COMMUNITY SERVICES COMMITTEE AGENDA

Community Services Committee Meeting
Monday, January 16, 2017
Tom Davies Square

6:00 p.m.   COMMUNITY SERVICES COMMITTEE MEETING
COMMITTEE ROOM C-11

Council and Committee Meetings are accessible. For more information regarding accessibility, please call 3-1-1 or email clerks@greatersudbury.ca.

DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

APPOINTMENT OF CHAIR AND VICE-CHAIR

Report dated December 14, 2016 from the Executive Director, Administrative Services/City Clerk regarding Appointment of Chair and Vice-Chair - Community Services Committee.
(RESOLUTION PREPARED)

(Deputy City Clerk, Brigitte Sobush will call the meeting to order and preside until the Community Services Committee Chair and Vice Chair have been appointed, at which time the newly appointed Chair will preside over the balance of the meeting.)

PRESENTATIONS

1. Report dated December 21, 2016 from the General Manager of Community Development regarding Community Farm Project.
   (ELECTRONIC PRESENTATION)   (RESOLUTION PREPARED)

   - Joseph LeBlanc, Executive Director of the Social Planning Council
   - Tyler Campbell, Director of Leisure Services, City of Greater Sudbury

   (This presentation will be made by the Social Planning Council (SPC) in order to update Council on a grant that was applied for and received by the SPC. The intention of the SPC is to start a community farm project and locate it in the Ryan Heights area.)

CONSENT AGENDA

 (For the purpose of convenience and for expediting meetings, matters of business of repetitive or routine nature are included in the Consent Agenda, and all such matters of business contained in the Consent Agenda are voted on collectively.

A particular matter of business may be singled out from the Consent Agenda for debate or for a separate vote upon the request of any Councillor. In the case of a separate vote, the excluded matter of business is severed from the Consent Agenda, and only the remaining matters of business contained in the Consent Agenda are voted on collectively.

Each and every matter of business contained in the Consent Agenda is recorded separately in the minutes of the meeting.)

CORRESPONDENCE FOR INFORMATION ONLY

C-1. Report dated December 21, 2016 from the General Manager of Community Development regarding AMO - Seniors Policy.
(FOR INFORMATION ONLY)

   (This report provides background and information regarding the Seniors Policy adopted by the Association of Municipalities Ontario (AMO).)

C-2. Report dated December 22, 2016 from the General Manager of Community Development regarding Changes to Ministry of Education requirements for Privately Placed Children in Licensed Home Child Care Homes.
(FOR INFORMATION ONLY)

   (This report will update Council on the impact of new provincial regulations on privately-placed children in licensed home child care settings.)

REGULAR AGENDA

MANAGERS' REPORTS

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD AND ANNOUNCEMENTS

NOTICES OF MOTION

ADJOURNMENT

Request for Decision

Appointment of Chair and Vice-Chair - Community Services Committee

Resolution

THAT the City of Greater Sudbury appoints Councillor _____ as Chair and Councillor _____ as Vice-Chair of the Community Services Committee for the term ending December 31, 2017.

Finance Implications

Funding for the remuneration of the Chair is provided for within the operating budget.

Background

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Community Services Committee for the term ending December 31, 2017.

The Procedure By-law provides that a Member of the Committee shall be appointed annually by the Committee to serve as Chair of the Community Services Committee. As well, a Vice-Chair is appointed annually.

The above appointments need only be confirmed by resolution.

Remuneration

The Chair of the Community Services Committee is paid $1,030.83 per annum.

Selection

The selection of the Chair and Vice-Chair is to be conducted in accordance with Articles 33 and 37 of the Procedure By-law.

Council's procedure requires that in the event more than one (1) candidate is nominated for either the Chair or Vice-Chair's position, a simultaneous recorded vote shall be used to select the Chair and Vice-Chair.

Signed By

Report Prepared By
Brigitte Sobush
Deputy City Clerk
Digitally Signed Dec 14, 16

Recommended by the Department
Caroline Hallsworth
Executive Director, Legislative Services/City Clerk
Digitally Signed Dec 15, 16

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Dec 15, 16

It is always in order for a Member of Council to nominate themselves and to vote for themselves. Under *Robert's Rules of Order* a nomination does not need a second.

Once the successful candidates have been selected, a recommendation will be introduced.

Request for Decision

Community Farm Project

Resolution

WHEREAS the Social Planning Council has successfully applied for an Ontario Trillium Seed Grant for a Community Farm Project, and;

WHEREAS the City of Greater Sudbury is supportive of the project and its impact on the Strategic Plan of the City of Greater Sudbury and the Social Determinants of Health;

THEREFORE BE IT RESOLVED that the City of Greater Sudbury approves the concept of a community farm and directs staff, in consultation with Planning Services, to enter into negotiations for a land lease agreement with the Social Planning Council in order to use the Ryan Heights property behind 720 Bruce Avenue for a Community Farm Project.

Finance Implications

This report has no financial implications at this time. If the concept is approved, staff will advise Council of financial implications as part of the lease negotiations.

Signed By

Report Prepared By
Tyler Campbell
Director of Social Services
Digitally Signed Dec 21, 16

Health Impact Review
Tyler Campbell
Director of Social Services
Digitally Signed Dec 21, 16

Division Review
Tyler Campbell
Director of Social Services
Digitally Signed Dec 21, 16

Recommended by the Department
Catherine Matheson
General Manager of Community Development
Digitally Signed Dec 21, 16

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Dec 21, 16

Health Impact Assessment

This initiative addresses several aspects of the social determinants of health and is intended to enhance food security services based on the results from similar models in other communities.

The Social Planning Council will report back to Community Services with outcomes of the program after the first season.

Background

The Social Planning Council (SPC) has successfully applied for an Ontario Trillium Seed Grant for the creation of a Community Farm Project, modeled after similar projects that are occurring in different

communities within the Province of Ontario.

The SPC has met with staff in the Parks Department to identify possible locations in the Flour Mill area, and are interested in proceeding with a proposed location at Ryan Heights playground behind 720 Bruce Avenue (as shown in the attached schematic).

Staff have discussed the project with the Real Estate and will consult with Risk Management to identify the parameters to be put in place should the City of Greater Sudbury approve the project on City property.

Outcomes

Staff is supportive of the Community Farm project as it fits within the Quality of Life priority in the Strategic Plan of Council, and further helps to address the social determinants of health.

The SPC has indicated that "existing models… have proven to ameliorate social, environmental, and economic conditions for those living in marginalized urban communities".

This project has also been designed to mesh with a $37,500 Healthy Communities Initiative (HCI) grant that was approved by Council on August 9th, 2016 for new play structures at the location. The City of Greater Sudbury has also applied for an accessibility grant for the Ryan Heights location which would augment the work that will be done next summer, 2017. At the time of writing, the City of Greater Sudbury had not yet heard if the grant submission was successful. The SPC Trillium grant combined with the HCI grant and possible accessibility grant would allow for a large scale redevelopment of the Ryan Heights playground area.

The attached presentation from the SPC gives a full overview of the project.

social**planning**council
of Sudbury

conseil de **planification** sociale
de Sudbury

Ontario
Trillium
Foundation

Fondation
Trillium
de l'Ontario

THE FLOUR MILL COMMUNITY FARM

Presented to The City of Greater Sudbury

Contents

- 1) Project Overview
- 2) Location (maps) & Demographics
- 3) Successful Models Currently in Operation
- 4) Project Summary

Project Overview: Description

• Through the proposed Flour Mill Community Farm (FMCF) project, the Social Planning Council of Sudbury (SPCS) will support neighbourhood residents in planning an outdoor urban agricultural area that will remediate an underutilized green space and create future opportunities that will benefit the local community and environment.

• With a focus on engaging the high concentration of youth from the area, the project will aim to encourage the development of marketable skills using ecological agricultural production as a medium to promote teambuilding, healthy work ethic and leadership which will serve as a gateway to future employment opportunities. A group of youth trained by a farm-mentor will be hired to produce and process food which will be sold and donated during the 2017 growing season.

• The Flour Mill Community Farm will use urban agricultural projects to promote community food security and augment the neighbourhood's understanding of the impact food can have on health, the environment, and the economy through educational workshops & workdays.

Proposed Location:
Ryan Heights Playground

BALMORAL COMMUNITY GARDEN

RYAN HEIGHTS PLAYGROUND

NOT 100% CONFIRMED
FOR ILLUSTRATIVE PURPOSES ONLY

Project Overview: Description (continued)

• The neighbourhood and communities which will be closely connected to The Flour Mill Community Farm geographically are unique and diverse. The SDHU created maps that included the distribution of people living in areas of high deprivation according to social and economic characteristics across the City of Greater Sudbury (CGS). The Ryan Heights Playground is located in a ward that inhabits 9% of the overall population of the CGS (14 886 people), 36% of which live in the most deprived area of the ward (5 384 people, including children).

• EarthCare Sudbury also developed a food access map that shows locations of farm-gate sales in the region. Farms are located more than 30km away from this neighbourhood. An urban farm closer to residents will improve access to affordable local foods and reduce transportation impacts.

• Urban agriculture strengthens food security in impoverished areas and promotes well-being and community collaboration. This project aligns with provincial and local priorities; agriculture is identified as a priority sector in the Growth Plan for Northern Ontario, and environmental remediation and the growth of the agricultural sector are mentioned in From the Ground Up, a community economic development plan for the CGS.

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Demographics of The Ryan Heights Neighbourhood*

Population by Age

- Total Population - 3,061
  - 0 to 4 years old - 225
  - 5 to 9 years old - 180
  - 10 to 14 years old - 175
  - 15 to 19 years old - 200
- Total count of people aged 0 to 19 - 780
- % of population that is 0 to 19 - 25.5% (Greater Sudbury average is 22.1%)

Income

- Median income - $19,227 * (Greater Sudbury is $32,941)

*All data is from the **2011 Census Profile** from Stats Can. taken from the closest five dissemination areas around the Ryan Heights playground, all of which are within a five minute walk to the park itself. The exception is the **median income** which was taken from **2011 National Household Survey Profile.**

Food Options for residents in Ryan Heights Area

The image above demonstrates the food options available to those living in the Ryan Heights neighbourhood, with the distance in walking minutes to each location listed. The Ryan Heights Playground is a preferred location for the Flour Mill Community Farm as having access to affordable, fresh, local, ecologically-grown produce within a five minute walk may impact residents' food choices, especially if they do not have access to a vehicle.

Project Overview: Example Urban Agricultural Projects & Workshops which may be held at the FMCM

1) Market Gardening 101

2) Introduction to Ecological Gardening Techniques

3) Get your soil-mix right: Growing nutrient-dense veggies

4) Creating Wild Pollinator Habitat

5) Plant Identification & Medicinal Plant Walk & Talks

6) Composting 101

7) Selecting Fruit & Veggie Varieties for a Northern Climate

8) Introduction to Permaculture

Successful Models Currently in Operation

•The Urban Agriculture movement is growing all over Ontario and Canada. Some examples of existing models which have proven to ameliorate social, environmental, and economic conditions for those living in marginalized urban communities will be presented next. The Flour Mill Community Farm project will strive to achieve similar goals when it comes to community development & engagement.

roots to harvest

Successful Models Currently in Operation : Roots to Harvest (Thunder Bay)

-Roots to Harvest is an incorporated, not-for-profit organization based in Thunder Bay, Ontario with a vision of a future where youth are leaders, connecting a diverse community and cultivating food that's healthy and accessible.

-Mission: to provide transformative educational opportunities for youth to engage with local agriculture and cultivate healthy communities

 -Their Urban Youth Farming Program runs for six weeks during July and August on a one acre plot located in the heart of Thunder Bay's emerging small business district

-Summer Food Interns are hired, aged 15-18 through the 'Summer Jobs for Youth' employment program with YES Employment Services.

- Food Interns work together to plant, tend, harvest, sell and donate sustainably grown vegetables.

-The Urban Market Garden is a space for the interns to develop skills and confidence through contributing healthy, sustainably grown food to the local food system

-The Urban Market Garden is a meeting place and destination for community members who come to visit the garden, meet the Interns, learn and share knowledge about growing food, and access fresh, locally grown produce

http://www.rootstoharvest.org/urban-youth-garden.html

BLACK CREEK COMMUNITY FARM

Successful Models Currently in Operation : Black Creek Community Farm (Toronto)

-Launched in 2013, it is Toronto's largest urban farm. The farm's mission is to engage, educate and empower diverse communities through the growing and sharing of food.

-Located on seven acres in the heart of the Jane-Finch community, the farm aims to:

- Serve and inspire the local community

- Build community food security by growing fresh healthy food

- Support diverse natural and social ecosystems

- Create new and dynamic economic opportunities through hands-on training and intergenerational learning experiences

- Provide a food justice leadership model for other communities

http://www.blackcreekfarm.ca/about-us/

Successful Models Currently in Operation : EcoSource's Community Roots Project (Mississauga)

-The Community Roots project emerged out of the Mississauga Sustainable Urban Agriculture project

-The project increases opportunities for Peel residents to connect with nature, understand their impact on the local food system through hands-on learning and take action to improve the health of their communities through neighbourhood projects.

-The project focuses on food system education and sustainability action projects, and skills training at Ecosource's Iceland Teaching Garden.

-The food that is produced is donated to Eden Food For Change and sold through the #GrownInMississauga social enterprise.

-All proceeds from produce sales help support community programs offered through the Community Roots project.

http://ecosource.ca/communityroots/

Successful Models Currently in Operation : You Made it Café (Food Processing Model) (London)

-The YOU Made It Café in London, ON is a social enterprise owned and operated by Youth Opportunities Unlimited as an employment skills program for youth who face barriers due to homelessness, unemployment and lack of education.

-Youth employed in the café benefit from a thorough skills training program under the mentorship of professional staff.

-Market Quality Preserves are made by local youth in the heart of downtown Strathroy at The Next Wave Youth Centre. Under supervision, local youth prepare jams, chutney, salsa and sauces from start to finish.

-Youth gain skills and confidence in the kitchen while learning employment and life skills to help prepare for future success in the work place.

-With every purchase of Market Quality Preserves, customers contribute to helping local youth build skills, confidence and independence to reach their potential.

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http://youmadeitcafe.ca/about-2

The Flour Mill Community Farm, Project Summary

- Project Launch in the fall of 2016 by The Social Planning Council of Sudbury, funded by The Ontario Trillium Foundation's Seed Grant

- Food will be produced at a determined location in the Flour Mill area in 2017 with the proposed site being the Ryan Heights Playground

- A group of youth will be hired to produce and process food alongside a farm-mentor using ecological agricultural methods as a medium for employment skills development

- The Flour Mill Community Farm will provide a new option for healthy food access in the area, as well as augment residents' food literacy, their connection to the environment and neighbours

- Workshops and workdays will engage members of the neighbourhood to participate in the farm operations and will provide an opportunity to access a "farm to fork" experience in an urban setting

THE FLOUR MILL COMMUNITY FARM

Thank you

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Wednesday, Dec 21, 2016
Type:	Correspondence for Information Only

For Information Only

AMO - Seniors Policy

Resolution

 For Information Only

Finance Implications

 There are no financial implications

Health Impact Assessment

This paper calls all municipalities to address age-friendly community issues identified, by working with internal departments and community partners to address community health and service concerns by working on an Age-Friendly Strategy for the community.

This initiative will make a positive Health Impact on the City of Greater Sudbury and will provide residents with a better quality of life and providing appropriate community services as needed.

Background

The Association of Municipalities of Ontario (AMO) recently published a report on, "Strengthening Age Friendly Communities and Seniors Services for 21st Century Ontario: A New Conversation About the Municipal Role". The AMO report provides an update to Council and the community on the continued work being done towards the provincial initiatives and feedback regarding an Age Friendly Community.The Seniors' Advisory Panel to Mayor & Council is working diligently in obtaining feedback through the Age Friendly Community Survey which ends on January 31st, 2017. From the survey, feedback will be brought back to the community through community forums for residents to have an opportunity to provide input to the Age Friendly Community Strategy. The goal for a final report to Mayor & Council is May, 2017. This report and

Signed By

Report Prepared By
Sherri Moroso
Community Development Co-ordinator
Digitally Signed Dec 21, 16

Health Impact Review
Sherri Moroso
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Division Review
Rob Blackwell
Manager of Community Initiatives and Performance Support
Digitally Signed Dec 21, 16

Recommended by the Department
Catherine Matheson
General Manager of Community Development
Digitally Signed Dec 21, 16

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Dec 21, 16

the work being done by the Seniors' Advisory Panel to Mayor & Council and the Age Friendly Community Steering Committee is the first step to making the City of Greater Sudbury more age-friendly.

Highlights

According to the AMO Report, the municipal sector in Ontario is increasingly at the forefront of developing age-friendly communities and providing vital services to seniors. This includes long-term care, affordable housing, public health services and community support services. Municipal governments are committed to providing high quality services to their residents; ensuring safety and affordability. While some services are required through legislation, many municipal governments have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. Fundamentally, however, providing the same quality of service on the same budget will not be possible given growing demand and service requirements. A broader conversation is needed about current capacity and level of demand.

The ability to fund and deliver the range of programs and services needed varies significantly across the province. Most municipal governments believe they are best positioned to provide services to residents, but that they should have the flexibility to choose the services they offer, including whether to operate long-term care homes. Whichever services municipal governments choose, a conversation must be had about adequate resources to maintain a service standard.

The AMO Report furthers the discussion on the municipal role in facilitating age-friendly communities and providing services to seniors. It outlines key issues for municipal governments, including; developing plans, providing community services including transportation and housing, providing long-term care, and ensuring services are culturally-appropriate and relevant in northern and rural communities. Opportunities for improvement are highlighted, and recommendations are made, calling on the Province to:

- Continue to play a supportive role to facilitate age-friendly community development under its Action Plan for Seniors

- Work with municipal governments to enhance community services and housing including; transportation options, the Elderly Persons Centres program, and seniors' housing

- Amend the Long-Term Care Homes Act, 2007 to provide municipal governments the choice to operate a long-term care home which would allow them the flexibility to provide the most appropriate care to suit local residents' needs

- Work with municipal governments to address issues in long-term care delivery including; simplifying regulatory frameworks, reducing wait times, developing a human resources strategy, addressing challenging behaviours, undertaking systems capacity planning, supporting the redevelopment of long-term care homes, facilitating innovative models, developing community hubs, reviewing the funding model, and pursuing additional funding sources

- Address regionally-specific issues

- Support the municipal sector to deliver culturally-appropriate services.

The AMO document, "Strengthening Age Friendly Communities and Seniors Services for 21st Century Ontario: A New Conversation about the Municipal Role," is attached for Committee's reference.

Recommendations

The document contains 26 recommendations that are themed based on Municipal Challenges and Opportunities. The following are the recommendations:

Age Friendly Communities

AMO calls on the Province to:

1. Establish a regular policy forum with AMO and municipal long-term care administrators to inform policy planning and decision making from a municipal perspective.

2. Continue to disseminate the Finding the Right Fit: Age-Friendly Community Planning guide.

3. Facilitate the dissemination of best practices by supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, and updating and disseminating provincial webinar series and support materials as new strong and innovative practices develop.

4. Continue to provide the Age-Friendly Communities Planning Grant and the Seniors Community Grant Program, and align their grant objectives, target populations, and funding cycles to amplify impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment.

5. Support municipal governments with its Community Hubs vision to develop coordination or co-location across the various actors and initiatives providing services to seniors to establish coordination and integration.

6. Engage AMO on behalf of the municipal sector as they undertake a systems capacity planning exercise to determine the need for seniors' services, long-term care beds and supportive housing.

Community Services and Housing

AMO calls on the Province to:

7. Change the way municipal governments receive funding for the range of seniors' services they provide (including long-term care) by creating a broad and flexible funding envelope. This would allow municipal governments to innovate, problem solve, and provide context-appropriate services.

8. Examine ways to support municipal governments to develop transportation options for seniors, especially in rural and northern areas.

9. Enhance funding for the Elderly Persons Centres program to expand the number of centres across the province, and to rename them to Seniors Active Living Centres.

10. Increase capital and operating funding for seniors' affordable and supportive housing within the provincial capacity planning work, especially in rural and northern areas where supportive housing has been proven to be particularly effective, and make it easier to develop additional stock.

11.Consider the role of community paramedicine in providing primary health care in the community and fully fund its implementation

Long-Term Care

AMO calls on the Province to:

12.Amend the Long-Term Care Homes Act, 2007 to provide municipal governments the choice to operate a Long-Term Care Home which would allow the flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.

13. Provide for greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward outcomes reporting.

14.Work to develop a strategy to reduce wait times in long-term care homes to avert care on acute care,

and consider other options including increasing access to supportive housing as seniors transition from aging at home to other forms of care.

15.Work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions especially northern and rural areas.

16.Provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia, and shift over time to funding for four hours of care per resident per day.

17.Play a role in gathering and disseminating promising practices to facilitate innovation with new models, e.g. the campus care model.

18. Facilitate the growth of long-term care homes into community hubs where feasible and desirable with a range of services to better meet the needs of seniors in the community.

19.Undertake a review of the adequacy of the current funding models for long-term care homes.

20.Work towards identifying a new source of funding to ensure adequate supply is available given the assessed future need.

21.Expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of homes to modernize and re-develop.

Regionally-Specific Issues

AMO calls on the Province to:

22. Ensure a minimum network of affordable, reliable transportation service routes across rural and northern Ontario to ensure residents of remote areas can access the care they need. This should include maintaining and enhancing the Northern Health Travel Grant.

23.Support virtual seniors' services and care for residents in remote areas where transportation options are limited.

24.Prioritize supporting community hubs, supportive housing, and transportation options in rural, northern, and remote areas.

25.Provide financial support to ensure small private retirement homes in rural areas can afford to install sprinkler systems to comply with the Fire Code and continue to operate.

Delivering Culturally-Appropriate Services

AMO calls on the Province to:

26. Develop a strategy, in consultation with indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.

Next Steps

The AMO report suggests that a broader discussion around overall supportive housing capacity and sustainability needs to take place given the current capacity and projected demand. The discussion needs to address the need to establish respectful partnerships and working structures. Municipalities need to acknowledge what is working well, including the Age-Friendly Communities Planning that is taking place and what could be built upon, including the provincial Community Hubs work. The AMO report states that

municipal governments are in the best position to know their respective communities, solutions need to be strong, respectful and well maintained through partnerships. There is a need for flexibility that would allow municipalities to invest tax dollars in areas of seniors services that best suit their residents.

The Age-Friendly Community Strategy is well underway in Sudbury. The community survey will also provide futher insight into next steps on Seniors Policy and the findings will be presented to Council in June, 2017.

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

A New Conversation about the Municipal Role

September 2016

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

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Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

Executive Summary

The municipal sector in Ontario is increasingly at the forefront of developing age-friendly communities and providing vital services to seniors. This includes long-term care, affordable housing, public health services and community support services. Municipal governments are committed to providing high quality services to their residents and ensuring safety and affordability. While some services are required through legislation, many municipal governments have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. Fundamentally, however, providing the same quality of service on the same budget will not be possible given growing demand and service requirements. A broader conversation is needed about current capacity and level of demand.

The ability to fund and deliver the range of programs and services needed varies significantly across the province. Most municipal governments believe they are best positioned to provide services to residents, but that they should have the flexibility to choose the services they offer, including whether to operate long-term care homes. Whichever services municipal governments choose, a conversation must be had about adequate resources to maintain a service standard.

Building on two previous AMO papers, this document furthers the dialogue on the municipal role in facilitating age-friendly communities and providing services to seniors. It outlines key issues for municipal governments, including developing plans, providing community services including transportation and housing, providing long-term care, and ensuring services are culturally-appropriate and relevant in northern and rural communities. Opportunities for improvement are highlighted, and recommendations are made, calling on the Province to:

- Continue to play a supportive role to facilitate age-friendly community development under its Action Plan for Seniors;
- Work with municipal governments to enhance community services and housing including transportation options, the Elderly Persons Centres program, and seniors' housing;
- Amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a long-term care home which would allow them the flexibility to provide the most appropriate care to suit their local residents' needs;
- Work with municipal governments to address issues in long-term care delivery including simplifying regulatory frameworks, reducing wait times, developing a human resources strategy, addressing challenging behaviours, undertaking systems capacity planning, supporting the redevelopment of long-term care homes, facilitating innovative models, developing community hubs, reviewing the funding model, and pursuing additional funding sources;
- Address regionally-specific issues; and
- Support the municipal sector to deliver culturally-appropriate services.

