26,844.06 | 328 | 259 |
| 2013 | \$15,313.73 | 179 | \$9,246.43 | 103 | \$24,560.16 | 282 | 208 |

SECTION 2 - BREAKDOWN

2.1 OVERALL EXPENDITURES CHART

The Following chart provides a summary of overall expenditures for 2013.

| Benefit | City 2013 (\$) | County 2013 (\$) | Total 2013(\$) |
|--------------------------------------|-----------------------|-------------------------|-----------------------|
| Dental | 48,563.41 | 16,584.54 | 65,147.95 |
| Diabetic Supplies | 12,023.10 | 3097.67 | 15,120.77 |
| Funerals | 2,345.74 | 15,614.10 | 17,959.84 |
| Hearing Aids | 5,160.00 | 2,505.00 | 7,665.00 |
| Med T&T | 6,167.70 | 1,073.40 | 7,241.10 |
| Other | 15,313.73 | 9,246.43 | 24,560.16 |
| Prescription Meds | 30,730.63 | 4,633.46 | 35,364.09 |
| Prosthesis | 1,228.00 | 1,300.19 | 2,528.19 |
| Surgical Supplies | 21,129.77 | 6,725.59 | 27,855.36 |
| Vision | 4,729.20 | 1,700.00 | 6,429.20 |
| Rural Transportation Programme | 0 | 154,686.46 | 163,094.60 |
| Total | \$ 147,391.28 | \$ 217,166.84 | \$ 364,558.12 |

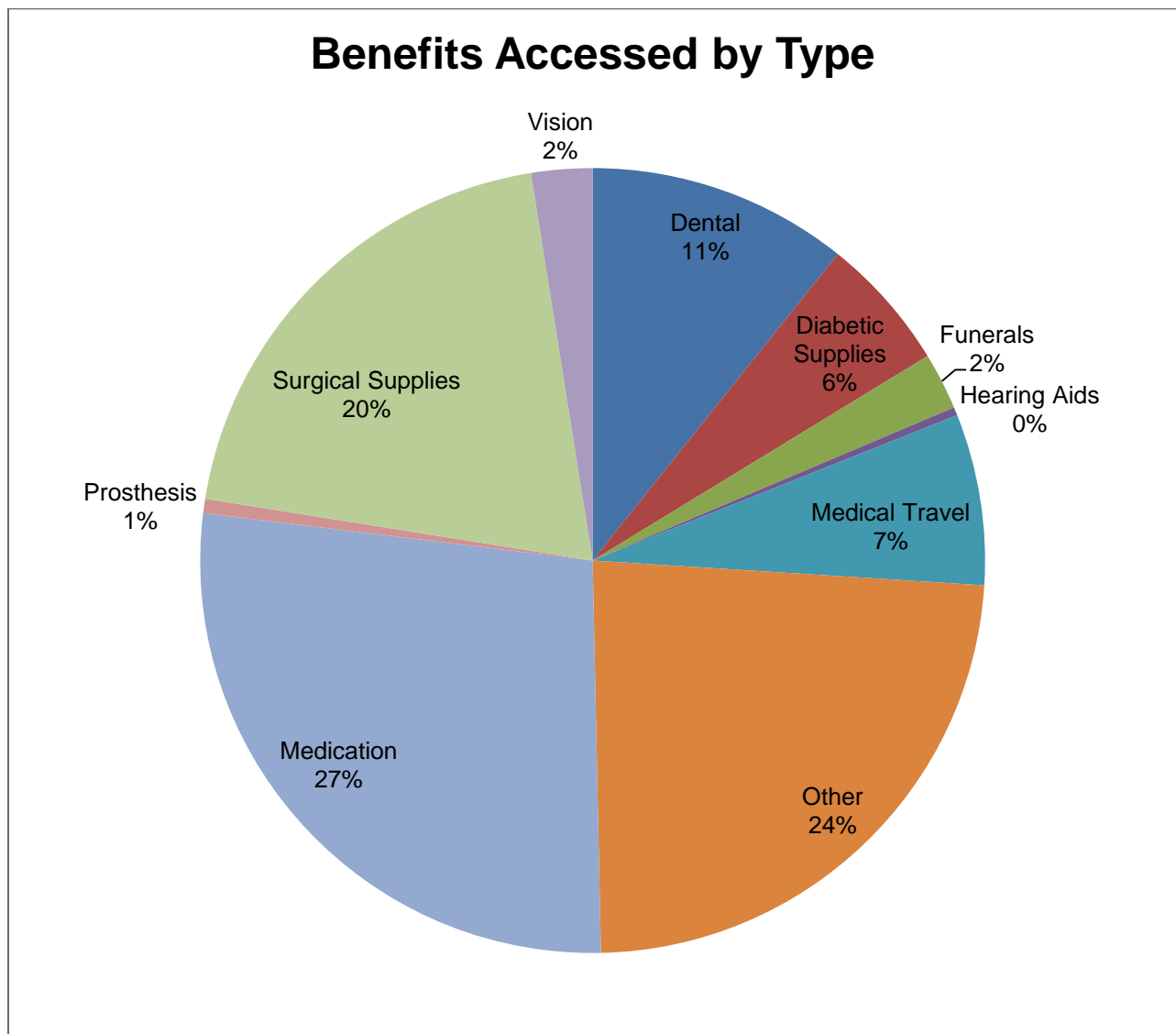
Total Expenditures in the 2013 for the City represent a decrease of \$2,775.89 from 2012 where expenditures were \$150,167.17.

Total Expenditures in the 2013 for the County represent a decrease of \$545 from 2012 where expenditures were \$217,711.84.