AMO

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

Introduction

AMO and municipal governments are increasingly at the forefront of creating age-friendly communities in Ontario and providing vital services to seniors, including long-term care, affordable housing, public health services and other community support services. The conversation about Ontario's aging population began years ago, and since then, stakeholders, policy makers, and researchers have worked to understand how best to respond. A range of policy frameworks, guidelines, and initiatives have been put in practice, and while these have been good first steps, new challenges have emerged indicating that is now necessary to review overall capacity and demand for services, and address the issues.

As delivery partners and co-funders of services to seniors, and as the order of government closest to seniors' issues in our communities, municipal governments know these issues well. They include responding to increasing demand on the current budget allocation, implementing programs and policies which are relevant to the range of contexts across municipalities, and attempting to creatively solve problems when there is little flexibility in program design. Municipally-operated seniors' services are universally provided to everyone, from the most vulnerable to the well off, which is not the case for all non-profit or private service providers. Municipal services often set the benchmark of quality in communities for long-term care and other services.

Municipal governments are committed to providing high quality services to their residents and ensuring safety and affordability. Many have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. Fundamentally, however, providing the same quality of service on the same budget will not be possible in the current way of operating given growing demand and service requirements. A broader conversation is needed about current capacity and level of demand, and about what solutions could help move towards sustainable service provision.

In recent years, AMO has sought to engage with the Province on the municipal role in developing age-friendly communities and delivering services to seniors, primarily through long-term care. For this purpose, AMO released in 2009 *Coming to a Cross Road: The Future of Long-Term Care in Ontario*.[1] The intended purpose of this 2009 paper was to clearly communicate to provincial decision-makers that municipal governments are obligated partners in the provision of long-term care, and the growing legislative requirements and increased risk were undermining and compromising the municipal role in this important service. AMO also urged the government to engage the municipal sector in policy and program decisions as the partners they are. Municipal governments are more than merely stakeholders in this regard. They are co-funders of long-term care services and set the bar in the provision of service excellence for the entire province.

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[1] AMO, *Coming to a Cross Road: The Future of Long-Term Care in Ontario,* 2009, found at <https://www.amo.on.ca/AMO-PDFs/Reports/2009/2009ComingtoCrossroadAMOLTCpaper.aspx>.

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

More recently, AMO's 2011 paper *Coming of Age: The Municipal Role in Caring for Ontario's Seniors*[2] sought to enunciate the municipal role in delivering a broad range of seniors' services. *Coming of Age* examined the demographic changes and the municipal capacity to provide seniors' services within the context of a perfect storm of growing need and shrinking capacity. The paper outlined options for consideration by municipal governments on how they might best meet the long-term care needs of residents in their communities. The main conclusion was that there was no single approach to the municipal role in providing services to seniors. Communities are unique and differ from each other in substantial ways. Municipal governments are in the best position to know what their respective communities are asking for and need. What municipal governments need is the support and flexibility to invest their tax dollars in the areas of seniors services that would best suit their residents, and this may or may not include long-term care homes. However, as municipal governments currently operate homes and many wish to continue to do so, there is a vested interest in helping to shape government policy to maintain high quality, safe and affordable accommodations.

Building on the work of these two previous papers, this document aims to further the dialogue on the municipal role in facilitating age-friendly communities and providing services to seniors. It highlights both challenges and opportunities for improving service provision. It aims to re-ignite the conversation with the Ontario government, as our partners in caring for seniors, about possible options for how to work within our policy and program framework to meet the needs of senior residents in an appropriate, affordable, and respectful manner. Together with the provincial government, we can work together to strengthen age-friendly communities and municipal seniors' services for the 21st century.

Context and the Municipal Role

Demographic Change and Growing Service Demand

The huge demographic shift in Ontario is by now well-known and documented. In 2011, there were 1,878,325 Ontarians aged 65 years and older, representing 14.6 per cent of the province's overall population.[3] This number will more than double by 2036, causing a profound effect on our communities.[4] These changing demographics are a global phenomenon; with the number of older persons expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050 to 21.1 per cent, exceeding the number of children.[5]

While the impacts will be widespread, parts of the province will be affected differently. In Ontario's rural areas, the movement of young people from rural areas to larger centres and the low rates of immigration lead to higher proportions of senior populations. According to the 2006 Census, rural areas had a much higher proportion of people aged 65 and over (16.1 per cent) than metropolitan

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[2] AMO, *Coming of Age: The Municipal Role in Caring for Ontario's Seniors*, 2011, found at <https://www.amo.on.ca/AMO-PDFs/Reports/2011/2011_Coming_of_Age_the_Municipal_Role_in_Caring_fo.aspx>.
[3] Government of Canada, Statistics Canada, *2011 Census*, 2012.
[4] Government of Ontario, *Independence, Activity and Good Health: Ontario's Action Plan for Seniors*, 2013.
[5] United Nations Department of Economic and Social Affairs Population Division, *World Population Aging 2013*, 2013.

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areas (13.2 per cent).[6] In Ontario's oldest rural community, Perth, the population of seniors is already at the projected provincial average rate for 2036, at 28 per cent.[7]

As the population is shifting towards a larger proportion of seniors, we are also living longer. The scope of seniors' interests, needs, and expectations has expanded and become increasingly complex. In Ontario and around the world, governments, care providers, and researchers have been working to understand the implications of these changes and develop programs and policies to respond to them. For example, the World Health Organization's Age-Friendly Communities framework is widely recognized as one to follow to ensure municipalities have physical infrastructure, social, civic, and health services, and planning approaches which are appropriate for older adults.

The Continuum of Care (see Figure 1) is another way of understanding how to provide quality services in a cost effective manner as individuals age and their needs change. The continuum spans from wellness and prevention to home care to residential programs and services to long-term care to hospital based care, and finally, to palliative care.

Figure 1. Continuum of Care (source: Niagara Region)

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[6] Stacey McDonald for the Rural Ontario Institute, *Ontario's Aging Population: Challenges & Opportunities,* Ontario Trillium Foundation, 2011.
[7] McDonald, 2011.

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Wellness & Prevention Program	Home Care	Residential Programs & Services	Long-Term Care Programs	Hospital Based Care	Palliative Care
		Policy Focus - Keeping People at Home, Out of Hospital			
Service Users					
Individuals requiring preventative and support programs	Individuals requiring: • Activities of daily living (ADL) aid above capability of family and friends • Health clinician services	Individuals who are unable to live independently, requiring help performing daily activities	Individuals who require 24 hour care (continuous nursing and other health related psychosocial and personal services)	Individuals who need emergency care, acute care and chronic or complex care beyond the scope of long-term care	Individuals who need supportive and palliative care at the end of life
Service Types					
Outreach • Gatekeepers • Client intervention and assistance • Independent Living • Meals on Wheels **Social/Wellness** • Respite companions • Falls prevention **Adult Day Program**	**Home Support** **Home Care** (Community Care Access Centre Services)	**Programs:** • Seniors rental units • Life lease housing • Retirement homes **Services:** • Assisted living • Wellness supportive living program • Community respite	**Interim Beds** **Long-term Care** **Long-term Care Specialty Program:** • Peritoneal dialysis • Convalescent care • Behavioural support • Respite beds	**Chronic Care** **Complex Continuing Care** **Acute Care**	**End-of-Life Care**

The manner in which services are provided is also changing. While 70 to 90 per cent of the everyday care that older persons require to remain at home is provided by unpaid family, friends, and neighbours, this type of support is becoming less frequently available.[8] Family dynamics are changing, along with the ability for families to provide informal care. Formal service provision, including non-profit, for-profit, and governmental agencies, is assuming the central role in providing services to ensure seniors remain healthy, safe, and active members of society.

The Municipal Role in Providing Seniors' Services

Given these changing demographics, municipal governments across the province are searching for new appropriate and innovative ways to respond to their aging populations. This includes adapting municipal customer services and making the built environment more accessible.

In other cases, municipal governments provide direct services across the continuum of care including: wellness and prevention programs to promote active lifestyles including community recreation programs and Elderly Persons Centres, community based services, housing and residential programs, and long-term care. These services are vital as they contribute to the Aging in

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[8] A. Paul Williams et al., *Integrating Long-Term Care into a Community-Based Continuum: Shifting from 'Beds' to 'Places'*, IRPP, No. 59, February 2016.

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Place philosophy of the Ontario government and also reflect the wishes of senior residents in our communities.

Not all the services are legislatively mandatory. Providing affordable housing is a municipal responsibility in Ontario as is the provision of long-term care homes. Each municipal government in southern Ontario is required by law to establish and maintain a long-term care home, either directly or jointly with another municipality. Northern municipal governments may choose to provide long-term care services, either directly or jointly with another municipality. Long-term care is cost shared with the provincial government. The range of other community support services is being provided voluntarily by municipal governments, often funded through the property tax base.

While some of these services and programs are legislated by the province, many municipal governments go beyond what is required of them to ensure their residents receive what they need. Across Ontario, municipal governments have developed seniors plans and strategies, accessible streetscapes, buildings, and public spaces, seniors housing, transportation services, recreation activities, and seniors' advisory groups or councils. For example, some municipalities have attained World Health Organization Age-Friendly Communities designation. Some have piloted community para-medicine services which primarily serve seniors. Many operate more than the required one long-term care home.

Not only are municipal governments partners in service delivery, they are also co-funders. They finance seniors' services including social and recreational activities, transit subsidies for seniors, grants to non-governmental organizations providing seniors' services, affordable housing, seniors' housing, seniors' drop-in centres, and more. Overall, municipal governments expended approximately two billion dollars in capital and operating dollars in support for seniors in 2014.[9] This includes $156 million in capital expenditures and $1.8 billion in operating expenditures in 2014.[10] Between 2009 and 2014, municipal governments spent $765 million in capital expenditures.[11] This is a significant amount, will come at the expense of other municipal activities and services if it continues to be paid through the property tax.

The ability to fund and deliver the range of programs and services needed, however, varies significantly across the province. Perspectives on the role and obligations municipal governments should have also vary significantly. Most municipal governments believe they are best positioned to provide services to residents, but that they should have the flexibility to choose the range of services they offer. Municipalities across the province have different populations, capacities, and needs, and requirements (such as the operation of a long-term care home) may not be the most

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[9] FIR data, 2014 and AMO, *What's Next Ontario,* 2015. Capital expenditures include assistance to aged persons (FIR Line 1220 Assistance to aged persons, administration grants to voluntary organizations assisting the aged, grants under the Municipal Elderly Residents' Assistance Act, homes for the aged, housing for elderly persons, seniors drop-in centres, social and recreational activities, transit subsidies for elderly persons, other expenses for assistance to the aged), as well as expenditures related to seniors in hospitals, public health service, and ambulance service. Operating expenditures include expenditures on seniors in public health services, hospitals, ambulance services, ambulance dispatch, and assistance to aged persons.
[10] FIR, 2014 and AMO, 2015.
[11] FIR, 2014 and AMO, 2015.

appropriate way to serve local residents in all areas. The rising costs, coupled with fact that many areas are well served by private and non-profit long-term care operators, has some municipalities questioning their need to remain in the long-term care business, but rather seeking to invest in other areas of senior's services that better meet local needs.

Overall, municipal governments need the flexibility to choose which services to provide, including whether to operate long-term care homes. Whatever services municipal governments choose, a conversation must be had about adequate resources to maintain a service standard. Particularly regarding long-term care, while municipal governments are still in the business of operating homes, it is necessary to re-examine the funding model, legislation and regulatory framework. Based on the role municipal governments have been playing in providing services to seniors, it is essential for the Province to recognize the municipal sector as its partner. AMO as the voice of the municipal sector must be regularly involved in policy discussions with the Province. Without this partnership, the Province cannot achieve strong policies and programs, and Ontario's aging population is disserved.

Recommendation 1
AMO calls on the government to establish a regular policy forum with AMO and municipal long-term care administrators to inform policy planning and decision making from a municipal perspective.

While municipalities are diverse, there are some principles which municipal governments across the province agree must underscore all work on seniors' services. These are outlined in the following section, and these should be the basis for change moving forward. Following the principles, the key issues for municipal governments in providing services to seniors are outlined: developing plans, providing community services including transportation and housing, providing long-term care, and ensuring services are culturally-appropriate and relevant in northern and rural communities. In addition to outlining key issues, opportunities for improvement are highlighted, and recommendations are made. Based on these recommendations, we call on the Province to engage with the municipal sector to address the issues and capitalize on opportunities.

Principles

The following principles underpin AMO's approach to providing services to seniors.

1. Ontario's seniors deserve a continuum of high quality, safe, accessible, culturally-appropriate and affordable community services, housing, and long-term care.
2. Long-term care homes, affordable housing, and seniors' services contribute to the economic, social, and health well-being of Ontario's communities and the Province as a whole.
3. Ontarians are best served by local government when their direct voices are reflected in age-friendly community planning exercises.
4. Municipal governments are in the best position to know what their respective communities are asking for and need. Therefore, what municipal governments need is the support and flexibility to invest their tax dollars in the areas of seniors' services that would best suit their residents.

![AMO]
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5. Funding health care programming primarily through property tax revenue is unsustainable and at odds with basic principles of good public policy and good fiscal policy.
6. So long as municipal governments are co-funders of long-term care and seniors' services in Ontario, they should be treated by the Province as partners and co-policy makers, not merely stakeholders.
7. The Province must play a vital role to support municipal governments in partnership to maintain an adequately funded long-term care system that meets the needs of Ontarians and ensuring that all homes have the resources and capacity that they require in the face of increasing complex care need.
8. Permanent, sustainable and flexible funding commitments are needed from provincial government to address complex problems across the full spectrum of seniors' policy.
9. The Federal, Provincial and Municipal governments in Ontario must have a clear plan and strategy for collaboration and action on seniors' issues.

Municipal Challenges and Opportunities

Planning for Age-Friendly Communities

Municipal governments are increasingly at the forefront of creating age-friendly communities in Ontario. Age-friendly communities play a vital role in improving the material and social environment of older people to help them age well. They include structures and services to be accessible to, and inclusive of, older people with varying needs and capacities, ensuring they remain in civic life.

Many municipal governments have formed plans for providing services to seniors, including strategies to develop accessible spaces, transportation services, community services, housing, and address workforce replacement. For example, the County of Brant and City of Brantford recently released a Master Aging Plan that creates a roadmap for the delivery of a comprehensive and coordinated set of community services to older adults that have a wide range of needs. Municipal governments have been assisted in these plans by the Ontario Seniors Secretariat in various ways including the publishing of an age-friendly communities development guide called *Finding the Right Fit: Age-Friendly Community Planning*.[12] The Ontario Seniors Secretariat is actively working to facilitate age-friendly community development across the province. Local leadership and provincial support are key to success.

Some municipalities are moving towards World Health Organization Age-Friendly Community designation as part of this process, and some have received provincial support through the Age Friendly Communities Planning Grant. The World Health Organization holds that creating age-friendly communities is one of the most effective ways to be responsive to demographic change. Promoting active ageing and civic engagement is a big part of the approach. The City of London was

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[12] Province of Ontario, *Finding the Right Fit: Age-Friendly Community Planning*, found at <http://www.seniors.gov.on.ca/en/afc/guide.php>.

the first community in Canada to officially participate in the World Health Organization's Age-Friendly Communities program, and Niagara Region, Halton Region, Thunder Bay, Hamilton, Waterloo, Cambridge, and others have also pursued this designation. Cornwall is also one of the first municipalities in Ontario to pursue a dementia-friendly community designation- a designation which has some overlap with the age-friendly community designation, but is different and independently-organized. This designation involves training all front-line municipal staff to interact with persons with dementia and identify municipal buildings as dementia-friendly offices.

While some municipal governments are innovating and excelling in planning for their changing populations, the capacity to even undertake this work varies significantly. Overall, Ontario is far behind other provinces such as Quebec and British Columbia when it comes to developing age-friendly communities. Some municipal governments lack the financial and human resources to undertaken a planning process. The Age Friendly Communities Planning Grant, and the Seniors Community Grant Program from the Ontario government are effective tools in leveling the playing field and helping municipal governments take the first step, and their ongoing availability would be of great value. At $1.5 and $2 million dollars for the whole province, however, they are grossly insufficient in addressing the need. Further, the Age Friendly Communities Planning Grant is ending by March 2017. While new funding may not be immediately available, coordinating these two grant programs by aligning the grant objectives, target populations, and funding cycles would help amplify their impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment such as curb cuts, benches, and barrier-free entryways. The Province should explore coordinating such a program with other accessibility initiatives.

There is also a particular need to disseminate and support age-friendly community best practices that are evidence-informed so that communities can learn from each other and replicate or scale up successful initiatives. Supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, to share best practices is a role the Province could assume to development of age-friendly communities across the municipal sector. The Age Friendly Communities Planning Guide and provincial webinars are also part of this solution and should be maintained and updated as innovative and successful practices continue to develop. As the number of age-friendly communities continue to grow, it will be very important to enhance the focus on implementation and evaluation.

Recommendation 2
AMO calls on the provincial government to continue to disseminate the *Finding the Right Fit: Age-Friendly Community Planning* guide.
Recommendation 3
AMO calls on the provincial government to facilitate the dissemination of best practices by supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, and updating and disseminating provincial webinar series and support materials as new strong and innovative practices develop.

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Recommendation 4

AMO calls on the provincial government to continue to provide the Age-Friendly Communities Planning Grant and the Seniors Community Grant Program, and align their grant objectives, target populations, and funding cycles to amplify impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment.

Another central issue for municipal governments in the planning process for serving seniors is establishing a level of coordination and integration in municipal seniors' plans, or bundling of services. Planning and establishing integrated service provision would involve connecting and aligning health and social services and solidifying the partnership between the range of service providers into a coordinated continuum of care for seniors. It would also mean coordinating between mental health and addictions strategies and seniors' service planning. Currently, the different elements of service provision operate relatively independently without a coordinating strategy or initiatives to integrate client services across providers and settings. For seniors wanting to access multiple services from multiple providers, each with different services, eligibility criteria, and user fees, the current system is challenging, particularly for older people who may be experiencing cognitive limitations.

Integrated service provision would allow for the best quality of services through establishing a central access point for a range of needed health and social services, and facilitating the development of unique solutions to issues of accessibility and social service delivery at the local level. In large urban areas, work has been done to coordinate intake and referral across more than various different service providers separate from the municipal seniors' plan (for example, Toronto's Community Navigation and Access Program), but not all municipal governments have the capacity to undertake this work.[13]

The Province has already passed legislation and work has been done to increase accessibility in communities. Integrating service provision would mean building on this work rather than reinventing the wheel to provide physical and social infrastructure that caters to aging populations. It would also mean coordinating between designation systems such as age-friendly and dementia-friendly designations, to ensure solutions are streamlined.

Integrated plans could also mean co-locating services in a central location to, for example, allow seniors to pay taxes, access government forms, renew licenses, register for municipal programs and health services including housing and transit services, purchase medication, and post letters, and gather socially. Locating child day care and caregiver support services with seniors' services could also allow for caregivers with children to access what they need in one area. Models which intentionally integrate rather than segregate age specific programs such as seniors' services and

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[13] Williams, 2016.

childcare have been implemented with great success in the Netherlands, Scandinavia and Europe.[14] Integrated and coordinated service provision is particularly well suited to homes in smaller communities or rural or suburban areas where traveling between service providers is more complicated.

This approach could mean solidifying a connection between local college programs and admission rates, and seniors' services to ensure students can receive training for work with seniors where a human resources need is identified, and that students, care providers, and seniors can collaborate to support goals in research, learning, and service provision. Following a coordinated approach could also allow for partnerships between service providers and cultural centres, to ensure seniors can access services that are culturally appropriate and in their language.

The fact that the Province is pursuing a Community Hubs vision presents a good opportunity to build on the recognized strengths of service and program integration and apply them to a seniors planning process in partnership with municipal governments for provincial, municipal, and non-governmental service provision. The provincial Community Hubs[15] initiative is based on the recognition that providing a central access point (whether this be a physical or virtual space) for a range of needed health and social services, along with cultural, recreational, and green spaces brings significant benefit.[16] Established by Ontario Premier Kathleen Wynne, a Community Hubs Advisory Committee led by Karen Pitre, the Premier's Special Advisor, is continuing the process of engaging the public and stakeholders to further the development of community hubs. In 2015, the Special Advisor tabled a report, *Community Hubs in Ontario: A Strategic Framework and Action Plan*, containing recommendations to guide the creation of community hubs.

Where municipalities have begun to develop community hub models for seniors' services that offer a continuum of housing and services, applying a bundled care model would be client-centered, support continuity and consistency of care, and avoid costly fees and patient dissatisfaction associated with duplication, delays, and accessibility of services.

Other examples include bundling of various mental health and addiction services to support communal therapeutic living and expanding service options into the community that follow the patient with programs such as telemedicine and remote patient monitoring that tap into non-traditional service providers through such examples as community paramedicine and the "Alternative Pathways" model.

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[14] OPPI, *Healthy Communities and Planning for Age Friendly Communities: A Call to Action*, 2009.

[15] The provincially-commissioned Community Hubs Framework Advisory Group defines "community hub" as "providing a central access point for a range of needed health and social services, along with cultural, recreational, and green spaces to nourish community life. A community hub can be a school, a neighbourhood centre, an early learning centre, a library, an elderly persons centre, a community health centre, an old government building, a place of worship or another public space. Whether virtual or located in a physical building, whether located in a high-density urban neighbourhood or an isolated rural community, each hub is as unique as the community it serves and is defined by local needs, services and resources." Community Hubs Framework Advisory Group, *Community hubs in Ontario: A strategic framework and action plan,* Province of Ontario, 2015, found at https://www.ontario.ca/page/community-hubs.

[16] Community Hubs Framework Advisory Group, 2015.

Recommendation 5
AMO calls on the Province to support municipal governments with its Community Hubs vision to develop coordination or co-location across the various actors and initiatives providing services to seniors to establish coordination and integration.

Planning for age-friendly communities must also include province-wide capacity planning for the seniors' service system overall. Capacity planning is important, not only to determine the demand for seniors' services and long-term care, but as the recent OANHSS white paper asserts it is about identifying the right mix and levels of care and service both locally and at the provincial level. The next step from planning is capacity building or development to encourage innovation that improves the efficiency and effectiveness of seniors' care and services. Investments as well as new ideas are needed to spur innovation to create a full continuum of senior's care. The OANHSS white paper outlines a number of ways that innovation can be enabled and these are deserving of careful consideration by both municipal governments and the Province. Further, OANHSS has pointed out that while the province undertakes capacity planning, it needs to include the full range of stakeholders, including municipal governments, or the technical modelling needed to guide resource allocation. AMO understands that the Ministry of Health has begun a system-wide capacity planning framework, but the municipal sector has yet to be engaged in this exercise. Without the right partners at the table, this process will be flawed. It is essential that AMO, as the voice of the municipal sector, actively participates in the Province's capacity planning to ensure well-informed solutions that are based on local expertise.

Recommendation 6
AMO calls on the Province to engage AMO on behalf of the municipal sector as they undertake a systems capacity planning exercise to determine the need for seniors' services, long-term care beds and supportive housing.

Community Services and Housing

Municipal governments provide services and programs that help keep seniors engaged, active, and healthy, as well as services to support seniors in their everyday lives as they require additional support while remaining in their homes. These services include fitness and recreation classes, meals on wheels programs, adult day programs, affordable housing, and transit subsidies and services, seniors' property tax grants, and can help seniors remain living at home and receive various levels of support as their needs change. These are the ways that municipal governments help support the aging in place policies of the provincial government.

Community Services
Demand for these services is growing, and seniors increasingly indicate their preference for them as community services and housing support allow seniors to remain independent and in their homes. With 93 per cent of seniors in Canada living in private households, community services is the most

in-demand type of seniors' service.[17] These services are also less costly than long-term or hospital-based care. While some seniors are being directed to long-term or hospital care, providing in-home supports allows them to stay in their homes longer and manage the public health care budget.

Existing services are also being eroded as programs have not received and annual inflationary increase in five years. Though the Province has invested the last several years and going forward in new community programs, they are not sustaining the existing programs thereby negating or reducing the overall impact of additional programs.

For these reasons, a proportionally larger funding investment in community services and housing would lead to better quality care and cost savings across the health care system. Since municipal governments are responsible for offering community services, housing programs, and long-term care, a more flexible funding envelope could help provide an appropriate balance of services, with a greater emphasis on community and home services if needed.

Recommendation 7
AMO calls on the Province to change the way municipal governments receive funding for the range of seniors' services they provide (including long-term care) by creating a broad and flexible funding envelope. This would allow municipal governments to innovate, problem solve, and provide context-appropriate services.

Another aspect of seniors' community services is providing accessible and affordable transportation services. In his *report Living Longer, Living Well,* Dr. Samir Sinha recommended that provincial ministries and municipal government work to enhance the development and availability of transportation for older Ontarians in both urban and rural areas.[18] This will require provincial and federal help to make this happen in a meaningful way.

Recommendation 8
AMO calls on the Province to examine ways to support municipal governments to develop transportation options for seniors, especially in rural and northern areas.

A key issue in the municipal provision of community services and housing is that of insufficient and inconsistent provincial support across the province. Approximately 14 per cent of seniors depend on others to assist them with activities of daily living, such as eating and bathing, and this number is expected to triple over the next 50 years.[19] Health care spending represents 40 per cent of the provincial budget, and if business continues as usual, will rise to 70 per cent by 2027.[20] Funding for all service recipients decreased by 20 per cent from 2009-10 to 2012-13, whereas the proportion of

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[17] Krystal Kehoe MacLeod, *Integrating care for seniors living at home,* IRPP Policy Options, August 1, 2012.
[18] Dr. Samir Sinha, *Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario,* 2012.
[19] OANHSS, *Meeting the Needs of Seniors Today and Planning for Tomorrow,* 2014.
[20] Sharon Lee Smith, *Provincial Perspective,* OANHSS Capacity Planning Summit, 2015.

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high risk/need service recipients increased from 37 to 58 per cent.[21] Without sufficient community services and housing support available, informal caregivers are often required to fill the gap, leading to strain on caregivers, who are often elderly themselves, as spouses.

Funding for community services through Community Care and Access Centres (CCACs) is inconsistent across municipalities, ranging from 27 to 69 per cent of the total community investment.[22] Supportive housing programs, offering a range of services for seniors with varying levels of ability and acuity are not keeping pace with demand or costs, yet assisted living programs which target high risk seniors have been receiving increased funding.[23] There is also great disparity in funding allocated to providers of the same service, with some receiving $19,000 per client per year and others receiving $25,000, with organizations that have been providing services the longest typically receiving the lowest funding rates.[24]

The Elderly Persons Centres network also has a role to play. There are currently 263 Elderly Persons Centres in the province that provide social and recreational programs to promote wellness for seniors. Some also offer preventative, health, education and support services that help keep seniors healthy, active and independent for as long as possible. Approximately 40 per cent of the centres are municipally run while the other 60 per cent are run by non-profit operators. The *Elderly Persons Centres Act* requires Centres to be established through funding partnerships with municipal governments. It requires a minimum 20 per cent cost share of operating funding by the municipal government. The funding is flexible and can include in-kind contributions, such as space. The provincial funding envelop for the program is $11.5 million. The changes the government is working on for the Elderly Persons Centres are important, and new funding will be critical to realize the opportunity of expanding the centres to more areas of the province. At the time of writing this paper, the government is introducing new legislation affecting Elderly Persons Centres. If passed the legislation would change the name to the Seniors Active Living Centres Program, provide greater flexibility in how the programs are delivered and foster locations as community hubs. This is all positive and moving in the right direction.

Recommendation 9
AMO calls on the Province to enhance funding for the Elderly Persons Centres program to expand the number of centres across the province, and to rename them to Seniors Active Living Centres.

Local Health Integration Networks (LHINs) are also inconsistent in regard to seniors' services across the province. Some support age-friendly communities, some support long-term care, and some do

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[21] OANHSS, *The Need is Now: Addressing Understaffing in Long Term Care: OANHSS Submission to the Ontario Standing Committee on Finance and Economic Affairs,* January, 2015.
[22] OANHSS, *Ensuring the Care is There: Meeting the Needs of Ontario's Long-Term Care Residents: Submission to the Ontario Standing Committee on Finance and Economic Affairs,* January 2016.
[23] OANHSS, 2016.
[24] OANHSS, 2016.

neither. With CCAC responsibilities being transferred to LHINs, there concern that this inconsistency will become amplified.

If community support were available at a more consistent and sufficient level, seniors would be able to stay at home longer, and long-term care budgets could be more easily managed with more moderate demand.[25] Researchers have found that the inability to perform key activities of daily living such as cooking, getting from place to place, doing household chores, and managing medications was a key long-term care home wait-list driver across the province.[26] They identified that between 20 and 50 per cent of individuals on long-term care waitlists could potentially be diverted safely and cost-effectively to independent living with community and housing services if these services were available.[27] Studies have also shown that diversion rates could be further increased by offering supportive housing, where needed services could be more easily added to those received by seniors as they remain in the same building.[28]

Nonetheless, it is important to note that even if demand diversion is successful, the demographic shift is so significant that demand for long-term care, even if it is for a shorter period of time, will still be more than the current infrastructure can accommodate.

Affordable Housing
Affordable housing for seniors is another key issue for municipal governments in providing community and housing services. While the majority of seniors own, rather than rent, their homes, those who rent face specific challenges.[29] There is growing demand for seniors' social housing. Ontario Non-Profit Housing Association's annual waiting list survey identified that the number of seniors on waiting lists had increased from 21 per cent in 2003 to 29 per cent in 2012.[30]

Seniors' residences cost an average of 2.5 times the cost of rents in the private market across the country, and are not an option for many seniors, with only three per cent of seniors living in seniors' residences in 2011.[31] Nearly one in three senior-led households in Canada's larger cities and communities are renters; almost half of these face affordability challenges, and a quarter live in housing unaffordability.[32] More affordable housing, and a broader range of housing types, including small units and homes with secondary suites, is needed. Sufficient affordable and supportive housing for the growing population of seniors is a significant concern for municipal governments. Wait lists for social and supportive housing are already at record levels. Much of Ontario's social housing stock is in need of capital repairs and demand for housing will continue to grow as the

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[25] Williams, 2016.
[26] A.Paul Williams, et al., *Aging at Home: Integrated Community-Based Care for Older People,* Healthcare Papers 10 (1), December 2009.
[27] Williams, 2009.
[28] Williams, 2016.
[29] Margie Carlson for the Housing Services Corporation, *A Slice of Affordable Housing for Seniors in Ontario may be Diminishing: Assessing the Impacts of Social Housing End Dates for Senior Projects,* May 2014.
[30] Ontario Non Profit Housing Association, *2015 Waiting List Survey: ONPHA's Report on Waiting Lists Statistics for Ontario,* 2015.
[31] FCM, *Seniors and Housing: The Challenge Ahead,* Quality of Life Reporting System, 2015.
[32] FCM, 2015.

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population ages. The ability to promote aging in place for low and moderate income seniors is contingent on an adequate supply of affordable and supportive housing. While the province's 2016 budget announcement of increased funding for affordable and supportive housing is welcome, broader solutions are needed. The Long-Term Affordable Housing Strategy, and the soon to be developed National Housing Strategy by the federal government needs to account for the growing demand of affordable housing for seniors.

Recommendation 10

AMO calls on the Province to increase capital and operating funding for seniors' affordable and supportive housing within the provincial capacity planning work, especially in rural areas and northern areas where supportive housing has been proven to be particularly effective, and make it easier to develop additional stock.

One leading practice of community services and housing support is the campus care model. A campus model is a form of community hub with a range of housing options and seniors' services. Some municipal governments have innovated with this approach, which involves the co-location of various types of housing, a range of home-based services, grocery stores, health care centers, and recreation programs. Within these community settings, the campus model can serve as a perfect template to establish central care coordinators available 24/7 and nurture the concept of self-directed funding within a bundled care model. The campus model also addresses increased demand for housing and services and creates the opportunities for economic growth and operational sustainability. This model would be ideal for older adults that live in these community hubs and require transition to/from hospital for specific procedures and/or require ongoing services for chronic disease management.

This approach eliminates the need for seniors to move to a different centre if they require a greater level of services, and improves their quality of life by increasing their access to daily services. Providing municipal governments with support and broad flexibility to provide and fund services in the manner appropriate to their community would allow for innovation such as the campus care model.

Community Paramedicine
Community paramedicine is another area worthy of exploration. Paramedics offer services in local residents' homes, primarily to seniors. It is worth the Province evaluating the pilots with a cost-benefit analysis to determine the feasibility and desirability of expanding the program locally across the province. However, land ambulance services are cost shared 50-50 between municipal governments and the Province. Given it is a health care service, it is not appropriate to cost-share paramedicine on the property tax base. The programs should be 100 per cent funded by the Province.

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Recommendation 11
AMO calls on the Province to consider the role of community paramedicine in providing primary health care in the community, and to fully fund its implementation.

Long-Term Care

Long-term care homes are designed for people who require 24-hour nursing care and supervision within a secure setting. Each southern Ontario municipality is required by law to establish and maintain a long-term care home, either directly or jointly with another municipality. In northern Ontario, this is optional. The province is responsible for legislative, regulatory and program requirements. Under the *Local Health System Integration Act, 2006*, long-term care homes must have a Service Accountability Agreement with their Local Health Integration Network. Of the 627 long-term care homes (78,120 beds) licensed and approved to operate in Ontario, 16 per cent are municipal (103 homes with 16,433 beds).[33]

While some municipal governments have chosen to go beyond what is required of them and operate more than one long-term care home, consensus does not exist across the sector about whether this requirement should exist at all. While many municipal governments believe that they are best positioned to provide this service to residents, for others, this is not the case. Some municipalities may be already well served by non-profit or for-profit operated long-term care homes. In some communities, other forms of community supports may be more highly needed and would more appropriately serve the population. The municipal sector is diverse, with different populations, existing services, assets and challenges. It requires the flexibility to choose the appropriate services to best address local needs. For those municipal governments that believe operating long-term care homes is appropriate for their residents, and while municipal governments are still in the business, several key issues must be discussed to ensure that adequate care can continue to be provided.

To be clear, AMO is not advocating for municipal governments to get out of the long-term care home business altogether. In many place, there are high community expectations and demonstrated need for long-term care homes. In others, as mentioned previously, this may not be the case. Also, there is a role than many municipal governments play to support aging at home strategies and diversion from long-term care homes. Many would prefer to focus their energies on these community support services. However, it should also be said that many municipal governments struggle with the significant costs of operating and re-developing homes. More provincial support would help to make municipal homes more sustainable over the long term. Municipal homes play a leadership role and often set the bar high for the rest of the sector. With the right mix of funding support and enabling, flexible legislation and regulations, it will be more

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[33] OANHSS, *Municipal Delivery of Long Term Care Services: Understanding the Context and the Challenges,* 2014.

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viable for municipal homes to continue providing the high quality of care that they currently offer the communities that they serve.

Recommendation 12
AMO calls on the Province to amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a Long-Term Care Home which would allow the flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.

Governance and Management

The operation of long-term care homes has become subject to increased regulatory requirements, which reduces their flexibility and innovative capacity. Provincial authorities are rightly striving for greater accountability in long-term care services, but the increased administrative oversight comes with a price tag. Municipal governments need financial support for these increased costs, as well as recognition that they are already accountable and should not be treated the same as private service providers. To encourage innovation, it is important to shift the focus towards outcomes reporting rather than compliance with burdensome, inflexible regulatory frameworks and service agreements.

Additionally, there is concern regarding the authority of LHINs. LHINs are required to have service accountability agreements in place with all of their Health Service Providers, including municipal long-term care homes. They have been granted broad decision-making powers on service integration and funding for municipally operated long-term care homes, including discretion to unilaterally change or terminate funding. As publically owned and operated facilities, municipal long-term care homes have transparent accountabilities and municipal governments question such oversight from an unelected body. Municipal operators have significant expertise in managing long-term care homes, and establishing a fair, respectful working relationship would allow them to conduct high quality work and develop innovative solutions.

Recommendation 13
AMO calls on the Province to provide for greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward outcomes reporting.

When the Ministry of Health and Long-Term Care consulted on the Patient's First Strategy, it was striking that long-term care was not included within the scope of the planned changes. Long-term care entails primary care on-site and should have been included as part of the consultations. There is a need to look at long-term care modernization and consider its role on the continuum of health services in the province.

Quality of Care

Municipally-operated long-term care homes face challenges in providing timely access to care, sufficient hours of care, and high quality care from trained staff. These issues stem from long

waitlists due to demand that has overtaken capacity, challenges in recruiting, maintaining, and funding enough staff, and the increasing complexity of health care needs, requiring levels of health care training beyond what current staff can provide. These challenges point to the need to assess capacity, predict future need, re-examine the funding model, and provide flexibility to allow for creative problem-solving.

As of October 2015, 27,464 people were on the wait list for a long-stay bed, representing a wait time of approximately 93 days.[34] The occupancy rate was 99 per cent, and has been over 98 per cent since 2007.[35] If there is no change to the current capacity, the number of people waiting for a long-term care bed will more than double to over the next seven years.[36] Even if efforts over that period are successful in diverting 50 per cent of those on the waitlist to community support, there will still be approximately 24,000 people on the remaining waitlist.[37] A new source of funding will be needed to ensure adequate supply of beds is available.

Recommendation 14
AMO calls on the Province to work to develop a strategy to reduce wait times in long-term care homes to avert care on acute care, and consider other options including increasing access to supportive housing as seniors transition from aging at home to other forms of care.

In 2008, the Ministry of Health and Long-Term Care commissioned a review of staffing and care standards in long-term care homes, which recommended a target staffing level of four paid hours per resident per day.[38] Currently, Ontario has among lowest staffing levels in the country, at approximately three hours per resident per day.[39] Several studies have indicated that high staffing levels are associated with better care and care outcomes.[40] In many communities, particularly in northern and rural Ontario, there are challenges faced to recruit and retain qualified staff, especially personal support workers and nurses. For example, Thunder Bay is in need of 80 personal support workers, and has been unable to fill these positions. Across Canada, labour demand for continuing care is projected to increase at 3.1 per cent annually until 2026, and accelerate to 3.7 per cent annually between 2026 and 2036.[41] This rate of increase will result in a level of demand far greater than the projected one per cent annual growth in employment.[42] In some cases, this leads to excessive overtime work by staff, and in other cases, the gap is filled by volunteers who cannot always provide the type of care necessary. For example, at the County of Frontenac's Fairmount Home for the Aged, registered volunteers provided over 5,700 hours of

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[34] OANHSS, 2016.
[35] OANHSS, 2016.
[36] OANHSS, 2014.
[37] OANHSS, 2014.
[38] S. Sharkey, *People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes*, Ontario Ministry of Health and Long-Term Care, 2008.
[39] Ontario Long Term Care Association, *This is Long-Term Care 2015,* 2015.
[40] OANHSS, 2016.
[41] Greg Hermus, Carole Stonebridge, and Klaus Edenhoffer, *Future Care for Canadian Seniors: A Status Quo Forecast,* The Conference Board of Canada, November 2015.
[42] Hermus, Stonebridge, and Edenhoffer, 2015.

volunteer activities in 2011.[43] In addition, because long-term care homes do not have administrative departments as hospitals do, as reporting requirements rise, staff members must spend more time reporting and less time caring for residents.

Recruiting Personal Support Workers and other health care staff remains a challenge in many parts of the Province, particularly in rural and northern areas. In many areas, there are not yet sufficient numbers of qualified staff residing in the area to fill the positions. The tuition costs of personal support worker programs prevent individuals from pursuing training. One approach to addressing this issue is to allow people to work in long-term care homes and earn certification as they work. One successful approach to allowing long-term care home staff to upgrade their skills is offering a nurse practitioner training program inside the long-term care home. This has proven effective in Simcoe County. The Ontario government should develop a province-wide human resources strategy to address these issues.

Recommendation 15
AMO calls on the Province to work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions especially northern and rural areas.

As the population ages, people live longer, and seniors are directed to long-term care later in life, the elderly have increasingly complex health care needs, requiring more specialized care. As a result, there is growing concern that long-term care has become a health service, which is a provincial responsibility. On average, over 40 per cent of residents in long-term care have six or more different medical conditions, and that number is growing by nearly eight per cent each year.[44] The proportion of new admissions to long-term care homes with high to very high MAPLe scores (a method for assigning priority levels) has grown from 76 per cent in 2010 to 84 per cent today.[45] Sixty per cent of residents have dementia, with 35 per cent demonstrating moderate aggressive behavior and 11 per cent considered severely aggressive.[46] There is a need for dedicated teams in every long-term care home with specialized skills in caring for residents with dementia and moderate responsive behaviours, and a need for more designated behavior units to ensure safe and proper care for residents with more severe responsive behavior.

This means that older adults are experiencing more complicated and chronic health issues, and that heath care provision is shifting from illnesses that can be treated on an episodic basis to chronic health and social needs that must be managed over the longer term.[47] Greater provincial capacity

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[43] OANHSS, 2014.
[44] OANHSS, 2016.
[45] OANHSS, 2016.
[46] OANHSS, 2016.
[47] Williams, 2016.

planning and resourcing additional beds across the municipal, non-profit, and for-profit sectors will be necessary to meet the need.[48]

Increasing Costs and Insufficient Funding

In long-term care homes, the Ministry of Health and Long-Term Care pays directly for the costs of nursing and personal care through a funding formula determined by the Province. Residents are required to pay an accommodation fee that is set by the Province, though in many cases, the fees do not fully cover the expense. Ministry of Health and Long-Term Care funding has not kept pace with increases in costs to long-term care homes, including staff salaries and benefits, capital renewal funding to maintain facility standards, providing behavioural services, and funding specialized staff and equipment to address complex health conditions.[49] Residents' increasingly complex health care needs and increased regulatory requirements are also significant factors leading to rising costs. The provincial government recently confirmed its 2016 Budget announced of an additional $10 million to enhance existing behavioural supports programs and to add more specialized staff for the program across the province, which is welcome and appreciated, and is part of the solution.

Another significant cost is the need to repair and modernize homes as facilities age and new compliance requirements emerge. As facilities age and new compliance requirements emerge (such as design guidelines and the Ontario Building Code), there is an increasing need to modernize facilities; however, this is a costly proposition for municipal governments. Municipalities are stretched to re-develop and replace aging homes with new ones on the property tax base. While the Enhanced Long-Term Home Renewal Strategy is helpful, the program does not extend to all homes in need of redevelopment across the province. To reach the target level of staff care hours, an additional $385 million is required.[50] Modernizing facilities through a provincial capital redevelopment strategy is important, along with support to develop new innovative models, such as the campus care model.

As a result, most municipal governments have seen their share of service costs increase over the past 10 years, which means cuts in other areas.[51] Municipal governments top up the funding over and above the resident fees and provincial per diem amounts just to provide the basic level of services required by residents. Overall, municipal governments spend $300 million annually above the long-term care cost-sharing requirement.[52] This is a significant contribution, and demonstrates the investment and commitment of municipal governments to addressing the important issue of providing services to seniors. Fundraising campaigns in municipal long-term care homes have not met the needs to maintain levels of care for residents.[53] Stretched budgets also means that a certain level of quality may not be possible, such as offering culturally and language appropriate

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[48] For more on the issue of capacity building, see the recent OANHSS paper, *Improving Services for Seniors in Ontario: OANHSS Position Paper on Capacity Planning and Development,* April 2016.
[49] The Town of Northeastern Manitoulin and the Islands, *Resolution No. 34-02-15.*
[50] OANHSS, 2015.
[51] AMO, *Coming of Age: The Municipal Role in Caring for Seniors,* 2011.
[52] AMO, 2011.
[53] The Town of Northeastern Manitoulin and the Islands, *Resolution No. 34-02-15.*

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care. Adequate provincial funding models to care for an aging population with more complex medical conditions and challenging behaviours, such as dementia, is necessary.

Recommendation 16
AMO calls on the Province to provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia, and shift over time to funding for four hours of care per resident per day.

Some private long-term care homes choose to operate on a smaller budget compared to municipally-operated homes, yet it is the municipal homes that set the standard of quality. Private for-profit long-term care homes most often operate with lower costs primarily related to lower staffing levels and reduced compensation plans for their employees. Many municipally-operated homes provide a higher quality of care, and this comes with a cost. Many are prioritizing sourcing quality food because they know it is an important part of providing good care, but this can be a significant additional cost. Between 2010 and 2015, food inflation has increased by 18 per cent, yet Ministry funding has only increased by 10 per cent.[54]

Several alternative ways of funding long-term care have been proposed. OANHSS has recommended collapsing the current nursing, personal care, program, and support services funding into a single acuity-adjusted envelope, and retaining the other accommodation and raw food envelopes as a non-care unadjusted envelope.[55] Others have proposed allowing people to work in their scope of practice, to minimize salary costs. The suggestion has also been made to grow long-term care homes into community hubs with a range of services to better meet the needs of seniors in the community. Promoting social inclusion through culturally appropriate services for ethnic groups and aboriginal people must also be part of the solution. Some alternatives were proposed in AMO's 2011 paper, *Coming of Age: The Municipal Role in Caring for Seniors,* and are outlined in Appendix 1. These options are reasonable, and should be considered if municipal long-term care homes are to respond to the demand for care, while maintaining quality. Overall, municipal governments need the flexibility to innovate and explore leading practices in order to address fiscal constraints and challenges.

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[54] OANHSS, 2016.
[55] OANHSS, 2015.

Recommendation 17
AMO calls on the Province to play a role in gathering and disseminating promising practices to facilitate innovation with new models, e.g. the campus care model.
Recommendation 18
AMO calls on the Province to facilitate the growth of long-term care homes into community hubs where feasible and desirable with a range of services to better meet the needs of seniors in the community.

The Province is providing much needed assistance with re-development costs of homes through the Enhanced Long-Term Care Renewal Strategy. However, the program is limited in scope to certain classes of beds. Municipal governments across the province are seeking to re-develop their aging buildings. This is an expensive proposition and challenging to fund off the property tax base. Broadening the renewal strategy to assist with re-development costs is one way that the Province could support the sector.

Recommendation 19
AMO calls on the Province to undertake a review of the adequacy of the current funding models for long-term care homes.
Recommendation 20
AMO calls on the Province to work towards identifying a new source of funding to ensure adequate supply is available given the assessed future need.
Recommendation 21
AMO calls on the Province to expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of homes to modernize and re-develop.

Regionally-Specific Issues

Rural and northern Ontario municipalities face different health concerns, different challenges in accessing services, and require different solutions to providing services to seniors.

Populations in rural areas tend to have a greater prevalence of health risks such as obesity, smoking, and heavy drinking leading to disparities in health outcomes in rural versus urban settings.[56] Moreover, as the population of seniors in rural and northern Ontario increases and more young residents move to larger areas, demand for seniors' services and long-term care homes in rural communities will rise. Demand is particularly higher for long-term care homes. Because community services are less readily accessible, seniors living in rural or northern areas are more likely to be directed to long-term care earlier than those living in larger urban areas. One study

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[56] Ontario Trillium Foundation, *Small Towns, Big Impact*, 2007.

demonstrated that those on waitlists for long-term care in rural areas were are more likely to be cognitively intact and less likely to have difficulties with daily living.[57]

There are also challenges with the supply of services in rural areas. Given the trends of youth and working age residents moving to larger communities which offer broader employment opportunities, informal caregivers are less frequently available. Attracting and retaining an adequate range of health professionals is a challenge, and specialty equipment and services are offered in fewer areas. Qualified staff attraction and retention is a particular challenge in rural and northern areas, and provincial incentives would help address the issue. Residents must often travel long distances to see specialists or access specialized health treatments, and very few transportation options exist. Consequently, accessing services or visiting someone in care is more challenging and costly.[58] Long-term care homes are more likely to be smaller, and consequently do not have the economies of scale to be financially viable.

Recommendation 22
AMO calls on the Province to ensure a minimum network of affordable, reliable transportation service routes across rural and northern Ontario to ensure residents of remote areas can access the care they need. This should include maintaining and enhancing the Northern Health Travel Grant.
Recommendation 23
AMO calls on the Province to support virtual seniors' services and care for residents in remote areas where transportation options are limited.