The overall decrease from 2012 to 2013 was \$3,320.89

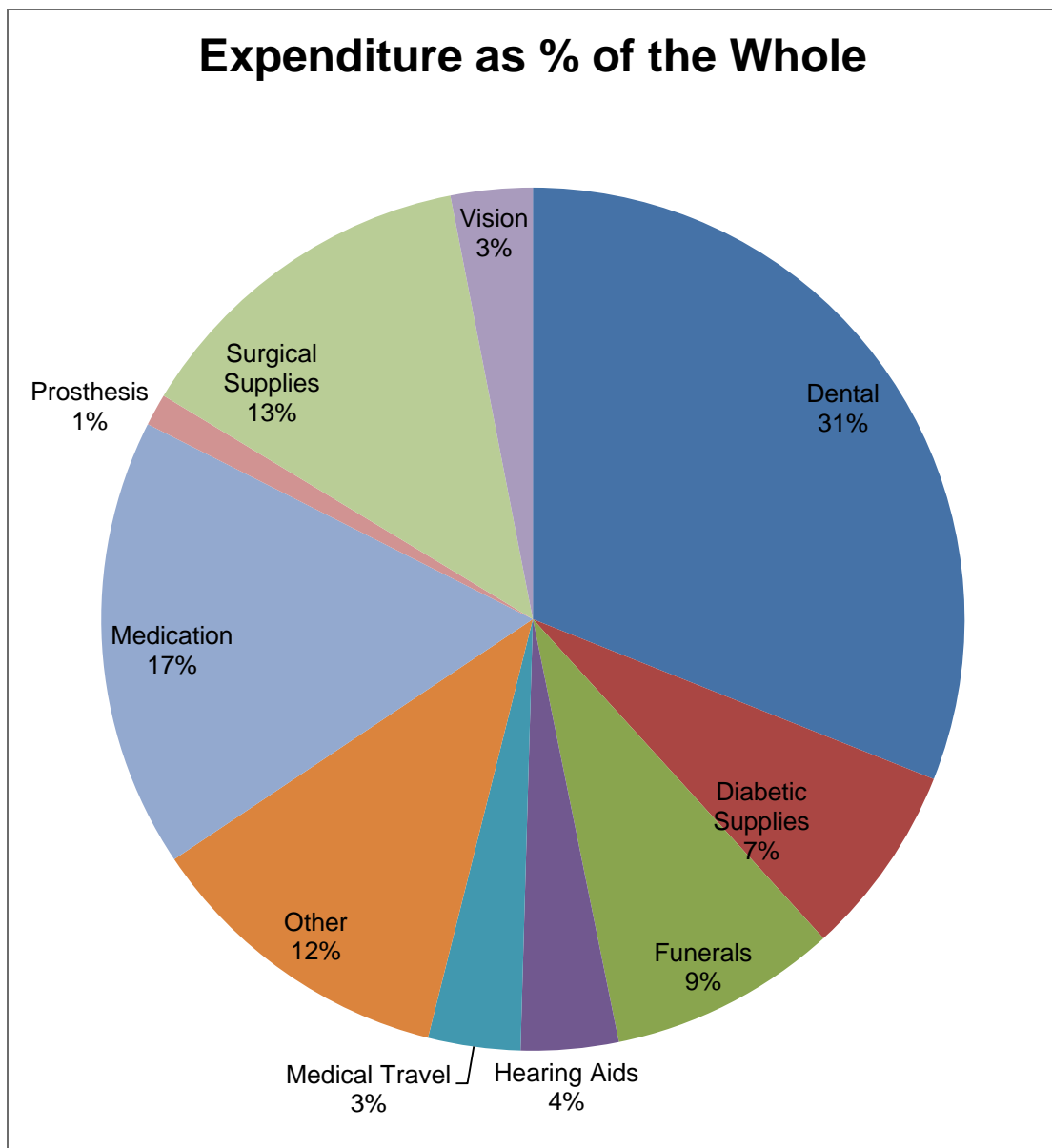
2.2 BENEFITS MOST ACCESSED BY CLIENTS

The Following graph does not include the Rural Transportation Programme which is only provided in the County area.



2.3 BENEFITS BY EXPENDITURE

The following graph does not include the Rural Transportation Programme which is only provided in the County area.



Appendix A.

3.1 BENEFIT CATEGORY SUMMARY CHART

| Category | Description |
|-----------------------------------|--|
| Dental/Dentures | <p>Emergency dental care for adults and dental care that supports employability or quality of life.</p> <p>Services for cosmetic reasons are not provided.</p> <p>Ontario Works Dental Fee schedule is used to determine appropriate fees.</p> |
| Diabetic Supplies | Alcohol swabs, lancets, monitors, syringes test strips or other medically necessary items not covered by another source. |
| Funerals | Funerals and burials are approved at prescribed rates, see Appendix C. All possible reimbursements are pursued by the Special Services Unit. These include such sources as the estate, CPP Death Benefit, prepaid funeral plans ODSP, OW or sponsor. |
| Hearing Aids | Hearing Aids can be approved where medically necessary |
| Medical Travel and Transportation | Medical Travel and Transportation costs where not covered by another source can be approved using the most cost effective method of transportation appropriate. |
| Other | Other benefits consist of medical or other items deemed necessary that do not fall into any of the other categories. Most often in this category are payments for laboratory work, blood tests, occupational therapist recommended equipment like shower chairs and grab bars. |

| | |
|--------------------------------|--|
| Rural Transportation Programme | Funding provided to the Community Resource Centre of North and Centre Wellington to provide the Rural Transportation Programme. Supports are provided to the residents of Wellington County enabling access to the services and programmes that they need. |
| Prescription Medication | Short term prescription medication may be covered while other funding sources such as Trillium are pursued. |
| Prosthesis | Any device that strengthens a bodily function is considered at prosthesis; e.g. orthotics, braces. |
| Surgical Supplies | Surgical supplies are items required by a person being treated at home for an injury, infection or other condition. Surgical supplies may include: catheters, colostomy supplies, diapers, surgical condoms etc. |
| Vision | Adult vision care includes eyeglasses, lenses and frames, repairs or replacement. These requests are approved based on a cost estimate. |

Appendix B.

3.2 NEEDS TEST

| Discretionary Benefit Calculation | | | |
|---|-----------------------|--------------------|--|
| Name | | | |
| Address | | | |
| City/County | | | |
| Member ID | | | |
| Section 1 - Basic Allowance | | | |
| No. of Adults | | | |
| Children 13 + | | | |
| Children 0-12 | | | |
| Basic Allowance Total | | | |
| Section 2 - Shelter Detail - Actual Cost | | | |
| | Without Co-Res | With Co-Res | |
| Mortgage | | | |
| Rent | | | |
| Taxes | | | |
| Fire Insurance | | | |
| Utilities | | | |
| Fuel | | | |
| Other | | | |
| Sub-Total | | | |
| Total Shelter | | | |
| Variable Shelter or Fuel if Greater | | | |
| Section 3 Special Diet | | | |
| Gastric Type | | | |
| Diabetic | | | |
| Other | | | |
| Total | | | |
| Section 5 - Income | | | |
| Gross Income | | | |
| Mandatory Deductions | | | |
| Total Income | | | |
| Child Care Expenses | | | |
| Other Income (specify) | | | |
| Total Monthly Income | | | |
| Section 6 - Net Assistance | | | |
| Total Need | | | |
| Total Monthly Income | | | |
| Net Assistance | | | |
| Section 7 - Budget Remarks | | | |
| | | | |

Section 4 - Other Allowances

| | | |
|---------------------------|--|--|
| Contingency Amount | | |
| Special Boarder Allowance | | |
| Pregnancy Item | | |
| Other | | |
| Total | | |

| | |
|-------------------|--|
| Total of Sections | |
| Add 20% of Total | |
| Total Budget | |
| Base | |

| | |
|-------------------|--|
| Total Need | |
|-------------------|--|

Prepared By:**Approved By:****Date:**

Appendix C.

3.3 FUNERAL RATES

WELLINGTON COUNTY SOCIAL SERVICES DEPARTMENT

FUNERAL RATES EFFECTIVE JANUARY 01, 2012

Container

| | |
|--|--------|
| Casket – cloth covered, plywood construction | 803.00 |
| Direct Cremation - minimum available container | 197.00 |

Preparation and Travel

| | |
|--|--------|
| Embalming and all preparation of remains | 330.00 |
| Removal – 16km radius – over 16km x 0.52 | 242.00 |
| Funeral Coach – 16 km radius – over km x 0.52 | 306.00 |
| Car for Clergy – 16 km radius – over km x 0.52 | 180.00 |

Funeral Home Facilities

| | |
|--|--------|
| Basic Required | 360.00 |
| Funeral Home Facilities for service(s) from other place of worship | 498.00 |
| Visitation – two hour visitation on the day prior | 274.00 |

Funeral Director, Staff and Services

| | |
|--|--------|
| Arrangements and Required Services | 674.00 |
| Visitation | 192.00 |
| Conducting of Services | 492.00 |
| Register Book & Acknowledgement Cards | 88.00 |
| Documentation – registering, recording vital stats, securing legal docs, obtaining all certificates & permits, clerical and office for funeral | 343.00 |

Total of Above ----- \$4782.00

Cash Advances Over Which We Have No Control

| | |
|---|------|
| Cemetery Plot, Opening Charge, Cremation | Cost |
| Lowering Device & Grass (if not supplied) | Cost |
| Winter Storage – if burial to be in Spring | Cost |
| All Outer Containers – if required | Cost |
| Oversize Casket | Cost |
| Hermetically Sealed Liners | Cost |
| Sealed Pouches | Cost |
| Coroner's Certificate – If cremation occurs | Cost |
| In Town/Out of Town death registration | Cost |

Indigent Funeral Services for Children

Children's funeral services will be billed to the County at the same rate your Funeral Home charges to the public but should not exceed the maximum amounts outlined below:

| | |
|--|---------|
| Over 4 x 6" casket and Services (adult rate) | 4782.00 |
| 2 x 6" to 4 x 6" casket and Services | 3608.00 |
| Newborn to one year of age | 2830.00 |
| Stillborn – funeral service at graveside or funeral home – no visitation or local newspaper notice | 304.00 |



COMMITTEE REPORT

OW-14-03

To: Chair and Members of the Social Services Committee
From: Stuart Beumer, Director of Ontario Works
Date: Wednesday, April 9, 2014
Subject: Homelessness Partnering Strategy

Background:

The County has applied and been approved to accept and distribute funds to the community under the Federal Homelessness Partnering Strategy (HPS). Previously the role of administering this funding locally was performed by the United Way Guelph Wellington Dufferin. In accordance with the policies of this Federal programme funding priorities and allocation recommendations are made by a Community Advisory Board (CAB) that includes a number of community partners from the housing and homelessness sector.

If approved, the County will enter into an agreement with Service Canada and will be responsible for receiving and distributing the funding to selected community projects and reporting on outcomes to Service Canada. This will involve the development of individual funding agreements between the County and the individual local projects that have been recommended by the CAB.

The role of coordinating the administration of this funding is appropriate for the County as it complements our role as funder and deliverer of a wide range of provincial and municipal homelessness and housing services.

The agreement with Service Canada covers a 5 year period from April 2014 to March 2019 and total funding for this period is \$326,010. The funding is divided evenly over the 5 years and as a result the County will receive and will allocate \$65,202 per year under the HPS programme.

Financial Implications

None. The funds to be distributed are 100% Federal funds and will not require municipal investment.

Attachment: Approval letter received from Service Canada dated March 28, 2014

Recommendation:

That the Warden and Clerk be authorized to enter into a funding agreement with Service Canada under the Homeless Partnering Strategy (HPS) as outlined in this report.

That the Warden and Clerk be further authorized to enter into individual funding agreements with selected local service providers in accordance with the terms and conditions of our contribution agreement with Service Canada.

Respectfully submitted,

Stuart Beumer
Director of Ontario Works



March 28, 2014

Ryan Pettiapiere
County of Wellington
74 Woolwich Street
Guelph, Ontario
N1H3T9

Subject: Homelessness Partnering Strategy (HPS) – File # 012714341

Dear Ryan Pettiapiere,

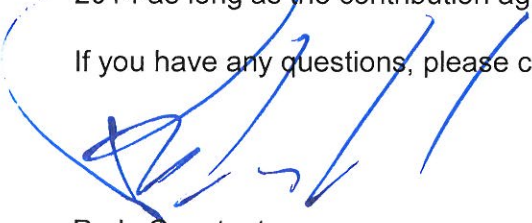
We are pleased to inform the County of Wellington that your project under the Homelessness Partnering Strategy (HPS) has been approved.

The total amount approved for your project is \$326,010 for the following activities:

- Sub-projects - Project Costs \$326,010.

In rare and exceptional cases, the policy governing Employment and Social Development Canada (ESDC) contribution programs allows us to reimburse expenses incurred for up to 30 days prior to signing the contribution agreement for an approved project. Under this provision, ESDC will reimburse eligible costs incurred by your organization as of April 1st, 2014 as long as the contribution agreement is signed by both parties by April 30, 2014.

If you have any questions, please contact Brian Hryhorchuk at (647) 252-0142.



Perly Constant
Service Manager
Citizen Services and Program Delivery Branch
Service Canada



To: Chair and Members of the Social Services Committee
From: Stuart Beumer, Director of Ontario Works
Date: Wednesday, April 9, 2014
Subject: **The Enterprise Initiative**

Background:

The County Social Services Department has been participating in a project called the Guelph Enterprise for Innovation in Human Service Delivery (the Enterprise). The intent of the project is to bring together the primary providers of human services in the community in order to address cases of acutely elevated client risk and to foster systemic improvements in the delivery of human services in the community.

The Enterprise project has included a wide range of community partners and leadership and support in moving the initiative forward has been provided by the Guelph Police Service. The Founding Charter for the Enterprise is attached and all participating organizations are in the process of seeking organizational approval to move forward.

The Enterprise is modeled on the Community Mobilization Prince Albert (CMPA) project out of Saskatchewan which is a social initiative whose mission is to build a safer and healthier community by reducing crime, addressing families at risk and focusing on long term community goals. The CMPA project began in February 2011 and police reports indicate that between January and November 2012, crime in Prince Albert declined 8.2 per cent, youth crime dropped 12.8 per cent and youth victimization dropped 7.5 per cent (The Prince Albert Daily Herald, December 10, 2012). Many different jurisdictions are looking at implementing this model including Waterloo Regional Police Service, Toronto Police Services, North Bay Police Service and Ottawa Police.