Service providers are working collaboratively to address these issues, overcome fragmentation and use available resources effectively, but in rural areas the solutions are often not scalable and time-consuming, and are based on filling gaps that are not mandated or funded.[59]

In the context of these challenges, two practices have worked particularly well: supportive housing and hub models. Because this approach can allow for services to be adapted as individuals require more services, supportive housing was consistently identified as the preferred option for high-needs older persons in one study.[60] In fact, because supportive housing has proven so effective, older persons now stay longer, often to the end of their lives, yet funding has not kept up with this rising demand.[61] In addition, community hubs also are particularly effective in rural areas because they can use the resources and infrastructure of a central location to provide a range of services, allowing residents to visit one location rather than making several trips. Web-based hubs are also successful in remote areas because they permit people to access services and experts without requiring transportation.[62]

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[57] Williams, 2016.
[58] ROMA, *A Voice for Rural and Northern Ontario,* 2015 and Ontario Trillium Foundation, 2007.
[59] Williams, 2016.
[60] Williams, 2016.
[61] Williams, 2016.
[62] Williams, 2016.

Recommendation 24
AMO calls on the Province to prioritize supporting community hubs, supportive housing, and transportation options in rural, northern, and remote areas.

An additional issue of particular concern to rural areas is the closure of small private retirement homes because they are not able to afford what is required to meet Fire Code compliance. Most of these homes are located in municipalities which do not have water systems, meaning installing sprinkler systems is prohibitively expensive. These homes support aging residents in rural Ontario where few social services are available, and transportation options for accessing services are limited. They allow residents to age in place and are employers in small communities where few job options exist. While safety in retirement homes is crucial, the transition will only be possible with provincial support. In Quebec, retirement homes with 30 people or fewer are eligible for a substantial provincial subsidy and Alberta has set aside $70 million for retrofitting subsidies. Action from the Ontario government is needed to ensure these homes remain in operation.

Recommendation 25
AMO calls on the Province to provide financial support to ensure small private retirement homes in rural areas can afford to install sprinkler systems to comply with the Fire Code and continue to operate.

Delivering Culturally-Appropriate Services

Ontario's population is diverse, including a range of aboriginal communities and immigrants from various ethno-cultural groups. 301,430 people of Aboriginal identity live in Ontario.[63] Ontario has the largest share of people born outside of Canada of all provinces, at 29 per cent of Ontario's population in 2011.[64] In 2011, 26 per cent of Ontario's population had a first language other than English or French.[65]

As individuals age, and particularly for those who develop dementia, providing good quality service means providing services in their own language, food that they recognize, and programs that are appropriate for them. Providing culturally-appropriate services also increases health outcomes. For example, for individuals who require support services and who have challenges expressing themselves, needing to communicate their needs in a foreign language can lead to misdiagnosis and prevent accessing appropriate support. According to the Institute of Medicine's report (2002), *Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare*, research consistently indicates that a lack of culturally-appropriate care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services

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[63] Statistics Canada, *Demographic characteristics of Aboriginal people,* 2015.
[64] Statistics Canada, *Immigration and Ethnocultural Diversity,* 2015.
[65] Statistics Canada, *Immigration and Ethnocultural Diversity,* 2015.

and systems available.[66] It is well documented that certain causes of death are more common among certain groups of minority older adult populations including lung cancer, breast cancer, and hypertension.[67]

For many service providers, training and sharing best practices would help in understanding how to approach providing culturally-appropriate service. The Province could play a role in facilitating this support. Particularly as Ontario continues to welcome individuals from elsewhere in the world, the importance of culturally-appropriate service will grow.

Recommendation 26
AMO calls on the Province to develop a strategy, in consultation with indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.

Building Blocks for Sustainability

The following is a summary of the recommendations made throughout this document.

Age-Friendly Communities
AMO calls on the Province to:

1. Establish a regular policy forum with AMO and municipal long-term care administrators to inform policy planning and decision making from a municipal perspective.
2. Continue to disseminate the *Finding the Right Fit: Age-Friendly Community Planning* guide.
3. Facilitate the dissemination of best practices by supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, and updating and disseminating provincial webinar series and support materials as new strong and innovative practices develop.
4. Continue to provide the Age-Friendly Communities Planning Grant and the Seniors Community Grant Program, and align their grant objectives, target populations, and funding cycles to amplify impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment.
5. Support municipal governments with its Community Hubs vision to develop coordination or co-location across the various actors and initiatives providing services to seniors to establish coordination and integration.
6. Engage AMO on behalf of the municipal sector as they undertake a systems capacity planning exercise to determine the need for seniors' services, long-term care beds and supportive housing.

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[66] Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Institute of Medicine, 2002.
[67] Linda Hollinger-Smith, *The Need to Develop a Culturally Competent Workforce in Senior Living and Long-Term Care*, Matherlifeways, 2012.

Community Services and Housing
AMO calls on the Province to:

7. Change the way municipal governments receive funding for the range of seniors' services they provide (including long-term care) by creating a broad and flexible funding envelope. This would allow municipal governments to innovate, problem solve, and provide context-appropriate services.
8. Examine ways to support municipal governments to develop transportation options for seniors, especially in rural and northern areas.
9. Enhance funding for the Elderly Persons Centres program to expand the number of centres across the province, and to rename them to Seniors Active Living Centres.
10. Increase capital and operating funding for seniors' affordable and supportive housing within the provincial capacity planning work, especially in rural and northern areas where supportive housing has been proven to be particularly effective, and make it easier to develop additional stock.
11. Consider the role of community paramedicine in providing primary health care in the community and fully fund its implementation.

Long-Term Care
AMO calls on the Province to:

12. Amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a Long-Term Care Home which would allow the flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.
13. Provide for greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward outcomes reporting.
14. Work to develop a strategy to reduce wait times in long-term care homes to avert care on acute care, and consider other options including increasing access to supportive housing as seniors transition from aging at home to other forms of care.
15. Work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions especially northern and rural areas.
16. Provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia, and shift over time to funding for four hours of care per resident per day.
17. Play a role in gathering and disseminating promising practices to facilitate innovation with new models, e.g. the campus care model.
18. Facilitate the growth of long-term care homes into community hubs where feasible and desirable with a range of services to better meet the needs of seniors in the community.
19. Undertake a review of the adequacy of the current funding models for long-term care homes.
20. Work towards identifying a new source of funding to ensure adequate supply is available given the assessed future need.

21. Expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of homes to modernize and re-develop.

Regionally-Specific Issues
AMO calls on the Province to:

22. Ensure a minimum network of affordable, reliable transportation service routes across rural and northern Ontario to ensure residents of remote areas can access the care they need. This should include maintaining and enhancing the Northern Health Travel Grant.
23. Support virtual seniors' services and care for residents in remote areas where transportation options are limited.
24. Prioritize supporting community hubs, supportive housing, and transportation options in rural, northern, and remote areas.
25. Provide financial support to ensure small private retirement homes in rural areas can afford to install sprinkler systems to comply with the Fire Code and continue to operate.

Delivering Culturally-Appropriate Services
AMO calls on the Province to:

26. Develop a strategy, in consultation with indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.

Conclusion: Moving Towards Sustainable Service Provision

Provincial and municipal governments in Ontario share the responsibility of providing community and health services to seniors. We also share a commitment to the fundamental principle that seniors deserve a high quality of service, and that governments are responsible for the wellbeing of their residents. Nonetheless, governments of all orders are facing fiscal challenges, and this means that if quality is to be maintained, collaborative and innovative solutions are needed based on an informed analysis of overall capacity. Where provincial funding has been inadequate, municipal governments have worked to fill gaps and come up with solutions, but as needs grow and fiscal challenges continue, it is crucial that both partners – provincial and municipal governments – work together to come up with solutions. A broader conversation is needed about how to work together towards sustainable service provision.

The 2016 Ontario Budget introduced some initiatives that will be helpful for the sector. These include a Behavioural Supports Ontario program with $10 million annually for three years to enhance services for older adults with responsive behaviours linked to cognitive impairments, a two per cent increase to nursing and personal care, and increased funding to supportive housing. This is a step in the right direction, but does not solve the issues with providing services to seniors. A broader discussion about overall capacity and sustainability must take place.

AMO

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This conversation will need to be based on an understanding of the current capacity and projected demand. It will need to address funding levels, fiscal tools, and program design. It should also address the governance of health care and community services, and the need to establish respectful partnerships and working structures. It should acknowledge what is working well, including the Age-Friendly Communities Planning Guide and Grant, and what could be built upon, including the provincial Community Hubs work.

Ultimately, solutions must be based on a strong, respectful, and well maintained partnership, and the need for flexibility. Municipal governments are in the best position to know what their respective communities are asking for and need. Flexibility would allow them to invest their tax dollars in the areas of senior services that best suit their residents, and this may or may not include long-term care facilities.

AMO calls on our provincial partners to collaborate and work towards solutions to improve service delivery and make sure seniors across Ontario receive the support they deserve and need.

Appendix 1: Possible Alternatives for Long-Term Care Operation

Various alternative approaches to municipal long-term care provision are possible. A number of options were outlined in AMO's 2011 report, *Coming of Age: The Municipal Role in Caring for Seniors*[68], and are included here as well. These options represent a continuum, from full municipal involvement to no involvement. It is important to note that many of these would require provincial approval, as well as implementation considerations.

Continued Fulfillment of Legislative Requirements
At one end of the continuum of options is to change nothing and continue operating as is. Status quo does not take into consideration the changing demographics and increased municipal administration costs. To remain viable, municipal operators would need to cut expenditures and find ways to reduce service to more affordable levels.

Municipal Flexibility - Change Legislative Requirement
On the other end of the continuum, is the option to work towards eliminating the legislated requirement of providing long-term care. This would allow municipal governments to fund customized services better suited to their communities which vary across the Province. It still may be that the municipality supports their involvement in owning and operating long-term care homes or they may choose to redirect their current dollar investments into programs and services that support seniors in their homes as long as possible. Different areas of Ontario have different needs because their citizens are different. Eliminating the legislated requirement would allow for the greatest flexibility to customize services to better suit the individuality of our communities.

Outsource Operations and Keep Governance
The operations of municipal long-term care homes can be determined through a competitive process such as a Request for Proposal (RFP). The option would remain for the municipality to keep the governance role and maintain their accountability and funding relationship with the LHIN's and the provincial government.

Outsource Operations and Governance but Maintain Ownership of the Home
The municipality would be in the role of landlord in this scenario. The operator and its governance structure would have the direct accountability and funding relationship with the LHINs and the provincial government.

Sell the Home and Operations and Redirect Municipal Contribution
This approach could make municipal dollars derived from the asset sale available for other community and human services, which may be more appropriate for the community or specific services for specific areas.

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[68] Available online here: https://www.amo.on.ca/AMO-PDFs/Reports/2011/2011_Coming_of_Age_the_Municipal_Role_in_Caring_fo.aspx

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

Transfer Municipal Beds to Non-profit and/or For-Profit Service Providers

Over time, municipal long-term care beds could be transferred to new or existing non-profit and/or for-profit homes and service providers. As in the option above, this could free up municipal dollars for other needed community and in-home services including additional Assisted Community Living (ACL) units for municipal and non-profit social housing projects.

Various Forms of Partnerships

Municipal governments have gained experience with various types of partnerships within their social housing portfolios. A variety of provincial funding programs for social housing have required unique and out-of-the-box thinking on behalf of municipalities and community organizations to find ways to partner with each other and the provincial government in order to access money being made available. Even though dollars have recently been available for much-needed social housing, strict and sometimes strange eligibility requirements could be barriers to getting or being able to use this money. This situation has seen the creation of new partnerships where municipal governments own or contribute equity to the building of the asset, while other credible organizations provide the services and run the project. Other arrangements have seen municipal governments investing in upfront "equity contributions" to enable the facility to be built with reduced capital debt. This allows for operating costs to be low enough that the revenue streams (e.g. subsidy and resident contributions) cover the costs.

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

Appendix 2: Leading Municipal Practices in Developing Age-Friendly Communities

Municipalities across the province are innovating and developing leading practices in providing services to seniors and developing age-friendly communities. Some of these are outlined below.[69] Initiatives such as these should be shared with the sector to ensure municipal governments can learn from each other and continue to innovate.

City of Ottawa

The Glebe Centre is a not-for-profit organization that operates a 254-bed long-term care facility, located in Ottawa. Its elderly persons centre, Abbotsford House, offers day programming and services to community members.

The Glebe Centre recognized the growing demand for long-term care, and to explore whether it could divert the demand by making living at home more manageable, it reached out to the nearly 400 people on its long-term care waitlist. The Glebe Centre found that seniors on the wait list were overwhelmingly interested in additional supportive programs to help them cope with day-to-day needs.

The Glebe Centre developed a community-based, client-centric, and cost-effective model of care that supports comprehensive care for seniors living at home. The model will draw upon the Centre's existing services, programs and multidisciplinary expertise, as well as the care provided by informal caregivers. With the goal of deferring or eliminating the need to place seniors permanently in a long-term care home, the model will explore both direct supports for seniors who would otherwise require a long-term care bed as well as relief for their informal caregivers to prevent burnout. As part of this plan, selected seniors on the waitlist for long-term care will receive respite care using long-term care beds. The Centre is on track to launch a pilot of its expanded service model in 2016.

Simcoe County

Recognizing the need for increased capacity across the seniors' care continuum, the County of Simcoe undertook the development of a new concept adult lifestyle community in Penetanguishene, Georgian Village, that includes a long-term care facility, a full range of seniors' housing, and a suite of resident and community support services, all located within a single campus.

The 20.7-acre campus includes indoor and outdoor walking paths, sports grounds, a fitness centre, therapeutic pools, a restaurant, a salon, a greenhouse, a woodworking shop, a worship centre, a public library, a family health team, a pharmacy, and more amenities. It is also a hub for local services, including the County of Simcoe Adult Day Programs, the Red Cross, Meals on Wheels, and a farmers' market. In collaboration with the local municipality, on-site public transportation will soon be introduced. Campus services are currently available to the nearly 400 residents, of which 143 reside in long-term care. The balance of residents inhabits one of the site's seniors' housing

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[69] These examples are drawn from OANHSS' 2016 paper, "Improving Seniors' Services in Ontario: OANHSS Position Paper on Capacity Planning and Development", accessible here < https://www.oanhss.org/MediaCentre2/PositionPapers/Apr_2016_Cap_Plan_Full.aspx>.

developments, which include 40 affordable housing units, 40 life lease suites, 17 life lease garden homes, and 42 retirement living units. With these housing choices come care options that range from fully independent living to 24-7 care.

Through its relationships with municipal services, the County has succeeded in identifying priorities for seniors' housing and securing associated funding. Additionally, through the expansion of its long-term care home and by combining seniors' services into one location, the County will save more than $500,000 in taxes annually.

The County is currently working to make campus services available to seniors in the community through a membership-based program. It is also in negotiations with the local CCAC to use its nursing staff for home care in the surrounding community. To enable the ongoing availability of high-quality nursing staff, Georgian Village has begun hosting the Georgian College registered practical nurse program. The co-location of the program will provide students with training opportunities in seniors' care and help to ensure a supply of local nursing graduates.

Region of Peel
In partnership with the leadership of the Region of Peel's five long-term care homes, Community Support Services has strived to build capacity across the continuum of seniors' care through expanded adult day programming and a variety of community support programs. The result is a robust seniors' care sector that pairs long-term care facilities with a range of community services.

Current adult day services in the Region include exercise and wellness programs, support for the activities of daily living from personal support workers, registered nurse healthcare monitoring, social and cultural events, and social worker support to caregivers. One overnight respite bed is available for short stay. As part of its continued development, the Region is now in the developmental stages of designing programs for seniors living at home, including comprehensive planning and support for the coordination of their care in the community. These programs are envisioned for both the Mississauga Halton and Central West LHINs. Comprehensive care plans will be shared across healthcare and service providers and address all aspects of living well, from recommendations about how to retrofit the home, to healthcare needs, to provisions for day-to-day service co-ordination.

As part of the program, seniors may attend adult day services on a long-term care campus or visit the site to access physicians, nurses, allied health professionals, a laundry service, meals, social programs and more. The programs are modeled after lessons taken from the Program of All-inclusive Care for the Elderly (PACE). PACE is a model of care that grew out of a public health initiative to promote effective and efficient treatment of patients with multiple chronic conditions outside of the hospital setting. The PACE Model of Care is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. This model of care puts the long-term care campus and its resources at the core of the service delivery model for seniors living at home.

Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role

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Appendix A - Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

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For Information Only

Changes to Ministry of Education requirements for Privately Placed Children in Licensed Home Child Care Homes

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Thursday, Dec 22, 2016
Type:	Correspondence for Information Only

Resolution

For Information Only

Finance Implications

Children Services may have to increase fee subsidy rates paid to Jubilee Heritage Family Resources should retention of home child care providers become difficult in light of the new regulations. This increase could be achieved within existing funding levels, as there is capacity within the 80/20 Provincial/Municipal fee subsidy budget. It should be noted that the additional budget capacity is required in order to manage the variation that occurs in child care fee subsidy demand.

Health Impact Assessment

The Child Care and Early Years Act, 2014 (Act), which replaces the Day Nurseries Act, addresses improvement to the quality of child care programs and strengthening health and safety requirements. The new regulations supporting the Act are based on research, best practices, public consultations, and recommendations from the Ombudsman of Ontario, Ontario's Auditor General and Chief Coroner. These regulations will result in improved quality in child care settings, which has a demonstrated impact on children's healthy development.

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Health Impact Review
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Ed Archer
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Digitally Signed Dec 22, 16

Background

The Child Care and Early Years Act, 2014 came into effect August 31, 2015. The regulations supporting the Act for licensed centre-based programs and in-home child care are being phased between August 31, 2015 and September 1, 2017. Home child care agencies and home child care providers must achieve and maintain compliance with the Act by September 1, 2017.

Children Services currently has an Early Years Funding Agreement with the only licensed home child care agency in the city, Jubilee Heritage Family Resources (JHFR). This agreement includes the provision of fee subsidies for eligible families and base funding for the agency. JHFR contracts with independent home child care providers (15) across the Greater Sudbury area, to provide licensed in-home child care to families. These providers most often can offer flexible care (i.e. evenings, weekends, overnight care) that cannot be accessed through centre-based licensed child care programs. Children accessing care with a home child care provider will do so through JHFR or will be placed privately through the provider directly.

Home child care providers are presently compliant with the regulations as they apply to children placed through JHFR, but they are not compliant for privately-placed children. With support from the Ministry of Education and City of Greater Sudbury – Children Services, JHFR will work with its providers to ensure that they comply with all provincial regulations by September 1, 2017. These regulations include standards related to a range of issues such as documentation, record-keeping, nutrition and medication administration. Ensuring that the regulations are consistently applied to all children regardless of their source of access to a provider will strengthen health and safety and improve overall program quality.

Next Steps

Children Services will continue to monitor JHFR providers' progress towards full compliance with the new Act by September 1, 2017, and will assess the need to increase fee subsidy rates for eligible families should retention of home child care providers become problematic for the agency as a result of these new regulations. Any increase in fee subsidy payments can be achieved within existing funding levels.

Sudbury Greater | Grand

For Information Only

Basic Income Pilot Project Update

Resolution

For Information Only

Finance Implications

There are no financial implications at this time.

Health Impact Assessment

A basic annual income could provide a basis for a method of social assistance that could be globally applied to provide a more efficient, less intrusive and less stigmatizing manner of delivery of income security. The intent of the program is to improve community and individual outcomes regarding the social determinants of health.

Background

The Ontario government has launched an initiative to implement a pilot project to test the viability of providing an annual basic income as a means of financial/social assistance for social assistance recipients and low income Ontarians

Former Senator Hugh Segal was selected as the special advisor and has recently released a discussion paper on the pilot project (See Appendix A). The report, *Finding a Better Way: A Basic Income Pilot for Ontario*, provides advice to the government about a potential model and outlines a number of key considerations for developing, implementing, and testing a Basic Income Pilot in Ontario.

What is Basic Income?

Typically, a Basic Income is a form of assistance that is guaranteed to recipients that qualify, it has also been referred to as a Basic Income Guarantee Benefit. Recipients are not required to work, look for work, or participate in education or training to receive the payment. Generally, the payment is based on annual

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income.

While there is no single definition of Basic Income, it is generally understood to be a payment to individuals and families to make sure that everyone benefits from a minimum level of income. The intent of a Basic Income is to help:

• Lift more people out of poverty

• Simplify the income security system

• Improve people's health, empower people to get jobs and help people afford housing

• Give people more certainty and empower them to spend less time navigating a complex system, and more time actively participating in the economy

Pilot Design and Selection Criteria

The Discussion Paper recommends that the Pilot test:

- A Basic Income as a negative income tax (NIT)

- A Basic Income that replaces Ontario Works and Ontario Disability Support Program (ODSP), and supplemented by earned income

- A Basic Income that is more generous than the income support provided through Ontario Works and ODSP

- A Basic Income for working age individuals 18 to 64 years of age

- Two benefit amounts, at 75% and 100% of the Low Income Measure (LIM)

- Two different tax back rates to apply to earned income

- Both a randomized controlled trial and saturation site studies

In a Negative Income Tax program, benefits are provided to those whose income falls below a minimum income level. Under this system, people earning below a certain level receive financial support from the government, instead of paying taxes. Then, for each dollar of earned income, benefits are reduced by less than a dollar (less than 100% tax back rate), until benefits are paid back in full. The Basic Income Pilot could test one or multiple tax-back rates. A tax-back rate is the percentage that a benefit is reduced, as a recipient's earned income increases.

The Discussion Paper recommends focusing the Pilot on the effects that a Basic Income could have on poverty reduction, workforce participation, health and education outcomes, and service delivery.

The Province is seeking the following potential pilot sites:

- A Southern Ontario community
- A Northern Ontario community
- A First Nations community
- And a control group

The Ministry of Community and Social Services (MCSS) is engaging communities to assist with evaluation

and benchmarking for the pilot projects, doing community consultations across Ontario until the end of January 2017, with timelines suggesting that the design for the pilot is to be completed by end of March 2017.

The Province is hosting 12 consultations across the Province from November 22, 2016 through to January 31, 2017. A consultation was held in Sudbury on December 12th, 2016 where the Province sought input on:

- who should be eligible;
- which communities to include in the study;
- what the basic income level should be;
- how the pilot is delivered; and
- how to evaluate the pilot

Next Steps

The City of Greater Sudbury will continue to work with MCSS and member organizations (OMSSA, AMO) to further participate in the development of the Basic Income Pilot and to advocate for consideration as a pilot site.

Finding a Better Way: A Basic Income Pilot Project for Ontario

A discussion paper by Hugh D Segal

Table of Contents:

MASSEY COLLEGE
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August 31, 2016

The Hononourable   Kathleen Wynne
Premier of Ontario

The Hon. Dr. Helena Jaczek
Minister of Community and Social Services

The Hon. Chris Ballard
Minister Responsible for the Poverty Reduction Strategy

Legislative Building, Queen's Park
Toronto, Ontario
Canada M7A 1A1

Dear Premier Wynne, Minister Jaczek and Minister Ballard,

I am pleased to present "Finding a Better Way" - a discussion paper on a Basic Income Pilot. In it, I do my very best to lay out what the best steps forward might be for the organization, planning, administration, and design of a Basic Income Pilot for Ontario.

The report goes into substantial detail on the rationale behind the recommendation summary in appendix A. This report reflects my personal views and not those of Massey College, to whom I am grateful for providing the time required to prepare and complete this report.

Please accept my appreciation for this opportunity to provide advice on this important commitment, announced in the Ontario Budget released in March of 2016.

There were many interested groups with a direct concern about our experience with poverty, and with important research credentials, who were helpful in many ways in the preparation of this discussion paper. Your own staff, and that of your ministries, was very much among those who responded professionally and quickly to any requests for information I made. I am glad to report that officials from various federal departments and Statistics Canada were also most helpful and forthcoming.

I wish you and your government a robust consultation process on this discussion paper. That process will, no doubt, be of great value as you and your colleagues decide how best to go forward with the courageous and impressive commitment for a pilot project announced in the last Budget.

I remain, with every good wish,

Sincerely,

The Hon. Hugh Segal, CM
Master, Massey College

Summary of key recommendations

1. Overall Considerations

- A pilot project must begin with an understanding of the costs of poverty, not only in present welfare and disability payments, but also in terms of added pressures on our health system, and the Ontario economy as a whole, through its impacts on economic productivity and existing government revenues.