The CMPA project is a collaborative effort involving government, human services, police and community organizations together focusing on proactive and preventative strategies, rather than reactive and punitive ones. The model consists of 2 key components namely; the HUB which provides integrated mobilization of resources to address individual situations, and the Centre of Responsibility (COR), which focuses on the broader notion of community safety and wellness. The HUB committee is comprised of many partners including police, probation, social services, corrections, health, mental health, education, addictions and others and meets weekly to discuss specific cases of "elevated risk" among individuals or families. Agencies that are able to work with the individual toward a workable solution are identified and a meeting is then scheduled to offer assistance and explore available services and supports. In the Enterprise Charter this group is referred to as a "Situation Table".

The COR is comprised of members of various agencies and deals with systemic social causes of crime and victimization on a community scale, such as truancy, addictions, mental health, and family

violence. One of the COR's functions is to develop community strategies to combat these broader community issues.

The Enterprise represents one example in our local area of initiatives that are striving to improve the efficiency and effectiveness of social service delivery. In cases of acutely elevated risk this is hoped to have the impact of reducing crime, better coordinating service between agencies and improving outcomes for clients. The lessons learned from the Enterprise have the potential to more broadly inform the delivery of human services in our community.

All agencies that are participating in the Enterprise will receive appropriate training to ensure that staff involved are fully informed and prepared to participate in the work of the initiative.

Attachment: Founding Charter of the Enterprise

Recommendation:

That the Administrator of Social Services be authorized to sign the Founding Charter of the Enterprise on behalf of the County of Wellington Social Services Department.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Stuart Beumer', with a stylized flourish at the end.

Stuart Beumer
Director of Ontario Works

Founding Charter

Strategy, Purpose and Description

The purpose of The Guelph Enterprise for Innovation in Human Services (the Enterprise) is to improve individual lives and find greater system efficiencies by applying a risk mitigation lens to human service delivery in our community. We will leverage the perspectives, information, talents and resources of multiple agencies in the development and execution of a community wide and multi-sector strategy that will bring about greater efficiency, effectiveness, and improved service connections leading to more positive social outcomes for all human services in the City of Guelph and its surrounding communities (hereafter referred to as “Guelph”). We intend to apply a holistic approach to service delivery and better ‘knit’ together the resources and delivery mechanisms of social, health, government and policing services.

Membership

Founding members of the Enterprise are:

- City of Guelph
- CMHA Waterloo Wellington Dufferin
- County of Wellington Social Services
- Family & Children’s Services Guelph Wellington
- Guelph Chamber of Commerce
- Guelph Community Health Centre
- Guelph Police Services
- University of Guelph, through its Institute for Community Engaged Scholarship
- Pearl Street Communications
- Wellington Dufferin Guelph Public Health
- Women in Crisis

Scope and Approach

The Enterprise will:

1. Develop protocols to enable more effective information sharing across disciplines and agencies;
2. Develop and operate one or more ‘Situation Table’ models, in selected neighbourhoods and/or applied to selected social issues, to address situations of acutely elevated risk through rapid, multi-agency interventions and service connections.
3. Gather, conduct, and develop a repository/database for shared, inter-disciplinary research related to social services, health, health care and policing and their contributing factors;

4. Conduct cross-sector analyses and studies using Guelph-based and professionally reviewed data and consult collectively with other human service agencies, academics, governments and community-based organizations to develop an inventory of local needs and identify priority opportunities for enhanced programming and other supports related to wellness and the social determinants of health.
5. Develop a robust system of metrics to support both the collective and individual accountabilities and reporting requirements of participating member agencies;
6. Contribute to, learn from and share with parallel initiatives in collaborative risk-driven community safety and well-being occurring in Guelph, and across Ontario and Canada including (but not limited to) the Violent High Risk Assessment Committee, Domestic Violence High Risk Committee, and the Youth High Risk Committee;
7. Inform and further refine a broader community human service model that can align and grow along with The Enterprise;
8. Be results driven, focused on connecting services and supports with individuals and families needing immediate and proactive interventions.
9. Develop and execute a communications strategy designed to engage others and inform the public and other stakeholders on the achievements of the Enterprise.

Roles, Responsibilities and Governance Model

Each charter member will contribute appropriately qualified resources as necessary and as available to accomplish the deliverables and priority tasks of the Enterprise.

Specifically, each Charter Member directly involved in the development and operations of a 'situation table' will contribute at least one sector specialist to be available as needed to fulfill the ongoing work and to attend regular meetings as determined.

The roles of chair and recorder for the Situation Table will be filled by designed staff resources of charter members.

During the start up phase of the Enterprise, Guelph Police Services (GPS) will provide leadership, secretariat functions, technical guidance, facilitation support and other expertise as needed for the initial prototype situation table.

As champions of the Enterprise, all Founding Members will encourage and facilitate wherever possible, broad and on-going multi-sectorial participation.

Assumptions and Inter-Dependencies

The Enterprise has been conceived and designed to draw upon multiple perspectives and resources, including those currently in with The Enterprise and those not yet present.

As such, it can be assumed that the work of the Enterprise will proceed within a rich context of related initiatives and programs. Every effort will be made to avoid duplication of efforts, and to take optimal advantage of existing and ongoing initiatives at the local, regional and provincial levels.

Resources and Commitments

Founding Members will provide the necessary resources to support a successful launch of the ‘Situation Table’.

Founding Member Endorsement

In my authority and on behalf of the organization named below, I understand and confirm that we are committed to the directions and intents of this document.

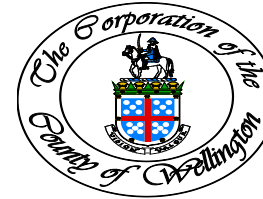
Name

Title

Organization

Date

WELLINGTON COUNTY SOCIAL SERVICES
2014 County and City Caseloads and Services



| Programmes | 1st Quarter | | | Total 1st Quarter |
|---|-------------|-------------|-----|-------------------|
| | Jan | Feb | Mar | |
| <u>Intake</u> | | | | |
| Number of calls received | 422 | 197 | | 619 |
| Number of applications completed | 241 | 162 | | 403 |
| Number of cases deemed to be eligible | 205 | 189 | | 394 |
| Number of terminated cases | 135 | 155 | | 290 |
| <u>Consolidated Verification Process</u> | | | | |
| Number of Support Agreements/Orders | 3 | 1 | | 4 |
| Number of Internal Reviews | 8 | 1 | | 9 |
| Number of Social Benefit Tribunal Hearings | 1 | 0 | | 1 |
| Number of Eligibility Review Interviews | 7 | 7 | | 14 |
| Number of Eligibility Review Interviews Resulting in Terminations | 1 | 0 | | 1 |
| Emergency Energy Funds Issued | \$ 6,437.00 | \$ 7,171.00 | | \$ 13,608.00 |
| <u>Special Services</u> | | | | |
| Number of People Accessing Dom Hostel Beds | 161 | 161 | | 322 |
| Number of People Accessing Emergency Hostel Beds | 162 | 187 | | 349 |
| Number of Indigent Burials | 8 | 2 | | 10 |
| Number of L.E.A.P. Cases | 25 | 24 | | 49 |
| Temporary Care Cases | 48 | 46 | | 94 |
| Number of Students | 45 | 43 | | 88 |
| <u>Employment Services</u> | | | | |
| Number of Employment Services Cases with Participation Agreements | 2152 | 2160 | | 4312 |
| Average Caseload for Employment Services Caseworkers | 223 | 223 | | 446 |
| <u>Employment Workshops</u> | | | | |
| Number of Workshops provided | 3 | 6 | | 9 |
| Number of Individuals attending workshops | 15 | 27 | | 42 |
| Number of Facilitators One on One Appointments | 61 | 27 | | 88 |
| <u>Employment Resource Centre</u> | | | | |
| Employment Resource Centre Traffic | 2202 | 2064 | | 4266 |
| <u>Life Skills</u> | | | | |
| Number of participants on Life Skills caseloads | 95 | 102 | | 197 |
| Average Caseload for Life Skills Caseworkers | 31.67 | 34.00 | | 32.83 |

County of Wellington - Ontario Works



2011-14 County / City Caseload

| Wellington County | | | | | Change From Previous Month | | Change From Previous Year | |
|-------------------|-------|-------|-------|-------|-------------------------------|------|------------------------------|-------|
| | 2011 | 2012 | 2013 | 2014 | Cases | % | Cases | % |
| January | 429 | 454 | 473 | 461 | 10 | 2.2% | (12) | -2.5% |
| February | 441 | 458 | 498 | 470 | 9 | 2.0% | (28) | -5.6% |
| March | 432 | 455 | 510 | 480 | 10 | 2.1% | (30) | -5.9% |
| April | 423 | 452 | 490 | | | | | |
| May | 432 | 462 | 488 | | | | | |
| June | 417 | 442 | 469 | | | | | |
| July | 433 | 453 | 452 | | | | | |
| August | 418 | 453 | 459 | | | | | |
| September | 422 | 432 | 449 | | | | | |
| October | 431 | 419 | 440 | | | | | |
| November | 413 | 426 | 452 | | | | | |
| December | 431 | 458 | 451 | | | | | |
| Total | 5,122 | 5,364 | 5,631 | 1,411 | | | | |
| Average | 427 | 447 | 469 | 470 | | | 1 | 0.2% |

| City of Guelph | | | | | Change From Previous Month | | Change From Previous Year | |
|----------------|--------|--------|--------|-------|-------------------------------|------|------------------------------|------|
| | 2011 | 2012 | 2013 | 2014 | Cases | % | Cases | % |
| January | 1,432 | 1,438 | 1,460 | 1,497 | 60 | 4.2% | 37 | 2.5% |
| February | 1,410 | 1,426 | 1,499 | 1,522 | 25 | 1.7% | 23 | 1.5% |
| March | 1,429 | 1,412 | 1,482 | 1,532 | 10 | 0.7% | 50 | 3.4% |
| April | 1,444 | 1,413 | 1,502 | | | | | |
| May | 1,452 | 1,425 | 1,559 | | | | | |
| June | 1,482 | 1,450 | 1,543 | | | | | |
| July | 1,495 | 1,474 | 1,514 | | | | | |
| August | 1,445 | 1,470 | 1,530 | | | | | |
| September | 1,436 | 1,416 | 1,502 | | | | | |
| October | 1,396 | 1,338 | 1,443 | | | | | |
| November | 1,395 | 1,400 | 1,434 | | | | | |
| December | 1,389 | 1,402 | 1,437 | | | | | |
| Total | 17,205 | 17,064 | 17,905 | 4,551 | | | | |
| Average | 1,434 | 1,422 | 1,492 | 1,517 | | | 25 | 1.7% |