- A pilot must take into consideration how the Guaranteed Annual Income Supplement in Ontario in the mid-1970s, aimed at residents over the age of 65, radically reduced poverty for this group. This led the way to the federal Guaranteed Income Supplement, for all Canadian residents over the age of 65.

- The main purpose of a Basic Income Pilot must be to test replacing the broad policing, control, and monitoring now present in Ontario Works and the Ontario Disability Support Program (ODSP), with a modestly more generous Basic Income, disbursed automatically to those living beneath a certain income threshold. Will a Basic Income reduce poverty more effectively, encourage work, reduce stigmatization, and produce better health outcomes and better life chances for recipients?

- Ontario should not duplicate similar pilots taking place over the same time period in other democracies, such as Finland or the Netherlands. What we test should be different, to maximize the diversity of various different data sets generated by such endeavours.

- The pilot should be structured to test the impacts of a Basic Income on the net fiscal position of the province, on labour market/work behaviours, on health and educational outcomes for recipients, on food security, on mobility and housing, and on net economic and community outcomes in targeted areas of the pilot.

- A pilot should take into consideration important new Ontario initiatives to reduce poverty, such as the Ontario Child Benefit (OCB), increases in the minimum wage, and constructive changes to student financial aid assistance, to name only a few.

- Age eligibility for the pilot should 18 to 65 years of age.[1]

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[1] However, special attention should be given to ensure that the program does not represent a disincentive to education and training for young adults.

- While not specifically within the remit of an Ontario pilot, it is nevertheless recommended that the federal government consider partnering with any willing province on any Basic Income pilots now being considered or contemplated. This recommendation is motivated by the central role that federal agencies, such as Canada Revenue Agency (CRA), Statistics Canada, Employment and Social Development Canada and others, might well be invited to play in any provincial pilots. As was recently the case with discussions on the Ontario Retirement Pension Plan (ORPP) and the Canada Pension Plan (CPP), constructive provincial-federal engagement could well facilitate effective national action on poverty abatement.

2. Organization of a Basic Income Pilot

- The legitimacy of the pilot would be enhanced if it were managed by an arm's length consortium of not-for-profit research organizations. Various organizations in Canada and Ontario, university-based and free-standing, have the experience, expertise, and professional credentials to accomplish this task effectively.

- The Ministers should appoint two key groups to advise and oversee the pilot project.

    - The first group should be a Basic Income Pilot Advisory Council, whose main function should be to advise on and oversee the operations of the pilot. The Council should meet quarterly, and comprise a maximum of 35 individuals whose membership, once established, should be non-transferable. Members should include people with lived experience of poverty, First Nations peoples, community agencies who serve those in poverty, public sector actors, trade unions, business organizations, municipalities, health practitioners and health-focused organizations, agricultural associations, the Ministry of Finance (MOF), and the Ministry of Health and Long Term Care (MOHLTC).

    - The second group should be a Research Operations Group, which should be given the responsibility to run the pilot. This Research Operations Group should be headed by a competent researcher with standing and experience. Representatives of not-for-profit research organizations, such as the Institute for Clinical Evaluative Sciences (ICES), the Social Research and Demonstration Corporation of Canada (SRDC), universities and academic departments, and Statistics Canada should be invited to join this group.

- These two groups should each delegate two representatives to sit on a small joint steering committee. A Project Leader should also sit on the steering committee. The Project Leader should be selected based on recommendations received from the two groups, and from the Secretary of Cabinet.

- The government should also ensure that an Ethics Advisor and a Financial Officer be identified as part of the pilot's governance team. They would respectively ensure the protection of participants' privacy and rights, and ensure due financial diligence and probity in the pilot's operations.

- The pilot's key governing principles should include:

  - All participation is voluntary.
  - No individual will be made worse off during or after the pilot, as a result of participation in the pilot.
  - All personal data collected or accessed will be kept private by the research team.
  - Aggregate data in the form of preliminary results, once it starts to flow, must be accessible to Ontarians in a transparent fashion.

3. Key Evidence the pilot should generate

- The investigation of the Basic Income impacts should consider the following types of outcomes:

  - Health outcomes for participants in the pilot compared to those living in poverty and not in the pilot. Measurable outcomes should include: the number of primary care visits (for psycho-social, mental and physical health), the number of acute care/emergency departments visits, prescription drug use, utility-based measures of health, etc.
  - Life and career choices made over the duration of the pilot by participants, such as training, family formation, fertility decisions, living arrangements, parenting time, etc.
  - Education outcomes for participants and their children. Measurable outcomes should include high school completion, nature and number of courses taken by adults, etc.
  - Work behaviour, job search and employment status. Measurable outcomes should include: the number of hours of paid work, the number of jobs held, the income

earned on the labour market, the intensity and length of job search activities, etc. Participation in the underground economy should also be investigated.

- Community level impacts where the pilot operates in local areas, on a focused basis.
- Direct administrative costs or savings of replacing, for pilot recipients, ODSP and Ontario Works with a Basic Income.
- Changes in food security status for pilot participants.
- Perceptions of citizenship and inclusion for participants.
- Impact on mobility and housing arrangements.
- Impact for Basic Income participants in terms of their relationship to Employment Insurance, provincial and federal child benefits, and other existing social programs.

4. What the pilot should and should not test

- The pilot should test:
    - A Basic Income replacing Ontario Works and ODSP, paid to individuals.
    - A negative income tax (NIT), or refundable tax credit, that tops up all recipients to 75 percent of the Low-Income Measure, (LIM) regardless of their status in the labour market. For a single individual on Ontario Works, for example, this would correspond to having income support move from roughly 45 percent to 75 percent of the LIM, and to receive a minimum of approximately $1320 per month, non-taxable, with an opportunity to keep partial additional income earned from participation in the labour market.
    - Individuals with disabilities receiving an additional monthly sum of at least $500.
    - A Basic Income that would not be associated with rules limiting earned income and work participation, such as those associated with Ontario Works and ODSP.
    - In a Randomized Control Trial (RCT) held in a major urban neighbourhood/community, different treatment arms should test for various levels of Basic Income (starting at 75 percent of the LIM) and different tax rates on income earned on top of the Basic Income. Testing different parameters should help identify the best combinations to reduce poverty, while not discouraging people from improving their incomes through labour force participation.

- The pilot should also include saturation sites in which the community-level impacts of a Basic Income could be investigated. Ideally, one saturation site would be located in southern Ontario, one in northern Ontario, and one would be chosen and planned in close collaboration with First Nations communities.

- The pilot should not test:
    - A "Big Bang" approach, in which all social supports, including those not specifically related to poverty, would be replaced with a single monthly cheque.
    - A universal demogrant, under which all adult Ontarians, living in poverty or otherwise, would receive a fixed amount, taxed according to a general income tax schedule.

5. Implementation of the pilot

- The pilot should comprise three phases:

1. Planning and selecting the pilot sites, seeking approval from privacy commissioners and data custodians to access and link the key existing data sources for the pilot evaluation, recruiting researchers and analysts, structuring the sample, recruiting participants, and obtaining their consent to access administrative data and records.

2. Proceeding with the distribution of Basic Income payments (for a period of, minimally, three years), gathering quantitative and qualitative data through access to administrative records, questionnaires and interviews, making aggregate data/preliminary results available broadly and transparently.

3. Evaluating the pilot's results through data analysis, projecting long-term outcomes and consequences through micro-simulation and other analytical tools, evaluating the costs and benefits of replacing the current system of social assistance with a Basic Income.

6. Next Steps

- Upon the publication of this discussion paper, the province should seek suggestions and recommendations from the public.

- Ideally, the province should move forward to commence Phase 1 of the pilot before the end of March 2017.

- The three phases of the pilot should be given an operational duration, allowing for BI payments to flow for three years, at a minimum.

- In discussions with the federal government on poverty abatement initiatives, the idea of a Canadian Social Data Research Initiative (SDRI) should be pursued. Canada and all of the provinces would benefit immensely from a broad unit under federal-provincial sponsorship (as in the case of Canada Health Infoway and the Canadian Institutes for Health Research) that ensured the availability of current integrated social data sets. These data sets are necessary to make informed public, social, and economic policy decisions. They would be used by governments of any affiliation, at the municipal, provincial and federal levels, and by the private and not-for-profit sectors.

A. Introduction

In the 2016 Ontario Budget, the Minister of Finance announced the creation of a Basic Income Pilot Project, to test a new approach to reducing poverty in a sustainable way. The purpose of the pilot is to "test a growing view at home and abroad that a basic income could build on the success of minimum wage policies and increases in child benefits by providing more consistent and predictable support in the context of today's dynamic labour market."[2]

The idea of ensuring that individuals reach a level of Basic Income (minimum income, guaranteed income, etc.) as a means to poverty abatement has been presented for decades, in many jurisdictions. However, research on the implementation and implications of such policies is still scarce. Available data comes mostly from experiments conducted before the substantial transformations of labour markets in economies such as Ontario's.

In this context, a pilot project testing how a Basic Income would improve Ontarians' lives and well-being will provide the government with the best evidence on crucial questions, such as:

- Can Basic Income policies provide a more efficient, less intrusive, and less stigmatizing way of delivering income support for those now living in poverty?

- Can those policies also encourage work, relieve financial and time poverty, and reduce economic marginalization?

- Can a Basic Income reduce cost pressures in other areas of government spending, such as healthcare?

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[2] Ontario Ministry of Finance (2016), 2016 Ontario Budget, p. 132.

- Can a basic income strengthen the incentive to work, by responsibly helping those who are working but still living below the poverty line?

The government of Ontario's stated goal of working "with communities, researchers and other stakeholders in 2016 to determine how best to design and implement a Basic Income pilot,"[3] is reflected in this discussion paper. This paper is not about restricting options, or limiting debate. Rather, it recommends some constructive options for the design and implementation of a pilot project, in a way that encourages open discussion and debate. The government's commitment to present this paper for extensive comment and debate demonstrates its desire to work collaboratively with the broader community.

My role is to provide the best possible advice to the province of Ontario through the Premier, the Minister of Community and Social Services and the Minister Responsible for the Poverty Reduction Strategy on the purposes, governance, design and implementation of a pilot. There is a distinction between my role as a "Special Advisor" from outside government who offers advice in the best of faith, and the elected officials who must ultimately decide how and when to proceed with a Basic Income pilot. This discussion paper is respectful of that difference and is only advisory in nature. It is up to the Government of Ontario to decide how and when and if to proceed with an actual pilot. Public comment on this paper will play an important role in making an ultimate decision on a Basic Income pilot.

Comments will no doubt reflect the full spectrum of views, covering everything from ideas on methodological issues to choosing the most appropriate sample population for a pilot. I have no

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[3] Ontario Ministry of Finance (2016), 2016 Ontario Budget, p. 132.

doubt that constructive criticisms will also be raised by those whoare invested in the dynamics, rules and procedures of the present welfare system, and oppose the entire concept of a Basic Income.

The advice offered in this paper for public discussion and debate focuses on the critical choices the organization and operation of a pilot must address:

a) What should be tested in a Basic Income pilot, and why?

b) How might the pilot be best organized and structured?

c) How long should the pilot operate to generate evidence of value to inform the future public policy choices governments and legislatures make?

d) What are the reasonable evidence "deliverables" of a well-organized pilot on the Basic Income question?

B. Why poverty matters; How a BI pilot can help

Over the last quarter century, there is probably no area of public policy, in either urban or rural Canada, where creativity and courage from governments have been less evident than on the issue of poverty faced by working age adults. While some local not-for-profit organizations and coalitions have been quite bold and creative on the poverty abatement file, the patchwork system of uncoordinated solutions remains. This "system" continues to operate outside the realm of comprehensive government action. Although some public money has been made available to remedy the situation, it has generally been meagre and unstable, and has not led to systemic help across communities. Often, the best local organizations can do is alleviate the symptoms of poverty, but they rarely have the means to sustainably reduce poverty itself. All told, working age adults living in poverty have benefitted very little from any innovation in poverty reduction support. It is hard to conclude that the income support that is now available for those living in poverty is adequate in any meaningful way, despite recent improvements introduced by the province.

There was significant progress on addressing poverty among Canadians aged 65 and older in the 1970s. In Ontario, the minority Davis government implemented improvements to pensions, including the creation of the Guaranteed Annual Income Supplement for Ontarians over 65. This policy innovation subsequently spread in various measures to the rest of the country. It became the federal GIS (Guaranteed Income Supplement), which still operates as a top-up to the Old Age Security (OAS) payment system. Improvements were achieved on refinancing the Canada Pension Plan under federal and provincial Finance Ministers Martin and Eves, along with other steps forward in the 1990s.

Progress has also been made on the child poverty file. Recent changes to federal child benefits by the Trudeau government in Ottawa enriched a child tax credit negotiated by Ministers Ecker of Ontario and Martin of Canada, based on a proposal made to the federal government by the Caledon Institute during the Chretien and Harris administrations. The resulting version of the Canada Child Benefit (CCB) is expected to have a significant impact on lower and middle-income Canadian families with children.

More recently, Ontario has taken further steps to reduce poverty, including improving the Ontario Student Aid Program (OSAP) to make tuition free for low-income students, increasing the minimum wage, and improving the Ontario Child Benefit (OCB). However, for working age adults, very little beyond the existing, overly bureaucratic welfare programs have been put in place in the last decades. Those who are not in school full-time, who have fallen in and out of income inadequacy or, in some cases, who are part of an intergenerational cycle of economic and social marginalization are not well-served.[4] While the rates, conditions, and rules associated with current welfare programs are constantly changing, the core premise of these "judgment-based" eligibility programs has not. Recipients must prove their poverty to qualify, and must continue to do so to maintain eligibility. This vetting process discourages individuals, penalizes work and savings, imposes a degrading burden on individuals receiving social assistance as well as on caseworkers at the front lines, and is seriously demeaning.

Our present social assistance system imposes limits on economic progress, often keeping welfare recipients from entering the economic mainstream. Well-meaning and hard-working public servants at the provincial, regional or municipal level operate in a system that focuses as much

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[4] The same could be said of ODSP.

(if not more) on monitoring and policing than on advising and helping. Unfortunately, their caseloads afford precious little choice. Despite all the efforts and dedicated work of those administering and delivering current welfare programs, 15.9 percent of Ontario adults aged 18 to 64 were living in poverty (according to the LIM) in 2014. This percentage has remained relatively constant over recent years.[5]

The complexity of the system makes it difficult to navigate for a vast portion of the population. While well-intentioned, neither Ontario Works nor ODSP allow, in and of themselves, individuals to be lifted out of poverty, as defined by either the Low-Income Cut Off (LICO), the Market Basket Measure (MBM) or the LIM.[6] The limits on earnings and assets that are imposed on benefit recipients often hinder their capacity to build resilience and emerge from continuous financial and personal crisis.

The resulting damages caused to human beings' life chances, to communities and to social and economic productivity and progress are clear, and cannot be ignored. Poverty is the best predictor of early illness, early hospitalizations, longer hospital stays and earlier death.[7] It is a reliable predictor of substance abuse, food insecurity, poor education outcomes, and for some, trouble with the law. So, quite aside from the pain, frustration and immense pressures that poverty inflicts on individuals and families, it also imposes serious economic strain and stress on

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[5] Statistics Canada, Taxfiler Data, CANSIM Table 111-0015 and Ministry of Children and Youth Services special tabulations

[6] A single individual on Ontario Works receives benefits equivalent to 45 percent of the LIM for an individual living alone. A single individual on ODSP receives benefits equivalent to 70 percent of the LIM for an individual living alone

[7] The Public Health Agency of Canada lists income and social status as the first socio-economic determinant of health. As early as 1995, the Second Report on the Health of Canadians suggested that "Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence" (Minister of Public Works and Government Services of Canada (1999), *Toward a healthy future: Second report on the health of Canadians*)

communities, their schools, hospitals, policing and judicial system, and weakens their local economy overall. Reducing poverty and its negative effects more efficiently would be a serious plus for the well-being of all individuals within a community, regardless of their own level of income and financial stability. Reducing poverty is a solid investment in stronger families, communities, and the economy overall, if done with a measure of both generosity and efficiency. Moreover, offering a basic and automatic income floor to those who fall into poverty, for however long, would also undercut the incentives they face to engage in the underground economy, especially if legitimate work was not discouraged by the way in which a Basic Income operated.

The "Cost of Poverty"[8] report, issued eight years ago by the Ontario Association of Food Banks (OAFB), provides us with some serious and powerful findings:

- Poverty hits Ontarians with disabilities, new immigrants, single parents and First Nations the hardest.

- There is a clear relationship between poverty and ill health, lower productivity, and low education results.

- Federal and provincial governments, as of 2008, were losing between $10 and $13 billion dollars annually because of the social costs of poverty.

- Each household in the province was on average losing between $2,299 to $2,895 annually because of the overall economic cost of poverty in 2008.

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[8] Ontario Association of Food Banks (2008), *The Cost of Poverty: An Analysis of the Economic Cost of Poverty in Ontario*. The report was written by Nathan Laurie. Advisors were Don Drummond, who was then the senior economist and Vice President of the TD Bank, Mark Stabile, economist and then-Director of the School of Public Policy and Governance at the University of Toronto, John Stapleton, then of the Metcalf Foundation, James Milway, Director of the Martin Prosperity Institute at the Rotman School of Business and Judith Maxwell, then-Senior Fellow of the Canadian Policy Research Networks (and formerly head of the Economic Council of Canada).

- In total, poverty caused a reduction of Ontario's economic output and productivity by 5.5 per cent to 6.6 per cent in 2008, with a total cost corresponding to an amount between $32.2 and $38.3 billion dollars per year.

In short, poverty hurts all of us, and poverty costs all of society vast amounts of money.

Numerous rigorous analyses highlight how our public and fiscal accounts fail to accurately reflect the true economic costs associated with inaction on the poverty front. In reality, the costs of inertia on this file are escalating. Sustained or increasing inequality in any society is always unhelpful and corrosive. Skeptics often criticize the upfront financial costs of investing in improvements to make the income support system more generous and reduce the hurdles to receiving help. An effective evaluation of the impacts of such changes would also require valuing how they would reduce the financial burden that current poverty levels impose on all Ontarians. Almost a decade after the publication of the OAFB report, recent evidence suggests that testing a Basic Income program may provide important answers to the question, "Why does poverty matter?"

- Increasing the financial support for our seniors with a top-up since the mid-1970s has expanded the choices they can make about their own lives, and has fostered a reduction in inadequate housing. It has also helped increase longevity, while postponing serious debilitating illness. This has improved the lives of the recipients, along with those of their families and communities.[9]

- Research also suggests that income maintenance programs such as OAS and GIS are associated with a substantial reduction in the prevalence and depth of poverty among seniors[10]. They are also associated with a decrease in food insecurity (inadequate, insufficient or uncertain access to food), increasing the likelihood that Ontarians and Canadian seniors are in a more solid "food secure" category.[11] Risks of food insecurity have been shown to increase as household income decreases, independently of other factors (including employment)[12]. Food insecurity itself has been associated with higher health care costs, even when controlling for other risk factors and characteristics.[13]

- Research looking into the impact of unconditional cash transfers for Canadian families also suggests that improving incomes have positive impacts on outcomes for children. In

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[9]As exposed, for example, in: Prus, Steven G. (2002), Changes in Income within a Cohort over the Later Life Course: Evidence for Income   Status Convergence, Canadian Journal on Aging, 2. and Huguet, Nathalie et al. (2008), Socioeconomic status and health-related   quality of life among elderly people: Results from the Joint Canada/United States Survey of Health, Social Sciences and Medicine, 66(4). The positive   impact of the OAS and GIS are also exposed in the final reports from the Special Senate Committee on Aging (Canada's Aging Population: Seizing the Opportunity, 2009) and the Standing Senate Committee on Social Affairs, Science and Technology (In From   the Margins: A Call to Action on Poverty, Housing and Homelessness, 2009)

[10] National Council of Welfare (2011) *The Dollars and Sense of Solving Poverty*, "Canadian Policy in Practice", autumn.

[11] McIntyre et al, Canadian Public Policy, forthcoming

[12] Tarasuk, V and R Loopstra (2015), *An Exploration of the Unprecedented Decline in the Prevalence of Household Food Insecurity in Newfoundland and Labrador 2007-2012* Canadian Public Policy, 41(3).

[13] Tarasuk V., Cheng J., de Oliviera C., Dachner N., Gundersen C. and P. Kurdyak (2015), *Association Between Household Food Insecurity and Annual Health Care Costs,* Canadian Medical Association Journal, 187(14)

Manitoba, a modest financial top-up (a maximum of $81 per month) to low-income expectant mothers (the Manitoba Prenatal Benefit) was recently shown to have a substantial impact on reducing the prevalence of low birth weight babies. The expectant mothers largely spent the money on healthier food and nutrition, among other necessities, despite not having been required to use the money in such a way.[14] An investigation of the way low-income families spend the money they receive through the Canadian Child Tax Benefit (CCTB) and the National Child Benefit (NCB) comes to a similar conclusion: Unconditional cash transfers are generally spent by families in a way that is most likely to improve their children's health and education outcomes.[15]

These are only a few illustrations of the existing empirical evidence that demonstrate there is little justification for the discriminatory allegation that low-income individuals will not know how to spend dependable (but modest) income wisely. Surely in a democracy, where rights and opportunities are deemed and proclaimed to be equal for all -- or at least that is what our laws and policies claim to promote -- it is the worst and most callous of discriminatory and diminished expectations to make dismissive assumptions about the choices that could be made by low-income people when afforded a Basic Income.

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[14]Brownwell et al. (2016), Unconditional Prenatal Income Supplement and Birth Outcomes, Pediatrics.

[15] Jones L., Milligan K. and Stabile M. (2015), *Child Cash Benefits and Family Expenditures: Evidence from the National Child Benefit*, NBER working paper no 21101, April.

The prospects of a Basic Income

It is important that we keep some measure of perspective as we examine the prospects of a Basic Income going forward.

- There is a profound difference between a welfare system characterized by rigid eligibility conditions (and their enforcement and monitoring) versus a system of automatic transfers for those beneath an income threshold. The first speaks to the notion of efficiency in the administration of social assistance, rather than to the enhancement and protection of human dignity. The second is associated with the capacity of individuals to make their own choices about their own lives.

- People living in monetary poverty often also experience time poverty. They are in a daily race to meet the most basic and modest of survival needs, with far less resources than are required. This harms families, children, and relationships. Properly executed, a Basic Income could make a serious difference on all these fronts.

- Income tax deductions (which are tax dollar expenditures) and the direct expenditures of governments on worthwhile investments tend to encourage those who are already doing reasonably well economically. Government expenditures on things like Registered Retirement Savings Plan (RRSP) deductions and Tax Free Savings Accounts (TFSAs) (see a partial list here below[16]) would dwarf any added costs associated with a reasonable Basic Income.

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[16] The list is long, and includes mortgage insurance, capital cost write offs for small and large businesses, Registered Retirement Savings Plan (RRSP) deductions, Registered Education Savings Plan (RESP) deductions, tax free savings accounts (TSFAs), home ownership assistance, subsidies for renewable energy, investment in

- Ontario now spends approximately $9 billion specifically on Ontario Works and ODSP each year, not counting the extra costs in our health care, education and legal systems produced by the effects of poverty. The results of the pilot should provide some information on the relative performance of a Basic Income that would replace Ontario Works and ODSP. Such information will empower decision makers to appreciate the legitimate efficiency gains achieved by a single automatic payment system. They can also evaluate the relative beneficial impacts of a Basic Income on poverty abatement, and the real costs-savings it induces through improvements in health (physical and mental), education, labour force participation and community and citizenship outcomes. The pilot should also tell us if a Basic Income can build on other government initiatives, such as increases in the minimum wage, changes to OSAP and the OCB to substantially reduce the depth and incidence of poverty in Ontario.

A move away from Path Dependency

As a modern, democratic, inclusive, and economically productive society, finding a better way to substantially reduce poverty should be a clear and ongoing priority for Ontario. Having tried and tested different but minimal welfare changes over the past years and decades, which often corresponded to adjustments on the margins of existing programs, it is surely high time to test the merits of a new way to improve the lives of those most in need.

"Path Dependency" is a term used in social and economic policy to reflect the tendency of most governments to pursue policy changes along the same path, over long periods of time.

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infrastructure, preferential dividend tax rates, transfers to universities and colleges, tax deductibility of legitimate business investment and debt interest, research and development tax credits, and a myriad of other programs.