County of Wellington - Ontario Works

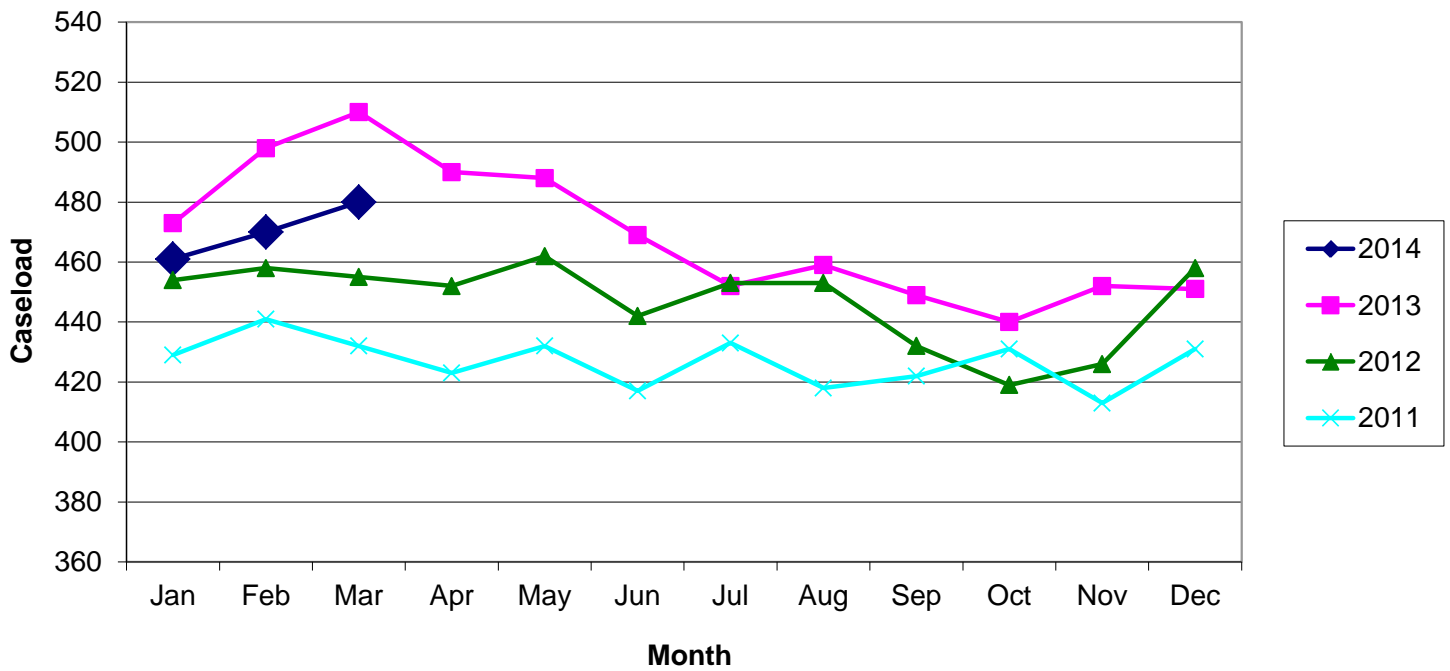


2011-14 County / City Caseload

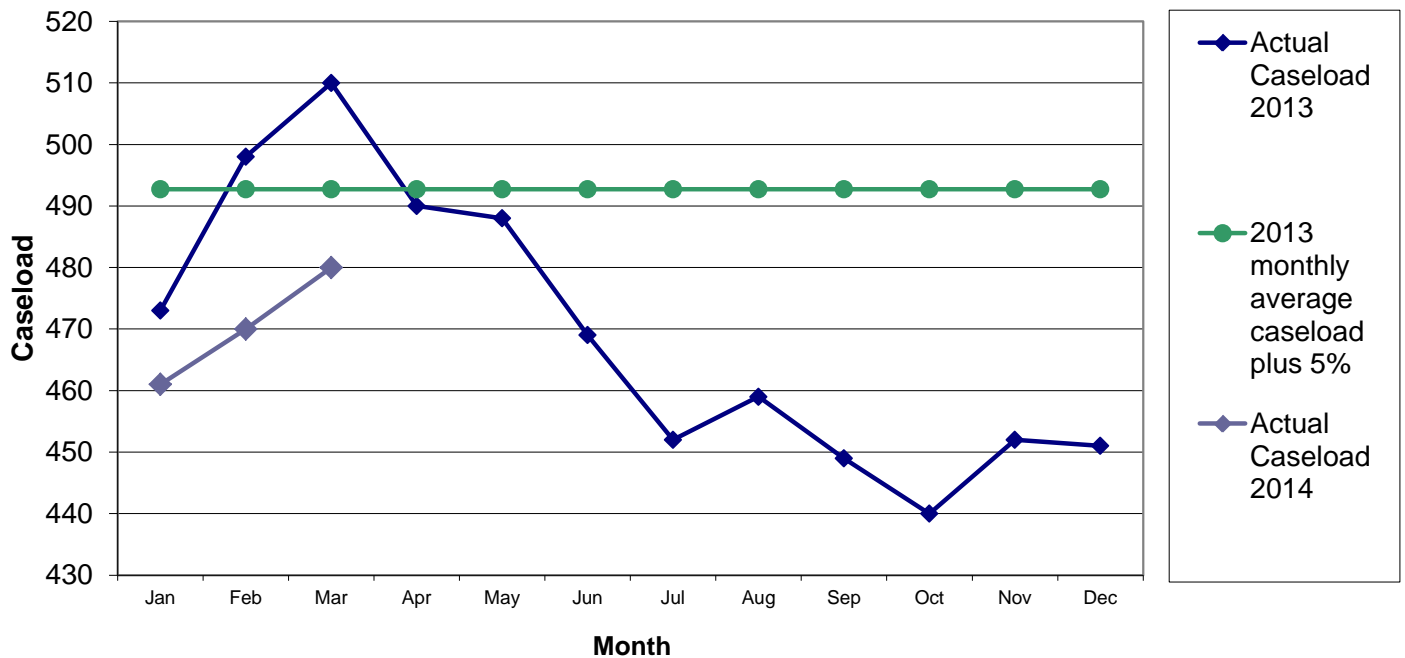
| Total caseload | | | | | Change From Previous Month | | Change From Previous Year | |
|----------------|--------|--------|--------|-------|-------------------------------|------|------------------------------|-------|
| | 2011 | 2012 | 2013 | 2014 | Cases | % | Cases | % |
| January | 1,861 | 1,892 | 1,933 | 1,958 | 70 | 3.7% | 25 | 1.3% |
| February | 1,851 | 1,884 | 1,997 | 1,992 | 34 | 1.7% | (5) | -0.3% |
| March | 1,861 | 1,867 | 1,992 | 2,012 | 20 | 1.0% | 20 | 1.0% |
| April | 1,867 | 1,865 | 1,992 | | | | | |
| May | 1,884 | 1,887 | 2,047 | | | | | |
| June | 1,899 | 1,892 | 2,012 | | | | | |
| July | 1,928 | 1,927 | 1,966 | | | | | |
| August | 1,863 | 1,923 | 1,989 | | | | | |
| September | 1,858 | 1,848 | 1,951 | | | | | |
| October | 1,827 | 1,757 | 1,883 | | | | | |
| November | 1,808 | 1,826 | 1,886 | | | | | |
| December | 1,820 | 1,860 | 1,888 | | | | | |
| Total | 22,327 | 22,428 | 23,536 | 5,962 | | | | |
| Average | 1,861 | 1,869 | 1,961 | 1,987 | | | 26 | 1.3% |

| Caseload Split | | | | | | | | |
|----------------|-------|--------|-------|--------|-------|--------|-------|--------|
| | 2011 | | 2012 | | 2013 | | 2014 | |
| | City | County | City | County | City | County | City | County |
| January | 76.9% | 23.1% | 76.0% | 24.0% | 75.5% | 24.5% | 76.5% | 23.5% |
| February | 76.2% | 23.8% | 75.7% | 24.3% | 75.1% | 24.9% | 76.4% | 23.6% |
| March | 76.8% | 23.2% | 75.6% | 24.4% | 74.4% | 25.6% | 76.1% | 23.9% |
| April | 77.3% | 22.7% | 75.8% | 24.2% | 75.4% | 24.6% | | |
| May | 77.1% | 22.9% | 75.5% | 24.5% | 76.2% | 23.8% | | |
| June | 78.0% | 22.0% | 76.6% | 23.4% | 76.7% | 23.3% | | |
| July | 77.5% | 22.5% | 76.5% | 23.5% | 77.0% | 23.0% | | |
| August | 77.6% | 22.4% | 76.4% | 23.6% | 76.9% | 23.1% | | |
| September | 77.3% | 22.7% | 76.6% | 23.4% | 77.0% | 23.0% | | |
| October | 76.4% | 23.6% | 76.2% | 23.8% | 76.6% | 23.4% | | |
| November | 77.2% | 22.8% | 76.7% | 23.3% | 76.0% | 24.0% | | |
| December | 76.3% | 23.7% | 75.4% | 24.6% | 76.1% | 23.9% | | |
| Average | 77.1% | 22.9% | 76.1% | 23.9% | 76.1% | 23.9% | 76.3% | 23.7% |

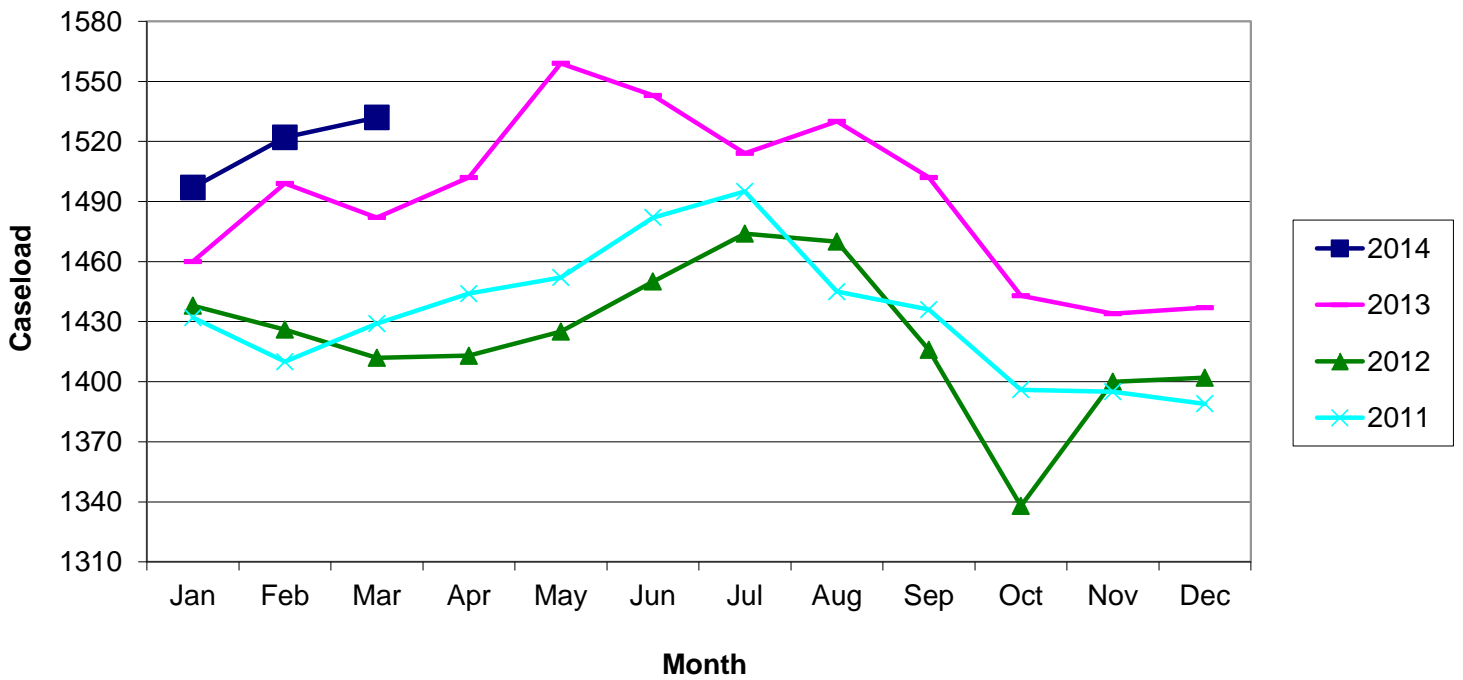
County of Wellington Ontario Works Caseload - January 2011 to March 2014



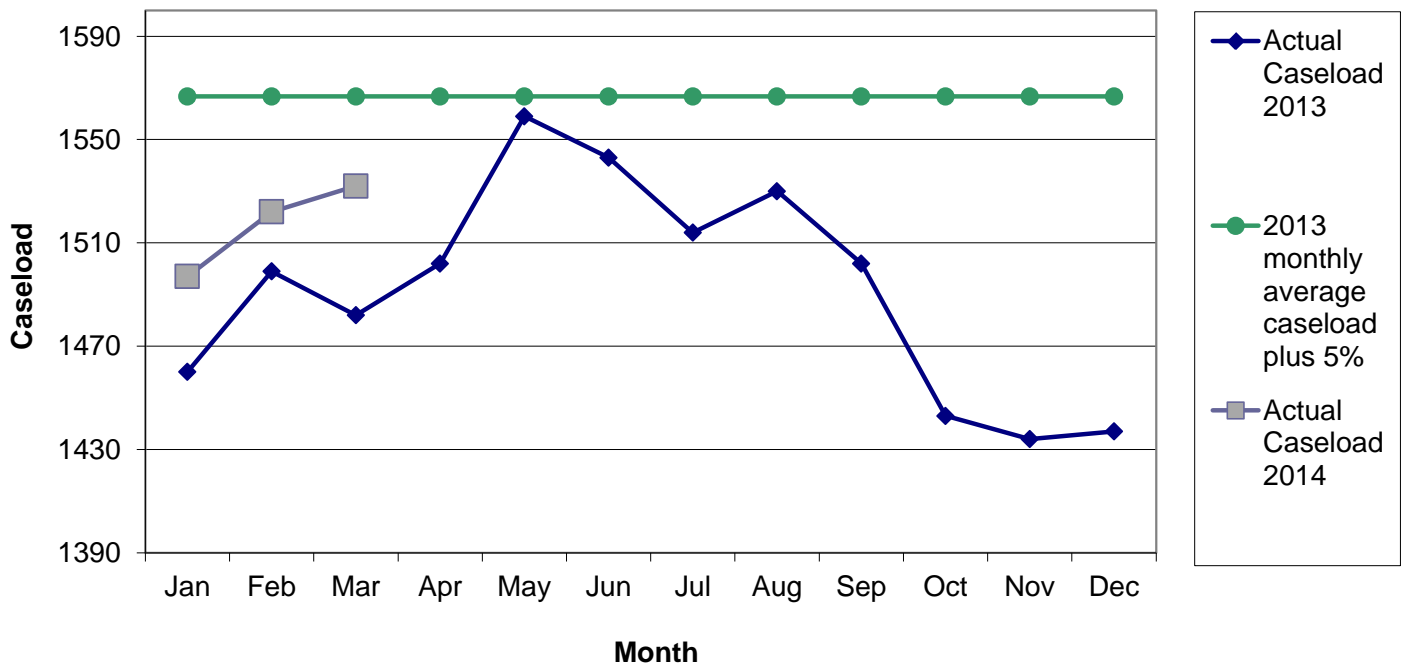
County of Wellington Ontario Works Caseload Budget/Actual Comparison



City of Guelph Ontario Works Caseload - January 2011 to March 2014



City of Guelph Ontario Works Caseload Budget/Actual Comparison





COUNTY OF WELLINGTON

COMMITTEE REPORT

AD-14-03

To: Chairman and Members of the Social Services Committee
From: Eddie Alton, Social Services Administrator
Date: April 9, 2014
Subject: Investment in Affordable Housing Funding Re-Allocation

Background:

The Ministry of Municipal Affairs and Housing announced funding under the Investment in Affordable Housing for Ontario 2011-2014 (IAH) Programme of \$480.6 million in federal and provincial funding for the creation and repair of affordable housing over 4 years. The County of Wellington as the Consolidated Municipal Service Manager received funding in the amount of \$5,418,752 under this programme.