While the velocity and tilt to the right or the left may vary marginally from time to time, from government to government, or from minister to minister, the trajectory of policy change is mostly back and forth in the same furrow. Although this process makes the furrow deeper and deeper and moves the bottom of the furrow further away from the sun, it is often politically easier than summoning up the energy to pull out of the furrow and try a new path. A Basic Income pilot would be a test of a "new path" on poverty reduction, one that is based on humanity, and on the respect for the privacy and dignity of all Ontarians, whether poor or not.

If a basic income can be designed in such a way that it provides incentives to work by reducing the worst excesses and claw backs associated with the welfare wall, and confirms as a matter of right and dignity the opportunity to make individual choices regardless of income, why would we not try to test the potential benefits and potential costs in a coherent and focused pilot? The Government of Ontario deserves immense credit for taking this rational and reasonable step forward. We know what the costs of poverty on people's lives are, and how it limits prospects and opportunities. We further know that a broad sense of inequality, which is harmful to social cohesion and a sense of genuine opportunity, is fostered by an individual's sense of economic precariousness, which develops when the main programs of the social safety net are not flexible enough or sufficient to keep them out of poverty. We also have the capacity to address the issue. These facts combined create a persuasive, humane, social, and economic imperative to see how it might best be done. There cannot be, nor should there be, any guarantees about what results a pilot might generate. The objective behind this endeavor should be to generate an evidence-base for policy development, without bias or pre-determined conclusion.

This Ontario initiative takes place at a time when other jurisdictions, in Canada and abroad, are working in different ways toward a Basic Income approach to better reduce poverty. The opportunity to learn from and engage with these other initiatives should not be overlooked, nor should approaches being tested elsewhere be necessarily re-tested here.

However Ontario chooses to proceed, the federal government has a unique opportunity to partner with provinces already contemplating pilot projects (and with those who might only seek to do so in partnership with Ottawa) to complete a series of national tests that could produce actionable data for all levels of government. We could also further explore how a Basic Income approach could interact with, and potentially replace, income support measures administered by the federal government, most importantly non-refundable tax credits to individuals and families.

A properly-designed pilot can test for the differing costs of various approaches to a Basic Income, impacts over time on work, health, secondary and post-secondary education enrollment and attainment, and measurable "better life" chances. It can provide a window on the impact of Basic Income on individuals and on entire communities. It can investigate the connections between Basic Income and other programs and services. It can also help project the net costs, benefits, and measurable returns of replacing the existing Ontario Works and ODSP support programs, compared to a simpler and modestly more generous income-unconditional support mechanism.

C. Similar and related activities elsewhere

Broad support for Basic Income pilots

Ontario is definitely not alone in pursuing a better way to reduce poverty. As noted, the federal government introduced an enhanced child benefit in July 2016, with the objective of constructively increasing the income of low and middle-income Canadian families with children. Moreover, the House of Commons Finance Committee recommended in its pre-budget report that the government of Canada move forward with a pilot project on Basic Income.[17]

In its most recent ministerial mandate letter, the government of Quebec instructed the Minister of Employment and Social Solidarity to modernize income support programs and embrace better ways of reducing poverty, including a Basic Income guarantee. The Quebec Liberal Party Youth Wing, in August 2016, summoned the government to implement a Basic Income guarantee in lieu of the province's current welfare system. The government of Nova Scotia has initiated a comprehensive social support review looking for better ways to eliminate the welfare wall and to better support the working poor. The mayors of Calgary and Edmonton have welcomed the idea of a Basic Income guarantee and associated pilot projects, as has Alberta's Minister of Finance. In August 2015, the Government of Saskatchewan Advisory Group on Poverty Reduction also recommended a Basic Income pilot.

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[17] Recommendation 38 of the report calls for "The federal government [to] undertake a longitudinal study and implement a pilot project consistent with the concept of a guaranteed income." (http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8137950&Language=E&File=291#91, Accessed: August 1, 2016)

In Ontario, a variety of prominent organizations have also called for a Basic Income pilot, including the Poverty sub-Committee of the Ontario College of Family Physicians, the Ontario Association of Local Public Health Agencies (alPHa), the Ontario Public Health Association, the Ontario Mental Health and Addictions Alliance and the Society of Nutrition Professionals in Public health, the Registered Nurses' Association of Ontario (RNAO), to name only a few. Various Ontario city councils have passed resolutions favouring a Basic Income pilot.

Non-governmental institutions in Canada have also engaged. National organizations such as the Community Food Centres Canada, the Canadian Medical Association (CMA), the Canadian Association of Social Workers (CASW) and the Canadian Public Health Association (CPHA) have expressed support for a Basic Income.[18] The Institute for Research on Public Policy (IRPP) recently published a report in support of a Basic Income, which highlighted how a Basic Income would ensure that "no one falls between the cracks". The Chief Economist at the Conference Board of Canada has also recently expressed his support for a Basic Income as an "efficient and intelligent way to fund and deliver social assistance".

Across the border, the U.S. Basic Income Guarantee Network (USBIG Network) argues that "There is a strong practical case for the Basic Income. It underpins security, replaces the

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[18] Political parties across the country have also expressed their support for guaranteed annual income policies. The Liberal party of Canada adopted in its most recent convention a resolution asking "to develop a poverty reduction strategy aimed at providing a minimum guaranteed income", by working in collaboration with the provinces and territories.[18] The Green Party of Canada and the New Democratic Party of Canada also adopted policy resolutions supporting a guaranteed annual income policy. In Prince-Edward Island, leaders from the four main political parties have welcomed initiatives on a guaranteed annual income in the last provincial electoral campaign. The Liberals and the Greens in Manitoba, the New Democrats in Saskatchewan, and the New Democrats in Nova Scotia have also expressed support for such programs. Various Senate reports in Canada, from the 1970s to 2013, have called either for a Guaranteed Annual Income or nation-wide pilots to test its prospective benefits and costs.

complexity of the current system and provides a platform for freedom and creativity."
Volunteers, scholars, and advocates for those who live in poverty have been promoting the idea
of a Basic Income around the globe for years, often through local chapters in Canada and Ontario
of the BIG network.

Interest in Basic Income experiments has led to other pilot projects being developed abroad. In
2015, the Government of Finland promised €20 million to conduct a two-year Basic Income
experiment, with the stated goals of reducing work disincentives, optimizing administration
efficiency, and offering a better fit between social needs and policy. Details of the pilot, which
will be coordinated by the Social Insurance Institution of Finland (Kela) and implemented with
the collaboration of researchers from various institutions, will be made public by the government
by the end of 2016. In March 2016, a working group recommended that the pilot focus on
implementing a Basic Income of €550-600 a month. This would replace most basic benefits,
except for most of those now in the form of insurance coverage, and means-tested benefits for
housing and child allowances.[19]

Various cities in The Netherlands, such as Utrecht, Tilburg, Wageningen and Groningen, are
planning pilot projects for universal unconditional income transfers (demograms) for 2017. The
city of Utrecht, for instance, will be testing different versions of a Basic Income in collaboration
with the University of Utrecht, over a period of two years. They are preparing to test four

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[19] A Basic Income replacing all other forms of social assistance, or with bonuses for labour market participation or
volunteering, was rejected by the working group, as was the negative income tax model, for which real time access
to individual income data would have been required, but could not be secured before 2019. (Kela,
http://www.kela.fi/web/en/news-archive/-/asset_publisher/lN08GY2nIrZo/content/from-idea-to-experiment-
preliminary-report-on-a-universal-basic-income-completed, accessed August 2, 2016)

different models of income support, with or without explicit work requirements and incentives to participate in the local economy.[20]

In East Africa, the non-profit organization GiveDirectly has announced the roll-out of a pilot testing the benefits of a Basic Income to households. While the organization is still in the midst of raising funds to finance the pilot, it has announced that the experiment would last at least for a period of 10 years, and would be evaluated with the contribution of leading scholars.[21] Meanwhile, Silicon Valley's Y Combinator will be funding a short-term Basic Income pilot in Oakland as a first step to a longer-run study on how an unconditional Basic Income would affect people's happiness, well-being, use of time, and financial health.[22]

A Basic Income pilot project aimed at reducing poverty and increasing economic development in Namibia was delivered in 2008. Unfortunately, it ran into funding problems and was not fully or carefully evaluated. Anonymous data emanating from the pilot has not been made available to the research community.[23]

However, several other previous pilots have provided credible and promising results. For example, an experiment conducted in 2010 in Madhya Pradesh, India, (in collaboration with UNICEF and the Self Employed Women's Association Bharat) generated some very useful data. The study produced positive evidence on the impact of unconditional cash transfers on food

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[20] One of the four versions, which would provide individuals with a, unconditional Basic Income and allow them to keep (at least part of) additional earned income is currently being analyzed for approval by the Ministry of Social Services and Employment. More details are available on the City of Utrecht website "Work and Income: Knowing what works", https://www.utrecht.nl/werk-en-inkomen/weten-wat-werkt/ (accessed on August 2, 2016)

[21] Give Directly, https://www.givedirectly.org/basic-income (accessed August 2, 2016)

[22] Y Combinator, "Moving forward on Basic Income", https://blog.ycombinator.com/moving-forward-on-basic-income (accessed on August 2, 2016)

- [23] Osterkamp, R. (2008), Basic Income Grant – a critical analysis of the first results. In: NEPRU Quarterly Economic Review, September.

sufficiency and quality, school attendance and performance, productivity and entrepreneurship, health outcomes for children, and empowerment for women and the disabled.[24]

The Mincome experiment conducted between 1975 and 1978 in Dauphin and Winnipeg, Manitoba tested the principle of a Basic Income, in the form of a NIT in the Canadian context. Different support levels and benefits claw-back rates were tested in a randomized control trial, and community-level implications were studied in the context of the community of Dauphin. The results indicated population health improvements, the potential for government health savings, and no meaningful reduction in labour force participation.[25]

The need for a freshly designed pilot in Ontario

From Ontario's perspective, several things can be learned from previous pilots and studies, and from the existing literature. These include the behavioural impacts of conditional and unconditional cash transfers, on labour supply responses to changes in incomes and taxes introduced by taxation. However, there are a number of questions that cannot be answered by existing or ongoing work. They can only be addressed by a freshly designed pilot in Ontario.

First, pilots or studies conducted in other jurisdictions cannot fully inform the interactions between a Basic Income and some features of the Canada/Ontario environment, such as universal healthcare, employment insurance, public education, the existing tax and transfers system, etc. The costs of a Basic Income program (and of a pilot) are also dependent on the income distribution within the population and of the environment in which it is deployed. Second,

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[24] *A Little More, How Much It Is...: Piloting Basic Income Transfers in Madhya Pradesh, India* (New Delhi, SEWA Bharat supported by UNICEF India Office, Jan. 2014)
[25] Forget, E. (2011), *The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment*, Canadian Public Policy, 37(3), September.

evidence from Mincome, while derived from the Canadian context, was representative of a very specific population and labour market. As well, the experiment dates from a time when the realities faced by the workforce were quite different. Finally, the current enthusiasm for Basic Income pilots offers the opportunity to widen the range of options tested. There is an opportunity to compare a more extensive set of designs across the set of initiatives that are currently being crafted in several jurisdictions.

A pilot in Ontario is an important step forward to understand the impact and implications of a Basic Income in the current context for this province. A coordinated wave of pilots across the Canadian federation should be the next logical step. There is an opportunity for different provincial trials to inform one another, and to test the potential synergies and complementarities with the existing system of federal transfers and tax system.

The federal government would be well advised to consider engaging in support of pilot projects nationwide, for various reasons. First, the CRA has a unique jurisdiction over income tax collection and the administration of various, refundable tax credits,[26] and could play a very natural role in the administration of a Basic Income. Second, various tax credits, refundable and non-refundable, are under the purview of federal ministries, and it would be informative to explore if their redistributive purpose would be well be served by a Basic Income. Third, the geographically broad evaluation of a series of national pilots could be facilitated by the data harmonized by and held at Statistics Canada, an agency that is respected worldwide. Following

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[26] In all provinces save Quebec.

the example of the implementation of universal health insurance[27], a government in Ottawa that is committed to poverty reduction could see a meaningful nation-building opportunity in moving forward with a BI project for the country as a whole. If Canada's economic mix is no stronger than those among us who are the economically most vulnerable, reducing poverty and its pathologies is surely a constructive and productive economic initiative for the country as a whole. The high level of response to the 2016 census suggests that Canadians believe that better policy decisions stem from sound social and economic information. While beyond the formal remit of this discussion paper, this argues for the federal-provincial efforts to create a country-wide Social Data Research Initiative. This would be a central repository in which all social data sets (federal, provincial, municipal and not-for-profit) would be updated and linked, and which would be securely accessed upon request by governments and researchers who work in the area.

It should be noted that, independent of any proposal or plan for implementing a pilot project, the province of Ontario established a separate Income Security Reform Working Group on June 29, 2016. The group was tasked to examine existing social support programs and find ways to move away from unduly complex social assistance to more client-centered approaches, and a broader income support system. George Thompson (Senior Director of the National Judicial Institute, former Ontario Family Court judge and former chair of the Social Assistance Review Committee for the Peterson government) is the working group's facilitator. The group, which includes advocates, Ontarians with lived-poverty experience, delivery partners, front line staff and system experts, will build on the work of the Lankin-Sheikh Commission's 2012 Report that

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[27] It began under the Douglas government in Saskatchewan in the early 1960s, before its national application was studied by the Diefenbaker government under Justice Emmett Hall to become a federal program under the Pearson administration between 1963 and 1968.

recommended a simplification of existing delivery and application programs and procedures. Its mandate is to provide recommendations by the end of summer of 2017.

Three key dimensions to a Basic Income pilot

This broader context of events, beyond Queen's Park, essentially underlines three key dimensions relative to a Basic Income pilot:

1. Ontario is by no means alone in seeking to find a better way to reduce poverty.

2. The Basic Income pilot is not about welfare reform. That is being dealt with by the above-referenced Income Security Reform Working Group.

3. The pilot is about understanding the extent to which Basic Income can improve the health status, labour market outcomes, and real-term life prospects of Ontarians who live in poverty. It is also about measuring the benefits, individually and to the community, of ending or radically reducing the negative pathologies that poverty invariably produces. It should map the net fiscal costs and benefits of more innovative approaches. For people now living in poverty, it should increase their freedom to choose and make life decisions.

D. The organization of the Basic Income pilot

When thinking about the organization and structure of a Basic Income pilot, key questions that should be addressed include:

(i)   How should a pilot be governed?

(ii)   How should it be organized and implemented?

(iii)   What should be the key evidence produced before, during, and after the implementation phase that will help Ontario's government and legislature decide how to proceed next?

How should a pilot project be governed?

The legitimacy and credibility of the pilot's outcomes and conclusions will be affected by the values and core principles that govern the pilot itself. One option would be to have the pilot run directly by the government through one of its ministries, most likely MCSS. However, an inclusive and comprehensive pilot will require the collection and harmonization of data sets on healthcare utilization, health and education outcomes, utilization of the judicial system, and other information from the relevant public organizations, including municipalities and regions. Administrative, tax, and social data from the federal and provincial governments will also be required. Therefore, it is not necessarily reasonable or appropriate to expect one Ontario ministry to manage the entire Basic Income pilot.

Diverse stakeholder input

Most government departments and the diligent public servants who work within them spend the vast majority of their time, both as a percentage of each day and as a percentage of total

"personal years", implementing, monitoring or administering policies and programs authorized by regulations or their enabling laws. There is not a lot of capacity for altered or new policies to be tested and run alongside existing ones using the ministry's resources, in the context of a pilot, since employees at the provincial ministry and municipal social agency levels already have demanding, full-time occupations and unyielding caseloads. This is especially true for those who work in ODSP or Ontario Works, provincially, regionally and locally, where caseloads are understandably heavy and unique.

The voices, work experiences, and judgment of those who work for the Ontario government, municipalities and regions on behalf of people living in poverty matter. They must be part of the diagnostic and planning process for any pilot. The voices and experience of Ontarians who live or have lived in poverty must also be considered in the same way. The input of the many volunteer, faith, and community groups and agencies who serve their fellow citizens in economic difficulty and, too often, genuine distress, should also be sought and heard as the pilot is designed and implemented. These stakeholders, just as individuals with lived experiences of poverty, should take part in overseeing the pilot's developments.

Similarly, Ontario has various not-for-profit organizations experienced in community-level demonstration project, randomized control trials, and local social experiments. These organizations have demonstrated analytical objectivity in structuring appropriate qualitative and quantitative research protocols, and in performing rigorous analysis. They have robust, established methodologies to study the impacts of various programs, targeting health outcomes (from an individual health and public health perspective), education quality, housing needs, incarceration rates, and economic trends for new immigrants, women, young people, and

minorities. These skills are, under some circumstances, more robust outside of government than within it.

As well, many of these organizations have long histories of effective research collaborations with bodies like Statistics Canada, the Organization for Economic Cooperation and Development (OECD), the Ontario Ministry of Community and Social Services (MCSS), MOF and the MOHLTC. Re-inventing the wheel makes little sense, and would probably be relatively inefficient and costly.

Run by a coalition

It is recommended that an arm's length coalition of competent not-for-profit research organizations be invited to actually run the pilot project, under a unified not-for-profit consortium. But "governance" refers to more than simply who actually conducts the research, which is an operational and implementation issue, it also refers to the suitable mix of experts and practitioners from research and community service communities who will positively inform and influence the development of the pilot, and be accountable for it.

The ultimate accountability must be to the minister and ministry that funds the pilot project, and through the Minister to the Cabinet and legislature. The central organizational question is about the ways in which the pilot project design, once chosen, will be sensitive to and respectful of the pilot's many stakeholders.

Basic Income Pilot Advisory Council

It is recommended that there be a **Basic Income Pilot Advisory Council**, reporting to the Ministers and directly engaged in quarterly reviews of each phase of the pilot's implementation.

This council would be composed of representatives of key ministries, including the public servants at Ontario Works and ODSP and in municipal and First Nations governments, members of charitable organizations working with those who live in poverty, leading experts "on the ground", scholars, and individuals living in poverty. The advisory council should also be inclusive of organizations who share a major interest in Ontario's economic, social and fiscal progress over all, such as trade and public sector unions, chambers of commerce, the Ontario Federation of Agriculture, the Community Food Centres of Ontario, the Ontario Medical Association, the College of Family Practitioners, the Association of Local Public Health Agencies, the various nursing associations, etc. So as not to be too unwieldy, the council should not have more than 35 members. Once members are nominated and selected, membership and attendance should be non-transferable.

Research Operations Group

It is also recommended that a **Research Operations Group** be assembled, with leadership chosen from established not-for-profit research organizations with proven experience in this kind of research, as suggested above. Ideally, researchers from organizations assembling and holding the data sets used for the purposes of the pilot evaluation would be invited to sit on the Research Operations Group. They would share their knowledge of the data, methodologies, and algorithms developed to optimally evaluate the pilot. They would also ensure compliance with the privacy, consent, and confidentiality rules that limit the ways in which data may be used.

The Research Operations Group would consult regularly with the Basic Income Pilot Advisory Council. It would be responsible for framing the key qualitative and quantitative data collection process and evaluation, and the specific organization and implementation of the different arms of

the pilot. Ideally, the Research Operations Group would ideally have an administrator/financial officer designated by the province to ensure budget efficiency and prudence. Representatives of the Institute for Clinical Evaluative Sciences (ICES), Statistics Canada, Social Research and Demonstration Corporation (SRDC), and appropriate health care and university research organizations should be invited to join the Research Operations Group.

Pilot Project Steering Committee

The Basic Income Advisory Council and the Research Operations Group would each contribute one individual to a **Pilot Project Steering Committee,** who would be the main link between the minister and their respective group or council. To facilitate an efficient, inclusive, rigorous, and humane pilot, the Basic Income Pilot Project Advisory Council committee would meet at the outset of the preparation phase of the pilot, and quarterly thereafter to review progress. The Research Operation Group that manages the actual operations of the pilot, and the Steering Committee providing oversight of operations, ethics and finance, would be the key point of contact for the Minister(s).

Pilot Project Leader

The entire project should have a **Pilot Project Leader**, responsible for the day-to-day operations of the pilot, and for engagement with senior ministry officials. The director should be chosen based, in part, on nominations submitted by the Advisory Council and Research Operations Group and the Clerk of the Executive Council. The individual should have experience with critical research issues, an affinity for research designs, familiarity with the appropriate research protocols, and proven communication skills.

Ethics Officer

The province would be well-advised to appoint an **Ethics Officer** to ensure that as data sets are created and/or accessed from various sources, the privacy rights of all participants in the pilot and all of its parts are strictly protected. This would ensure that when specific access to provincial, federal or other social, health, labour or tax data sets is sought, appropriate approvals from ethics review boards and both federal and provincial privacy commissioners have been obtained. The Ethics Officer would also be in charge of establishing processes to obtain the pilot participants' consent, where necessary, to gain (retroactive and prospective) access to their records from various ministries and government agencies. The Ethics Officer would also determine and enforce the parameters associated with final data holdings, and establish the criteria under which outside researchers could access this data, both during the pilot or after its completion. Finally, the Officer would be in charge of conducting periodical ethics reviews of the pilot, to ensure that the mechanisms put in place to protect their rights are upheld.

The ethical guarantees that shape the pilot and protect all those participating in the research must extend beyond the explicit protection of participants' privacy. Ontarians who participate in the study must be assured from the outset that:

- Their participation is voluntary, and no one should be forced to participate under any circumstances.
- They will not, in any way, be made economically "worse off" for participating in the experimental Basic Income pilot, both during and after its duration (which may involve municipal cooperation to not penalize those in public housing or receiving other benefits during the pilot).

- Individual participants in the various arms of the pilot must be assured that their involvement will be kept private at all times. Moreover, all data holdings used for the purpose of pilot evaluation should be made anonymous, making it impossible to identify individual participants or to violate their right to privacy.

- Private participant data will be protected in perpetuity. However, aggregated data and evaluation results should be made public on an ongoing, transparent basis[28]. It is vital that there be open access to information on the pilot's operations and results. There should also be a formal process through which independent researchers can access the de-identified micro data generated by the pilot, to ensure that all of the main pilot's findings can be replicated, and to conduct new complementary analysis.

Key evidence the pilot should be structured to generate

In order for the results of any Basic Income pilot to be of value to future public policy choices the government and legislature of Ontario might choose to make, they should convey clear, indicative evidence in the following areas:

a) *Health outcomes for the participants*. These outcomes can be monitored through access to Ontario Health Insurance Plan (OHIP) physician utilization records, Ontario Drug Benefit (ODB) records, and Canadian Institute for Health Information (CIHI) hospital utilization databases.[29] Additional information on health could also be obtained through surveys distributed to pilot participants. They will provide a base for analysis of a series

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[28] Aggregated statistics or results should only be made public once it has been established that they do not allow for any individual participant's identity to be inferred or retrieved.

[29] Suggested, existing administrative data sets, related to health and to all other outcomes and characteristics of interest, to which access should be obtained by the research team, are listed in section H (technical notes) at the end of this discussion paper.

of critical relationships between the income support provided by a Basic Income, and changes to individuals' healthcare utilization and health outcomes. Ideally, de-identified administrative files for non-participants could also be used to construct broader comparison groups, and to analyze the broader trends at the population level. This would provide critical information on the capacity (or lack thereof) of a Basic Income to improve individuals' quality of life by leading to improvements to their health. It would also provide information on the extent to which a Basic Income could reduce, in the long run, health care spending for the Ontario government, the most expensive item in the provincial budget. Understanding how the stable source of financial support of a Basic Income could also address mental health issues should also be specifically evaluated. Mental health issues are often associated with poverty, and with challenges related to labour force participation. Moreover, poor health has been identified to be a major contributor to employment barriers for current, long-term Ontario Works recipients (especially those who are not eligible for ODSP); understanding the impacts a more generous Basic Income may have on improving health outcomes may also suggest potential improvements in terms of labour market reintegration for some.[30] Measurable outcomes could include the number of primary care/emergency department visits (for psycho-social, mental or physical health reasons), prescription drug use, utility-based measures of health, etc.

b) *Life choices, such as career choices, training decisions, living arrangements, family formation, fertility decisions, etc. for participants.* The data collected should allow the

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[30] According to a review of the caseload of Ontario Works clients for the city of Toronto, temporary poor health was the most common barrier to employment (38percent of individuals on Ontario Works for two years or more, and 24percent of those on Ontario Works for less than two years).

province to separately evaluate the impact of a Basic Income on those outcomes, for five groups of participants: those having lived in poverty for a long time, those whose parents lived in poverty, those whose income falls below the poverty line for brief episodes (less than one year), those whose income falls below the poverty line on a cyclical basis, and those who have no prior experience of poverty. Those outcomes could be measured through data accessed from government administrative files, such as education enrollment records, Employment Insurance (EI) records, tax records (which could also allow the monitoring of care-giving activities, self-employment, etc.), census files, etc. Data on use of time could also be gathered through interviews with participants receiving a Basic Income, and with those assigned to the control group, and could track use of time decisions, such as time spent with children at home, with older relatives, time spent doing housework, etc.

c) *Education outcomes (attendance, highest achievement, completion/drop out, re-enrolment, results on standardized tests, number of courses taken, etc.) for participants in the pilot and for their children.* These outcomes would improve our understanding of how migrating from Ontario Works/ODSP to a Basic Income might provide different incentives for younger adults to enroll, attend and succeed in school, as their financial security is improved. It would also help us understand how accrued financial resources to families might have a positive impact on children's performance in school, in our present time and economic context.[31] These outcomes could be obtained through the administrative files assembled by the Ministry of Education (EDU) and the Ministry of Advanced Education and Skills Development (MAESD).

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[31] Combining data on educational outcomes and time use could also help in pinning down the mechanisms through which a Basic Income could influence children's academic achievement.

d) *Work behaviour (participation, job search, employment status, sideline employment, overtime, self-employment, paid hours worked, number of jobs, job tenure, earned income, etc.) for participants.* The impact of a Basic Income on labour market participation remains one of the main concerns of the Canadian population; a recent Angus Reid Institute poll, conducted in August 2016, concluded that 63percent of the country's population believes that a Basic Income would discourage people from working[28.] The introduction of a Basic Income pilot for individuals currently receiving Ontario Works would provide additional incentives to join the workforce, by allowing them to keep a substantial part of their earned income in addition to their Basic Income. Hence, a careful evaluation of the impact of a Basic Income on people's decisions regarding work, such as whether to work or not, their weekly hours worked, their job search activities, and the number of jobs they hold, is critical. As further discussed in section F, the evaluation of the pilot should seriously explore how labour market behaviours vary across demographic groups, according to the amount in benefits received, and the rate at which they are taxed back, as income earned in the labour market increases. Such outcomes could be measured using existing tax files, EI records, MCSS records, and potentially some data collected through interviews conducted by the research team.

Although it is more difficult to measure or observe, participation in the underground economy is also an outcome of interest. Filing a fraudulent tax return is a serious statutory problem that should be expected to be discouraged, since a regular top-up is made available for pilot participants, working or otherwise, who are living in poverty.

Finally, apart from the impact of the parameters of NIT programs tested, other channels through which BI could generate improvement in terms of labour force participation compared to Ontario Works should be explored. For instance, in 2015, 38 per cent of individuals who had been on Ontario Works for two or more years in Toronto cited temporary poor health as the main barrier to employment.[32] Understanding the impacts of stable and adequate income support on health is likely to matter for work incentives. For the city of Toronto, cases lasting more than two years made up 45 per cent of all unique annual Ontario Works cases in 2015, and half of all unique monthly cases.[33]

e) *Community-level impacts in communities where a Basic Income is tested with a higher concentration (such as in a saturation site).* For example, the impact on the local labour market tightness and labour force attachment, on certain prices (rent, etc.), on community safety (crime prevention, incarceration rates, arrests and traffic accidents) as well as potential changes in the utilization of certain public services (libraries, etc.) and in social interactions (civic participation, voting turnout, etc.). Data from the local police services, tax records, EI records, and the Canada Mortgage and Housing Corporation (CMHC) could, among others, help track these outcomes.

f) *Direct administrative costs or savings to Ontario by replacing the present Ontario Works and ODSP with a simple, direct Basic Income program*. This should encompass the actual cost of the delivery of Basic Income payments, the economies in terms of Ontario

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[32] Previous research has also highlighted the negative impact of long unemployment spells on health outcomes through isolation and lower income (for example Nichols, Mitchell, and Lindner (2013) *Consequences of Long-Term Unemployment,* Urban Institute), which is susceptible to reinforce the dynamics linking poor health, labour force participation and poverty. The pilot could provide an opportunity to test if a Basic Income could alter these dynamics, and if so, to what extent.
[33] Information provided by Toronto Employment and Social Services, August 2016.

Works and ODSP payments, the ensuing financial cost/savings associated with the simplification in the administration of social assistance, and the reduction of monitoring and policing components. Such factors would have to be assessed, calculated and modeled to effectively project province-wide administrative costs or savings over a reasonable period of time (ideally over various horizons for the sake of transparency). Those costs would have to be assessed using financial data from the Government of Ontario.

g) *Changes in "food security" status for pilot participants under Basic Income.* Food insecurity has been associated with financial vulnerability. Understanding the extent to which the secure income stream coming from a Basic Income program may result in a reduction in the prevalence and depth of food insecurity is important. In part, this is because of the implications of food insecurity for health outcomes (numerous studies have associated food insecurity with greater health care expenditure[34]). Food insecurity could be assessed for individuals using files from the Canadian Community Health Survey (CCHS) for pilot participants who have been sampled in that survey, and linking their answers to the pilot's database. However, given the cross-sectional nature of the CCHS, and its small, locally non-representative sample, the research team might be also advised to conduct their own surveys/interviews, which would include the questions from the CCHS Household Security Survey Module to monitor changes in food security for pilot participants.

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[34] For example: Tarasuk V., Cheng J., de Oliviera C., Dachner N., Gundersen C. and P. Kurdyak, *Association Between Household Food Insecurity and Annual Health Care Costs,* Canadian Medical Association Journal, 187(14), 2015

h) *Perception of citizenship, social inclusion and security.* Information on people's perceptions of their place in society, their capacity to contribute, their social environment's capacity to protect them, and their feelings towards their community could mostly be collected through interviews with participants. This information could help identify potential longer term impacts of a Basic Income on broader cultural shifts, and on the types of constructive behavioural changes that a Basic Income could generate if it were to be a permanent policy.

i) *Mobility and housing arrangement.* Housing stability and choices about housing arrangements and neighbourhoods are aspects of an individual's quality of life that could be impacted by a Basic Income. Such information could be derived from administrative files with reporting addresses.

j) *Isolated or cumulative interactions between a Basic Income and other existing programs such as EI, the existing provincial and the recently enriched Canada Child Benefit.* The way in which this type of evidence can be gathered will depend heavily on the actual organization of the pilot itself.

The outcomes mentioned above will sometimes be available through administrative records, which could be linked (under strict conditions discussed below) to form a longitudinal database of individual outcomes. Others may have to be collected via instruments constructed specifically for the pilot (interviews, surveys, questionnaires etc.)

Data in each of the areas mentioned above should be available at the individual level and should be available for the periods preceding the start of the pilot (and of Basic Income payments), as well as during the period during which participants will receive payment, and after the

completion of the pilot. This will allow evaluation of the longer-term impacts of Basic Income, and to see if those impacts disappear with the promise of a Basic Income. For that purpose, participants should be asked to sign consent forms for allowing retroactive access to their individual records, ideally for a minimal period of two years preceding the commencement of the pilot. They should be assured that all interview data and data coming from administrative files and from surveys/interviews would be anonymous to protect their privacy. Any de-identified micro-data would be accessible to approved researchers only, conditional on them obtaining approvals from the appropriate ethics board and on satisfaction of the requirements of the relevant privacy commissioners (at the provincial and federal level).

Finally, and as hinted above, constructing the longitudinal database to track pilot participants' behaviours, characteristics and outcomes will require files from many sources to be accessed and linked. The input of all parties involved in constructing, maintaining, or linking these different data sets should be sought as early as possible, to ensure that:

i.   The pilot timeline and scope align with the time required to complete the linkage procedures (including completing ethics board reviews, developing Memoranda of Understanding (MOUs) and authorizations, obtaining consent from participants when needed, and building the linkages based on identifiers[35]);

ii.   Adequate supplemental surveys are developed to address any gap in the outcomes that the existing data covers;

iii.   Their expertise is sought to develop models to simulate the long-term impacts of a Basic Income, based on the short-term data collected during the pilot.

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[35] Either through unique identifiers or using probabilistic techniques.

E. What the Basic Income Pilot Should Test

The concept of a Basic Income can be achieved in many more ways than could reasonably be tested in the context of an Ontario pilot. As such, the government has to make crucial decisions about the various design features of the Basic Income(s) to be tested. Most importantly, it needs to decide how many versions of a Basic Income should be tested, what levels of income support should be offered, whether the amount given in a Basic Income should be progressively taxed back (and if so, at what rate) when individuals earn income in the workplace. Decisions on the types of current supports that would be replaced by a Basic Income and on the communities where the pilot will be run also must be made.

In answer to this set of questions, it is recommended that the pilot focus on testing a Basic Income in the form of a NIT (what some would call a refundable tax credit) that would replace Ontario Works and ODSP,[36] and for which Ontarians aged 18 to 65 living in poverty would be eligible.[37] Unlike the support provided under the current Ontario Works and ODSP, the financial support provided would not impose restrictions, limits or interdictions related to financial assets, work-based earnings, or labour force participation. Individuals would be guaranteed an income equivalent to a determined proportion of the LIM (that proportion differing across experimental

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[36] Eventually, a Basic Income that is generous enough could replace, for example, the Ontario Sales Tax Credit or the Harmonized Sales Tax Credit (upon agreement with the federal government), but this option should be explored after completion of the pilot.

[37] Children and seniors are already subject to some form of Basic Income through the GIS/OAS and the CCB. In the case of a full roll out, the government would have to decide if and how a Basic Income should apply/be available to full-time students. Excluding them while extending a Basic Income to individuals aged 18 to 64 would potentially result in creating important disincentives to enrolling in post-secondary education, to which prospective first generation university students, or individuals from lower socioeconomic background are more likely to respond. Solutions considered might include integrating the various forms of financial support available to students (for example OSAP, MAESD grants, etc.) with a Basic Income program. These options all involve a level of complexity that should be further explored with local agencies in charge of administering Ontario Works and ODSP, and the Ministry of Advanced Education and Skills Development. Such an integration could also be designed for the purposes of a pilot, but is likely to add a layer of complexity in terms of programs coordination and may not be achievable within the timeline chosen to conduct the pilot.

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groups), which would not be taxed. Additional earnings beyond the Basic Income would be encouraged, and taxed at varying rates. These tax rates would apply until an individual has paid, in taxes on earned income, the exact equivalent of the Basic Income, with a threshold (or break-even point) after which earned incomes would be subject to the normal income tax schedule by which all working Ontarians are governed. The taxation mechanisms applied to earned incomes in the context of the NIT would provide incentives for individuals whose incomes are currently below the poverty line to join or remain in the workforce. They would also reduce the costs to the province of implementing a Basic Income, should it choose to do so after studying the results of the pilot.

The amount of benefits received by participants would be a function of both their net family income and their family composition, such as the number of adults. Basic income payments would be equally divided and paid to all adults in the family, so as to provide each adult with an independent source of income and financial autonomy. Those payments would be issued monthly, and the base amount received (before any earned income) would not be taxable.[38] [39]

Different tests within the pilot

It is recommended that the pilot test different levels of Basic Incomes and different tax rates, to explore how the effectiveness and the costs of a Basic Income vary with the policy choices made on these two parameters. This would also be used to assess the fiscal implications and other

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[38] The amount of benefits should be based on the family's income in the previous fiscal year, but mechanisms should be set to allow for changes in family income and composition to be reflected in the payments between fiscal years. Individuals should be provided with an opportunity to signal such changes (marriage, divorce, child birth, job loss, etc.) for their benefits to be revised; those changes could later be verified against the tax returns filed by the individual. Payments should be made using direct deposit, mailed cheques, or via a community agency when the first two options are not possible.
[39] Payments could also be issued bi-weekly for individuals who, for example, suffer from disabilities that may be associated with financial planning challenges.

impacts of such choices. Testing different levels will also help identify the combinations of

benefits and tax rates most likely to generate significant and affordable improvements in terms of

poverty reduction. It will also foster long-term benefits and savings (e.g., through improvements

to health outcomes, labour market participation, etc.), without encouraging a reduction in hours

worked, and while representing the most reasonable cost to all taxpayers. For instance, for any

given level of Basic Income, tax rates will reduce the direct costs of the program. Previous NIT

experiments conducted in the U.S. and in Canada in the 1970s selected rates between 30 percent

and 80 percent[40]. Current adult recipients of Ontario Works face a rate of 50 percent on all

earned income beyond an initial $200 a month. However, current programs such as the CCB or

the Earned Income Tax Credit (EITC) in the United States are associated with much lower tax

rates. Work behaviour observed in the context of those programs and experiments can inform the

choice of different tax rates tested in the pilot; evidence from previous analysis and experiments,

and simulations of the impacts of various rates could be performed to guide this choice.

However, it should be remembered that the reason to test different tax rates and Basic Income

levels is specifically to understand the implications in terms of work behaviour in the current

Ontario context.

It should be noted that implementing the NITs suggested will require the collaboration of the

federal authorities (importantly, that of the CRA) since Ontario does not have a separate income

tax filing system. A presence of the federal government could also be sought; this would allow

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[40] The tax rates in Winnipeg portion of the Mincome experiment were 35 per cent, 50 per cent and 75 per cent. The work reduction effects of Mincome were in the order of seven per cent somewhat weaker than the 10 percent – 17 per cent found for the US experiments. Hum, Derek and Simpson, Wayne, "Economic Response to a Guaranteed Annual Income: Experience from Canada and the United States," J*ournal of Labour Economic*s, Vol. 11, No. 1, pp. S263-S296 (1993) and Prescott, David; Swidinsky, Robert; and Wilton, David, "Labour supply estimates for low-income female heads of household using Mincome data", Canadian Journal of Economics, Vol. 19, No. 1, (1986).

the pilot to test a Basic Income that would replace federal non-refundable and refundable tax credits.

Components of an Ontario Basic Income Pilot

Overall, these options could be tested with the combination of a randomized control trial and a set of local pilots conducted in saturation sites, in which participants would be enrolled for at least three consecutive years.

Overall, a pilot could consist of tests deployed over four different sites, grouped in two broad components:

1. **A randomized control trial (RCT), conducted in one large urban area of the province.**

   A sample of pilot participants (households) would be randomly selected among the area's population. Participants would further be randomly assigned to one of four groups, and receive the corresponding monthly benefits:

   i. A control group, who would receive benefits in the form of the existing Ontario Works, and ODSP; that group would experience no change in terms of income support and other benefits, but their outcomes and behaviour would be monitored by the research team.

   ii. A second group, who would be guaranteed an income corresponding to 75 per cent of the LIM (adjusted to the composition of the household), with ODSP

recipients receiving 75 per cent of LIM plus at least $500.[41] This group would see their earned workplace income taxed at a lower rate until the net benefit they get from the Basic Income is reduced to zero. After this, their additional income would be taxed according to the existing tax schedule.

iii. A third group, who would also be guaranteed an income corresponding to 75 per cent of the LIM (adjusted to the composition of the household), but whose additional earned income would be subject to a higher tax rate, until the net value of the benefit received is reduced to zero, according to the mechanism described above.

iv. A fourth group, who would be assured an income equivalent to the low-income measure applicable (adjusted to the composition of the household). This group's earned income would be taxed back at a higher rate, according to the mechanism described above.

In a perfect world, the RCT component of the pilot would be conducted throughout the province. This would maximize the likelihood of generating externally valid results, and enable the government to anticipate the impacts that a general program would have, at least on individuals' behaviours and outcomes, while taking into account the multiplicity of contexts across the province. However, implementing the different treatment arms, while maintaining the current Ontario Works and ODSP programs in parallel for non-participants and for the members of the control group, requires a substantial effort from the local agencies now acting as front line

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[41] The additional amount received by individuals with a disability should be at least $500, but ideally that amount would also be informed by an up-to-date assessment of the costs of living with a disability. The value of $500 should be increased if necessary in the light of this assessment.

service providers on the ground.[42] Moreover, identifying the (potentially very diverse) impacts of a Basic Income, while controlling for all the different environmental factors varying across cities and communities, would potentially require an increased sample size, resulting in higher costs associated with the pilot (both in terms of Basic Income payments and in terms of data collection through interviews, etc.) It therefore seems more reasonable to concentrate the RCT activities within a single geographical area of the province, which could be supported by the provincial government and the pilot team.

It is suggested that the RCT be deployed in an urban area or in a Census Metropolitan Area (with a higher population density), to ensure a higher level of anonymity for randomly selected participants. The RCT site should be selected on the basis of:

i.   representation of the various realities of the Ontario population, including: presence of members of Indigenous communities, presence of racialized communities, presence of immigrants (of various generations), balanced age distribution, balanced family composition and family status, balanced income distribution (mix of ODSP/Ontario Works recipients and of low-income workers, etc.);

ii.   the absence of large stabilizing public sector institutional employers (government, military, prisons, etc.) in the local labour market (which would have the capacity to act as a stabilizing force through the economic cycle);

iii.   the institutional engagement and interest of local partners to participate in the activities of the pilot and to ensure that both a Basic Income and the traditional Ontario Works and

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[42] Sometimes, for a handful of residents who would have been randomly selected to participate in the pilot.

ODSP services can be delivered accordingly to participants and non-participants in the pilot.

Participants should be selected randomly from the population aged 18 to 65, having had their primary residence in the chosen site for at least one year. Ideally, the random selection would be performed using administrative registries of Social Insurance Numbers. They would further be randomly assigned (at the household level) to a treatment group selected to be a part of the pilot. All randomly selected households could voluntarily withdraw from the pilot, and would have to sign a consent form if they wished to be enrolled in the experiment. The consent form would allow the government to change the nature of the benefits they receive according to the defined Basic Income to be tested. It would also allow the research team to access administrative data from the participants' records for a period preceding the pilot, and from the start of the pilot onwards, to link those records from different sources and time periods, and, where possible, to the records of other household members.

Despite all the strengths of this type of design, RCTs can only provide limited information on the community-level impacts and general equilibrium effects of a Basic Income policy. The second component of the pilot, described below, seeks to address this caveat.

2. Saturation sites

A Basic Income should also be tested as a program available to entire communities (saturation sites). In addition to looking at the impact of Basic Income on individuals' outcomes and behaviours, this component of the pilot would enable the province to learn about (i) the dynamics involved with delivering and administering the program for an

entire local population, and (ii) the community implications of a Basic Income program. It would give an opportunity to examine the positive and negative effects that arise when a full community is guaranteed a Basic Income. These would include civic participation, crime reduction, and economic activity through increased local consumption, given the additional income directed at those living in poverty.

In a saturation site, all individuals having had their primary residence in the chosen community for at least one year prior to the start of the pilot would be assured a Basic Income (tax free) corresponding to 75 per cent of the adjusted LIM. This benefit (which would completely replace Ontario Works and ODSP) would be clawed back as a percentage of their earned income, according to a pre-determined tax rate, until the net benefit received is equal to $0, after which their earned income would be taxed at the rate prescribed by the existing tax schedule.

Ideally, the saturation site(s) would be geographically contained, and somewhat isolated from other communities. This would limit "contagion" effects when measuring the community-level impact of the Basic Income. In the same vein, the sites would also have a lower baseline mobility level, to capture community impacts as much as possible, without too many ineligible individuals moving into the community during the experiment.[43] The size and composition of the population (income distribution, etc.) in a saturation site also directly influences the costs of the pilot. By design, all adults who meet the age and residency eligibility criteria for the pilot and who live in the saturation site, should be able to receive top-up benefits, should their income drop below the

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[43] Moreover, a low baseline level of mobility would limit the number of cases of individuals for whom traditional Ontario Works/ODSP services would have to be organized.

relevant threshold throughout the experiment. It is therefore important that saturation sites be selected coherently, within the budget constraints associated with the pilot.

It is suggested that the province works towards the implementation of three pilot saturation sites, chosen to be representative of different faces of the Ontario population and economy:

- *Southern Ontario*: This site should be as representative as possible of the population in southern Ontario (in terms of its labour force characteristics and distribution, age and gender distribution, poverty rates, family structure and status, presence of minority groups and immigrants, reliance on social assistance services, graduation rates and education profiles, and housing tenure). There should be no institutional stabilizer protecting its labour market from movements in the economic cycle compared to other similar communities. In addition to satisfying the criteria above, the site chosen could exhibit, for example, a high rate of food insecurity. This would offer the opportunity to closely evaluate the impact of Basic Income on this important manifestation of poverty.

- *Northern Ontario*: This site should be as representative as possible of the communities in Northern Ontario according to the criteria above, allowing the research team to identify the interactions between the Basic Income and the characteristics that are specific to northern communities. The government could consider sites corresponding to the labour market that have stronger ties to the ups and downs of the commodities market.

- *Indigenous community*: The pilot should consider offering an opportunity to develop a Basic Income pilot that is adapted to the realities of Indigenous communities, with provisions that are culturally appropriate and acknowledge the unique circumstances of First Nations peoples in the context of government income support programs. The design of this arm of the pilot, as well as the choice of community in which it would be tested, should be under the full prerogative of the First Nations Chiefs of Ontario, as should be the decision to participate in the pilot in the suggested way or not.[44] Flexibility should also be applied with respect to this component of the pilot, for example with respect to time lines and reporting mechanisms. All steps undertaken, if such a test were to be conducted, should be through voluntary agreement, consistent with Ontario's commitment to reconciliation with Indigenous Peoples.

As in the RCT component of the pilot, individuals living in the selected sites should be free to voluntarily leave the pilot at any time. They would be asked to sign a consent form if they agreed to participate.

One of the primary characteristics of Basic Income is that, unlike programs like Ontario Works and ODSP, it requires little to no monitoring of eligibility conditions and of recipients' compliance with an extensive series of program rules and conditions. In the case of a saturation site Basic Income pilot, this represents both a challenge and an opportunity. First,

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[44] Inspiration for this component of the pilot could be taken from the existing examples of initiatives taken by Indigenous communities to adapt the existing social assistance programs in Ontario (such as Ontario Works) to the realities of First Nations communities, and in a culturally appropriate way. One example of such programs is Niigaaniin, which currently serves the seven North Shore First Nations (http://www.niigaaniin.com/index.php/about-niigaaniin)

it is to be expected that, for the duration of the pilot, most of the typical administrative workload borne by front line workers would change, since all individuals within the community would become eligible to receive payments under Basic Income rather than under traditional welfare programs. However, rather than temporarily reducing the number of positions for case management of income support recipients in the saturation sites, it is suggested that this reduction in workload be seized as an opportunity for former Ontario Works and ODSP case workers in the selected sites to provide more one-on-one services. They could help Basic Income recipients develop their financial literacy, build strategies to develop their skills and human capital to (re)integrate into the labour market, and become more independent over time. Previous local initiatives (such as the recent York Region's Housing Stability Program and the Ottawa-Carleton Region Opportunity Planning Project in the mid-1990s) have suggested that when front line workers have fewer administrative tasks and more time to provide one-on-one counselling and client-focused engagement, other benefits can be achieved. This can significantly improve social assistance recipients' stability and autonomy[45], improve the satisfaction of both employees and clients, and generate substantial long-term savings. Such a role played by case managers could amplify the impact of a Basic Income pilot, and suggest constructive ways to deploy the talent and skills of caseworkers in the context of Basic Income programs.[46]

An additional factor for selection of each of the pilot's saturation sites is the capacity to find or create a "benchmark" community, to measure the evolution of the outcomes in the

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[45] For example, by reducing the likelihood of homelessness, reducing the probability of reapplication after leaving welfare, or increasing the duration of periods off welfare for clients reapplying.
[46] Research in developing countries also suggests that pairing unconditional cash transfers and improved access to counseling generate stronger (positive) impacts when implemented together.

saturation sites. This is the equivalent of the control group in the RCT. The choice of

saturation community will play a crucial role in determining the type of methodologies that

can be used by the Research Operations Group to evaluate the outcomes of the pilot. One

option would be for a chosen saturation site to be similar in a number of important

dimensions (either in levels or in trends) to another comparable community. The latter could

then be identified as a "control site", for which the outcomes and behaviours of the residents

(mostly through routinely collected administrative data either at the individual level or

aggregated) could also be measured and used in the evaluation process to reveal generated

impacts of Basic Income in the saturation sites. If no such control sites can be found for the

chosen saturation sites, evaluation of the pilots' outcomes in those communities will require

employing other techniques, also requiring data on behaviours and outcomes in a number of

communities outside of the saturation site. Simulation models could be considered here.