In November of 2012, Council approved a report recommending the following allocation of the funds:

PLANNED FINANCIAL COMMITMENTS BY YEAR

| Program Component | Planned Financial Commitment - \$s | | | | TOTAL |
|---|------------------------------------|-------------------|-------------------|-------------------|-----------|
| | Year 1 2011-12 | Year 2 2012-13 | Year 3 2013-14 | Year 4 2014-15 | |
| Enter your total SM allocation for each fiscal year (a) | 50,000 | 2,203,160 | 2,207,103 | 958,490 | 5,418,752 |
| Rental Housing | | 600,000 | | | 600,000 |
| Homeownership | 50,000 | 50,000 | | | 100,000 |
| Northern Repair | | N/A | N/A | N/A | 0 |
| Rent Supplement | | 295,000 | 691,000 | 414,000 | 1,400,000 |
| Housing Allowance | | 1,251,160 | 1,502,102 | 521,738 | 3,275,000 |
| Ontario Renovates | N/A | 7,000 | 14,000 | 22,752 | 43,752 |
| SM Administration Fees | 100,000 | | | | 0 |
| TOTAL (b) | 50,000 | 2,203,160 | 2,207,102 | 958,490 | 5,418,752 |
| Variance (a-b) | 0 | 0 | 1 | 0 | 0 |

County of Wellington

IAH Rent Support Programme

The Housing Allowance and Rent Supplement components of the IAH fall under the County's new Rent Support Programme. Both programme components provide rent assistance to private market rental households that are experiencing difficulty paying their rents. The assistance term for both components is up to 10 years, to March 31, 2023. The following outlines the differences between the two components:

Housing Allowance:

Housing Allowance is designed to help address affordability issues of renter households by providing assistance with monthly rent payments. The assistance amount varies based on household income and rent for the unit, but the maximum amount available is \$300 per month.

Rent Supplement:

A Rent Supplement is a subsidy paid to the landlord on behalf of a household in need of rental assistance. It is meant to help bridge the difference between the rent that a household can afford to pay (30% of gross income) and the actual market rent of a modest unit. Assistance amount varies, but averages \$575 per month.

Report:

The County has been able to meet its approved allocations for Year 2 (2012/13) and Year 3 (2013/14) but is finding it difficult to meet the commitments of the Housing Allowance Programme.

The challenges encountered in delivering the Housing Allowance component are:

- The programme provides up to \$300 per month to eligible households that are experiencing difficulty in paying their private market rents. Households who fall within this rent shortfall tend to be the working poor. However, most households applying to the County for assistance to pay their rent require a much deeper rent subsidy because they are on fixed incomes.
- The 2012/13 Housing Allowance allocation provided rent assistance to 42 households. To date, one-third of those clients have left the Housing Allowance programme due to a change in personal and/or financial circumstances. Because these are 10-year allocations, we are required to fill those vacancies to ensure that we receive our full IAH allocation.
- The 2013/14 Housing Allowance allocation provided rent assistance to an additional 50 households. While we brought 50 new clients into the programme, some have since left the programme so we are currently not meeting our expenditure targets for 2013/14.
- In total, we have funding for 92 Housing Allowance households for both years. At present, we are providing Housing Allowance financial assistance to 73 households. We are currently working to fill those programme vacancies.

Year 4 of IAH Rent Support Programme (2014/15)

Our 2014/15 allocation is:

| | 2014/15 | |
|--------------------------|----------------|------------------|
| | funding | # clients |
| Rent Supplement | \$ 414,000 | 6 |
| Housing Allowance | \$ 521,738 | 19 |

Recommendation:

Based on our experience in administering the Rent Support Programme over the past 2 years, we request that the 2014/15 funding for the Housing Allowance component be reallocated to the Rent Supplement component for the following reasons:

- There is currently funding for 92 Housing Allowance allocations to March 31, 2023. There are currently vacancies in this programme that we are trying to fill due to households leaving the programme.
- Historical trends have shown regular turnover in the Housing Allowance Programme. This turnover should enable the County to provide Housing Allowance assistance to new clients on a continual basis over the next 10 years in order to maintain the 92 units.
- The client group with the greatest need is those on fixed incomes (Ontario Works and Ontario Disability). These individuals have few affordable options in the private rental market and risk homelessness while waiting for a geared-to-income housing unit. Even with the maximum of Housing Allowance assistance (\$300/month), most still would not have enough money to cover other basic needs after paying their portion of the rent. They would be best served by the Rent Supplement component, which will provide assistance based on their actual need (average \$575/month)

Proposed 2014/2015 allocation:

| | 2014/15 | |
|--------------------------|----------------|------------------|
| | funding | # clients |
| Rent Supplement | \$ 935,738 | 14 |
| Housing Allowance | \$ 0 | 0 |

The Ministry of Municipal Affairs and Housing has indicated that it will allow adjustments between programme lines if requested by the Service Manager. They have requested that they be notified of any changes prior to the beginning of the fiscal year (April 1st)

Financial Implications:

There is no financial Implication as these are 100% Federal and Provincial Funds.

Recommendation:

That Report AD-14-03 Investment in Affordable Housing Funding Re-Allocation recommending that the \$521,738 allocated for the Housing Allowance Programme in 2014/2015 be re-allocated to the Rent Supplement Programme be received for information.

Respectfully submitted,

Respectfully submitted,

Eddie Alton
Social services Administrator

Anne Waller
Manager of Housing programmes

STAKEHOLDER TEMPLATE LETTER: LONG-TERM FUNDING

Dear Minister Kenney:

On behalf of the Municipality of _____, I am writing to impress upon the federal government the urgent need to come back to the table as a partner with the Provinces and Territories in funding long term social and affordable housing for our most vulnerable residents.

We are very concerned that the federal funding for housing is declining and your government currently appears to be exiting the long term commitment to address the housing needs of the country.

If Ottawa does not change course, social housing providers across Ontario will see a \$1.3 billion decrease in federal funding over the next ten years. It was disheartening to see that this serious funding shortfall was not addressed in the recent federal budget. Municipalities and provinces will be left footing the bill.

This situation is made worse because the evidence shows that Ontario does not receive its fair share of federal funding for housing and homelessness either on the basis of population or core housing need. Ontario should receive just over 38 per cent of federal funding on the basis of population but only receives approximately 33 per cent.

With long-term federal support for social housing declining, there is a real risk that these tenants will lose their housing. These cuts will make it more difficult to continue to help the over 260,000 Ontario families that currently live in social housing and make it increasingly challenging to help the 627,000 families that are in danger of losing their housing. We need to ensure that these tenants' homes are protected and that we remain able to help Ontarians in need of affordable housing.

Canadians deserve a national housing strategy that includes the creation of new affordable housing and maintains our existing social housing units.

It is imperative you come back to the table and sit down with Provincial/Territorial housing ministers to work on a long term plan that addresses the need for housing across the country. The time to act is now.

Sincerely,

Head of Council,
Municipality of _____

Chair _____
District of _____ Social Services Administration Board

CC: Linda Jeffrey, Minister – Government of Ontario - Municipal Affairs and Housing