Determining eligibility

Eligibility to participate in the pilot should depend on an individual's age (18 to 65) and on

permanent residence in one of the designated sites for a least one year prior to the launch of the

pilot. No other criteria should be employed. For example, individuals who are not yet Canadian

citizens should not be excluded from the pilot.[47] It should be noted that being a participant in

either arm or group of the pilot does not mean that one will necessarily receive a Basic Income

payment. Once a selected individual/household agrees to participate in the pilot, he or she will

(except those in group (i) of the RCT component) receive the guarantee that, if their income falls

below a threshold determined in the program design, it will be supplemented proportionally to

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[47] It should be noted however that health utilization data may not be as easy to retrieve from recent immigrants not yet covered by OHIP, and whose health care utilization could not be monitored using most administrative files.

their needs. In that sense, even though the program is based on a principle of universal access, not all participants will receive symmetric payments or any payment at all.

Ensuring that no participant is worse off

Participation in the pilot is voluntary, pilot participants deserve respect, and the pilot would only affect the conditions of a small group of Ontarians, without any definitive change to the relevant Ontario laws. As a result, each component of the pilot should be governed by the critical principle that taking part in the pilot should make no participant worse off, by reducing the amount of support they receive. A first step toward this goal is to choose levels of Basic Income that achieve higher standards of living than the current Ontario Works and ODSP programs.[48] No individual, regardless of their group in the pilot, should lose any of the support benefits, beyond direct payments made monthly under the main component of the programs, financial or non-financial, currently available to Ontario Works and ODSP recipients.[49] Similarly, the eligibility status of a family for subsidized housing (Rent Geared to Income Housing) and the amount they are expected to contribute should still be determined on the basis of their family's income. This includes the existing criteria specified in the Housing Services Act. [50]

The increased financial support received under a Basic Income compared to Ontario Works/ ODSP should not result in an increase in the expected contribution towards rent of a family participating in the pilot. The difference between receiving a Basic Income and Ontario

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[48] Ontario Works currently brings a single adult to 45 per cent of the LIM for Ontario, while ODSP brings a single individual with a qualifying disability to approximately 70 percent of the LIM (most of the additional benefits allowing to cover from the extra costs associated with the special needs incurred by the disability itself)

[49] For example, the prescription drug coverage, the children dental coverage, support for vision care, coverage for eye examination, benefits for diabetic or surgical supplies and dressings, travel and transportation for medical purposes, assistive devices, other extended health benefits, employment benefits and other benefits.

[50] Regulation 298, section 50(3).

Works/OSDP payment should therefore be added to the income limits determining the subsidy a family receives for rent, such that its rent subsidies are not reduced as a function of receiving a Basic Income. For individuals with a disability[51], a monthly amount of at least $500 should also be added to the monthly Basic Income payment.[52] Such additional financial support should also be available for individuals acting as caregivers for a disabled dependent. Moreover, income received through the CCB and other currently non-taxable sources of income should not be considered as earned income subject to the claw back rate in the NIT model. They are now designed to be tax free in the hands of the recipients, and should remain so. Finally, any dispute arising with respect to the benefits received by a pilot participant would be considered by the existing Social Benefits Tribunal.

Determining the success of the pilot

Finally, it is crucial that the government determines the clear and unequivocal criteria against which the success of the pilot will be tested, and that these criteria be made public as the pilot is launched. Transparency on both the objectives of the pilot and on the government's intention in terms of policy goals is crucial to building the pilot's credibility in the eyes of the public, and to ensure that the evaluation and interpretation of the results will not be political or partisan exercises. The main objective of the pilot should be its capacity to substantially and efficiently reduce poverty (targets should be specified for the reduction of poverty rates and poverty depth among pilot participants). Other objectives in terms of costs savings (for example, through

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[51] Which could be attested by a health professional.

[52] As mentioned above, while established at a monthly minimum of $500, this amount would ideally be informed by a re-assessment of the costs of living with a disability.

reductions in health care spending and administrative activities) and labour market

participation—for all participants and for specific groups—should also be stated.

F. What the BI pilot Should Not Test

A "big bang" approach

The Basic Income pilot is about, primarily, is finding a better way to reduce poverty and its negative impacts on individuals' quality of life and their capacity to thrive. It is also about finding a way to provide income support that does not discourage participation in the labour market, that is not managed by systematic monitoring and policing of the life choices of Ontarians living in poverty, and that treats all individuals with respect and dignity.

A Basic Income pilot is not, and should not be, a "Big Bang" operation that results in a total collapse of health care coverage, unemployment insurance, and other programs that form the basis of Ontarians' broad social support network. These programs, given their policy goals, the extraordinary needs to which they respond, their different funding base, and the proven economic and social benefits they provide to all Ontarians, should not be replaced by one large single payment. Moreover, many programs (EI, pensions, etc.) function as insurance systems, serve a different purpose, and are financed through different mechanisms involving individual contributions. The federal/provincial/municipal network of social stabilizers and life standard supports is too broad to be collapsed by any one pilot project.

That is not to say, however, that data from this pilot may not provide a basis for informing a more simplified and individual, freedom of choice-embracing approach to poverty reduction. It may also lead to insights on food security, post-secondary tuition fees, community policing and more health support, among other vital areas for a productive and humane economic and social

balance. The core question to be answered by the evidence we would seek to gain[53] is very simple: "Is there a more humane and efficient way to reduce poverty, a way that better respects the rights of those in poverty to make their own life choices, reduces stigma and growth in bureaucracy, yet produces improved outcomes in terms of work and life prospects?"

A universal demogrant

The recommendations in the previous section focus on testing a NIT, rather than a Basic Income gross payment that would be made to all adult Ontarians, and subject to the existing income tax (demogrant). The demogrant option has been set aside for two main reasons.

First, other jurisdictions are planning to test programs that are more similar to the demogrant version of a Basic Income program imminently.[54] Evidence for that type of program will therefore be generated elsewhere in the coming years, whereas little to no recent evidence has assessed the impacts of NITs in the current labour market.[55] In the context of an international wave of experiments, an Ontario pilot that would test a different approach (the NIT) would therefore contribute new and unique results and information to the global thread of evidence being generated. There is no need to test expensive "universal demogrant options" being tested elsewhere, within the same timeline as an Ontario Basic Income pilot.

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[53] As described in section D (iii).

[54] Although some do not represent tests of a universal Basic Income *per se* because of the eligibility criteria associated with participation, most do not specify specific claw-back mechanisms (as in a NIT).

[55] The Mincome experiment provided some promising insights on the responses, both in terms of labour market participation and of health and education outcomes, of an NIT in the Canadian context, and various NIT experiments were conducted in the U.S. in the 1970s. However, given the important changes undergone by the labour markets since then, and the introduction of various new policy tools that might interact with an NIT, obtaining new evidence on the effects of such a program seems important.

Second, the heftier direct financial costs associated with a demogrant would likely discourage any government from implementing it as a full-scale program. An NIT is more likely to resemble the type of program that a government could afford if it were to move towards provincial roll-out. Compromises, in terms of the generosity of the support offered by a demogrant in order to transition towards a scalable version, would also likely undermine the poverty reduction objective of Basic Income programs.

Limits of the pilot

Finally, there are a few questions to which the pilot will not provide explicit detailed answers, without the use of more sophisticated modeling tools. Issues not within the remit of this discussion paper, such as general equilibrium effects on local prices, rents and wages and changes in the provinces tax base (for funding purposes), could also be explored in the final analysis phase of the model. Potentially, this could be achieved using micro-simulation models, and partially drawing on the evidence generated by the pilot, as well as on evidence from the literature.

Topping up all adults in the pilot sample now living in poverty (both those working and those on Ontario Works and ODSP) according to the different iterations of the Basic Income suggested in section E, while in some cases almost doubling their present allowance, will not in and of itself bring individuals beyond the LIM. It is their labour that will accomplish this. Some of their

income will be taxed back, as part of the test, and in a way similar to the one all Ontarians

beyond the poverty line are now taxed.[56]

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[56] Except for one group of individuals in the RCT who would receive a Basic Income guarantee equivalent to the LIM. All other groups in the pilot (including participants in the saturation sites) would receive 70 per cent of the LIM.

G. The Implementation of the BI pilot

It is my recommendation that the Basic Income pilot have three phases: (i) the planning and preparation work required before actual Basic Income payments are made and before survey work can begin, (ii) the actual implementation of the Basic Income and the data collection process, (iii) the analyses of the impacts of the Basic Income as tested in the pilot, and of the short and long run cost/benefit ratios of the pilot itself, as well as the modeling of the cost and benefits of a potential provincial roll out.

Indicative results should begin to flow long before completion of the pilot, given the inference that can be made from the waves of data collected as the first payments are made under the Basic Income programs tested. In fact, it would be vital that a "nothing to hide" open access policy be firmly in place from beginning to end, so that, aside from the identity of the pilot participants, there is early, open access to preliminary results and indicators for all those interested in the operations and work of the Basic Income pilot. The practice of Canadian Blood Services, for example, of having open annual meetings and open access to all board minutes should apply to all minutes of the Advisory Board, the Research Operations Board, and the Steering Committee.

It is recommended that the three different phases of the pilot be detailed as follows:

Phase I: Preparation, Organization and Preliminary Interviews

The precise composition of the Basic Income Advisory Council, the Steering Committee, and the Research Operations Group should be established before the first phase begins. Phase I should then focus on preparing the infrastructure (tangible and intangible) for the Basic Income distribution to participants in both the RCT and saturation sites components of the pilot.

The administrative data sets to be assembled/acquired for the pilot evaluation should be identified, the appropriate authorizations from the appropriate ethics board(s) and from the privacy commissioner(s) to access these data should be sought, data sharing agreements should be completed and signed, and the data files should be linked. The research team should also, in this phase, work with the authorities in each of the pilot communities to ensure that their administrations are ready to distribute the benefits. Participants should be identified (randomly in the case of the RCT), and the Research Operations Group should obtain their consent to participate in the experiment and to grant access, where necessary, to their administrative records for the purposes of the pilot evaluation.[57] A plan should also be deployed to ensure that all potential participants file their taxes and have a bank account, enabling them to be part of the pilot and facilitating the payments. Workers should be trained to facilitate the data collection process in subsequent phases and for each pilot site, and to inform the public. The Research Operations Group should design and launch a website, where the activities of the pilot will be described and preliminary reports will be published.

Pre-interviews with focus groups should also be conducted during Phase I, to inform the design of the pilot components. These interviews would also test the questionnaires that will be used to

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[57] To that extent, a strategy to reach individuals without a fixed address should also be elaborated.

collect data on outcomes and behaviour that are not documented in the administrative data sets mentioned above. The input of people with lived experience of poverty to inform the design of such interviews would be invaluable.[58] Mechanisms (for example, remuneration parameters) that limit attrition throughout the subsequent phases of the pilot should also be established. In Phase I of the pilot, participants should be offered assistance with filing their taxes, especially for those who would not have filed their taxes in the past. The contribution of social workers and mental health professionals should be sought.

Phase I should run for about four months. It is during this time that the Research Operations Group should retain researchers to implement the pilot.

Phase II: Quantitative and Qualitative Surveys and Testing

This phase should see the different forms of Basic Income payments delivered to the pilot participants. This should be done at the beginning of a provincial fiscal year, to simplify implementation and analysis of certain outcomes as much as possible. During this period, the database assembled in Phase I will be updated with the new administrative records filed by the governments, producing a longitudinal database documenting the outcomes of interest. Additional data should also be collected from periodical (at least bi-annual) interviews. These one-on-one interviews (for which participants should receive modest remuneration to respect the value of their time[59]) will allow researchers to collect individual information on outcomes and behaviours that are not documented in administrative files. These would include time use, qualitative data on participants' well-being, and interactions with the Basic Income programs

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[58] As was the case, for instance, with other experiments such as At home/Chez soi.
[59] Other measures to facilitate participation (such as the provision of transit fares, childcare, meals, etc.) from participants in the interview should also be made available. Moreover, the use of various technologies (phone, secure online surveys, etc.) could be considered. Interviews should moreover be conducted in accessible spaces.

tested, etc. Interviews should be conducted with at least a representative sample of participating households, but need not be conducted with all participants so as to contain the pilot's costs.[60] Moreover, lessons from the Mincome experiment tell us that keeping the interview and enrolment process short for participants is crucial to limiting attrition.

During this phase, preliminary analysis of the impacts of the Basic Income programs tested will be conducted, using both interview and administrative data. Interim results will be published on the pilot's website, to keep the public informed. Periodical financial reports on the pilot's activities should also be published, to ensure transparency and accountability.

In addition to a study of the outcomes for participants in the experiment, Phase II of the pilot will also call for information on the delivery mechanisms to be collected. Firsthand information through reporting from or interviews with service providers, caseworkers, health care providers, with the team operating the payments through the tax system and receiving complaints and appeals from clients will help identify the problematic areas in the implementation of the Basic Income, to be potentially improved in the course of the pilot and definitely to be addressed in case of a provincial roll-out. They will also guide communication exercises with participants, as well as with the general public by highlighting critical dimensions, positive or negative, of the experiment. No experiment is perfect from the outset and utterly flawless from the beginning. Very few of the economic, social policy, or scientific experiments that have in the past decades generated huge benefits for individuals and communities would have ever passed the "perfection

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[60] Moreover, limiting the analysis to evaluation based on existing administrative data that requires no further intrusion in participants' lives during the pilot and no additional time commitment on their part may help in limiting attrition. Nearly half (47.21 per cent) of the individuals in the Winnipeg sample who left the Mincome experiment after enrolling and who gave a reason for doing so mentioned that the interviews were either too long, too intrusive or too extensive as the main reason for attrition. Overall, (Mason, G, (1983) *Methodological and Logistical Issues in Social Experiments: The Case of Mincome,* Working Paper 1, Institute for Social and Economic Research)

from roll out to final analysis" test. Robust transparency and trusting Ontarians with both the positive, negative and uncertain interim results of the pilot is my strong recommendation to the province.

While the actual research phase should operate for no less than three years, preliminary indicative results should be available within six months of the start of the quantitative portion of the survey. The Research Operations Group and the Advisory Group should use those early results to identify any problems in the design of the pilot, or any problematic treatment arm, and to proceed with any modifications on which the success of the pilot would depend.

Phase III: Comprehensive Analysis and Evaluation

The full evaluation of the pilot's results will be conducted in Phase III, which should produce clear answers to the questions listed in section D (iii). This comprehensive analysis will produce evidence that can be used by the government and legislature of Ontario in any future policy choices that it may consider. The pilot's final report should document the impacts of a Basic Income for pilot participants, separately for different family composition, labour market status and former social assistance status, gender, racialized communities and immigrants. It should also describe the difficulties, challenges and successes related to the implementation of the Basic Income payments and system, from the research team's perspective and from the point of view of the local administrations and front line workers active in the pilot sites. A full financial report of the pilot's activities should also be made public.

The results from the pilot's impacts on different outcomes, including labour force participation, and the information on the benefits paid throughout the pilot could be used to simulate the cost of a Basic Income program corresponding to the different treatment arms if they were to be

implemented province-wide. The impact of various options to finance such programs could also be simulated (including their impact on the labour supply of those not receiving the Basic Income but participating in its financing through the tax system).

Considerable thought should also be given, in the course of the final phase, to accompany pilot participants after the pilot. A gradual phase out of the extra benefits received throughout the pilot after its completion could be envisioned, in order to limit the depth of the income shock that could otherwise be felt by some participants, and the stress it might generate for individuals when facing the decision to spend their income or not towards the end of the pilot. Other options should also be reviewed by the pilot's Ethics Officer.

H. Conclusions

There is no reason why a coherent pilot project testing the net benefits of a Basic Income to society in general, and to those living in poverty in particular, could not be launched before the end of the present fiscal year in Ontario. The province can count on institutions and actors having the competence, the experience, and the facility to do so. I would also argue that the good will required to go forward with a pilot has been demonstrated by municipal agencies and their employees, community organizations, faith-based groups, representatives of those who live in poverty, those who are on the front lines of poverty reduction and service to low-income Ontarians, healthcare providers, businesses, and business organizations that are deeply engaged in the economic life of rural and urban communities. I found no indication that any group, or political party, would oppose trying to find a better way of reducing poverty and its serious negative effects on people's lives, prospects, relationships, health, longevity, and social conditions.

Recent improvements to the CCB and to the OCB, as well as the recent improvements in post-secondary student assistance made by the Ontario government and the increases in the minimum wage, all speak to a federal/provincial focus on diminishing broad income gaps by sustaining brighter prospects for individuals and families facing strong economic head winds. Testing a Basic Income is a humane and useful way to measure how so many of the costs of poverty (in terms of productivity, health, policing, and other community costs, to name only a few) might be diminished, while poverty itself is reduced and work is encouraged.

There is no way of predicting what a properly managed and objective pilot will produce in terms of results. Nor should we try to presume what those results will be. A well-run pilot should be

about producing rational and objective evidence, which can inform government decisions in the future. Surely, at a time when many approaches in health care and public health, seniors care, immigrant integration and government itself are changing to address different needs and times, the only fundamental mistake one might make with respect to a Basic Income Pilot would be not to try to test its impacts.

I. The Consultation Process

The government has indicated a desire for this Discussion Paper on a Basic Income Pilot to be made public and circulated to produce feedback, reaction and suggestions for the government to take into consideration as it goes forward.

This open and engaged process affords the province, those living in poverty and the many organizations and volunteer, community, institutional and not-for-profit groups that work to assist those in poverty, a rich opportunity to share their views on how a pilot might best be initiated and implemented.

There is an opportunity for MPP's from all parties, either riding by riding or in regions, to hold public round tables with interested Ontarians in their areas. Service organizations, faith-based communities and multicultural associations might also facilitate consultations best-suited to their needs and perspectives. It is also hoped that business, labour, agriculture and professional associations, lobbies and networks find a way to share their perspectives on the Discussion Paper, and on the promises and challenges of a Basic Income pilot.

1. In order for the government to have ample time to review both the Discussion Paper and public comment and suggestions that follow, and make whatever choices in terms of the pilot project it deems appropriate in a timely fashion, it is hoped that comments and suggestions can be made to and registered with the government by December 31, 2016. A website with the text of this discussion paper and an email address where views can be sent and registered should be established for that purpose. Written non-digital submission can be sent to: (address, etc.).

J. Acknowledgements

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Maripier Isabelle provided counsel, research and insight that were simply invaluable to this effort. To all who engaged, and to Maripier in particular, I am very grateful.

Consultations - Basic Income Pilot - (in writing, by telephone, in-person)

Members of the Association of Municipalities of Ontario - Memorandum of Understanding

Members of the Provincial-Municipal Social Assistance and Employment Committee

Ken Battle, Caledon Institute of Social Policy

Robin Boadway, Queen's University and Kingston Action Group for a Basic Income Guarantee

Leslie Boehm, University of Toronto

Alan Broadbent, Maytree Foundation

Patrick Brown, Ontario's Leader of the Official Opposition

Michael Creek, Working for Change

Evelyn Forget, University of Manitoba

Joe Foster, Group Ottawa for Basic Income

Laurie Goldman, Employment and Social Development Canada

John Green, Basic Income Waterloo Region

Doris Grinspun, Registered Nurses' Association of Ontario

Jason Hartwick and Susan Hubay, on behalf of Basic Income Peterborough Network

Chief Ava Hill, Six Nations of the Grand River

Andrea Horwath, Leader of the New Democratic Party of Ontario

Tara Kainer, Kingston Action Group for a Basic Income Guarantee

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Mayvis Rebeira, Center for Global Health Research

Sheila Regehr, Basic Income Canada Network

Benoît Robidoux, Employment and Social Development Canada

Nick Saul, Community Food Centres Canada

Katherine Scott, Canadian Council on Social Development

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Janet Simons, on behalf of Hamilton Basic Income

Tracy Smith-Carrier, on behalf of Basic Income Guarantee London Chapter

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Carol Stalker, Basic Income Waterloo Region

Linda Stewart, Association of Local Public Health Agencies

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Armine Yalnizyan, Canadian Center for Policy Alternatives

Noah Zon, Maytree Foundation

Participants, Roundtable on Basic Income, Simcoe Hall, University of Toronto -- April 29, 2016

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Julia Drydyk, Office of the Ontario Minister of Community and Social Services

Havi Eckenberg, consultant

Maureen Fair, St. Christopher House

Tamara Gilbert, Cabinet office

Bailey Griffin, Women's College Hospital

David Henry, University of Toronto

James Janeiro, Office of the Premier of Ontario

Jennifer Laidley, Income Security Advocacy Office

Alex Laurin, C.D. Howe Institute

Shamira Madhany, Cabinet office

Jacquie Maund, Association of Ontario Health Centers

Michael Mendelson, Caledon Institute of Social Policy

Asad Ali Moten, Women's College Hospital

Maureen O'Neil, Canadian Foundation for Healthcare Improvement

André Picard, The Globe and Mail

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Russ Robinson, Council on Aging of Ottawa

Laurel Rothman, Family Service Toronto

Bill Ruffett, Basic Income Canada Network

Jonathan Sas, Broadbent Institute

Ann Silversides, Freelance journalist

Byron Spencer, McMaster University

John Stapleton, Metcalf Foundation

Carolyn Hughes Tuohy, University of Toronto

Mike Veall, McMaster University

K. Technical notes

Additional considerations

1. Diverse effects on different groups and sample size:

An analysis of the welfare implications of replacing the current social assistance program with a Basic Income requires understanding the specific consequences for different subgroups of the population. In addition to evaluating the average impact of a Basic Income in the context of the pilot, substantial attention should be given to understanding the costs and benefits specific to various groups of the population (long-term Ontario Works clients, short-term Ontario Works clients, ODSP clients, low-income workers, seasonal workers, unemployed, men, women, etc.) and to understanding the trade-offs in terms of gains and challenges for different groups. For example, the level of Basic Income necessary to generate health or labour market improvements may not be the same for individuals with an experience of transient poverty, individuals with an experience of cyclical poverty and for individuals living in persistent poverty. Looking for these groups' specific effects will allow the pilot to uncover who gains and who doesn't from a Basic Income policy, and to generate more nuanced policy conclusions as well as to identify where the program design might be modified after the pilot, should a province wide roll-out be decided upon. Obviously, larger sample sizes will help in this regard.

2. Externalities and General Balance effects on the economy, overall running and expenditure costs long term:

The localized nature of the pilot will not always provide a full window on all the fiscal implications of replacing existing Ontario Works and ODSP with a single Basic Income, which

are not in the precise remit of the proposed pilot. Simulations for the purpose of projecting these costs will be of value, and some of the findings emanating from the pilot could well inform such simulation exercises.

The limited time and scope of the pilot may not allow the research team to fully capture the long-term and general equilibrium impacts of a province-wide Basic Income on prices (such as rent, wages, etc.). These effects are outside the remit of this Discussion Paper. Such impacts might occur if the redistribution of income achieved by a Basic Income influenced the movement of the aggregate supply and demand for various goods and services. Although some indications on this front will be provided by the tests conducted in saturation sites, simulations for modeling and forecasting purposes might help in understanding how these effects could arise.

3. Impacts of a permanent versus temporary Basic Income

By nature, the pilot will investigate the impact of a Basic Income during its time frame, for example, three years. There are many reasons to expect that participants' behavioural responses to such a temporary program may differ from the responses that would occur if such a program was anticipated by its recipients to be a permanent one, and that the nature and the level of benefits described in section E were in place for the foreseeable future. Knowing that a more generous and unconditional income support is only available for a few years might dilute their responses to the program in terms of labour market participation. Much media attention has, for example, focused on the potential impact of a Basic Income as a policy that would stimulate entrepreneurship by allowing people to take risks while knowing they can't fall beneath a certain floor if their plans do not succeed. However, one could imagine that the proportion of individuals willing to take such a risk knowing that a Basic Income may no longer be available in three years

might not be as substantial as those willing to take that same risk if they knew a Basic Income was permanent.

Other responses could vary between a permanent and temporary Basic Income program. For instance, it is only rational that households might try to save more of their Basic Income during a pilot if they fear a negative drop in their disposable income after the end of the pilot. Decisions relative to investment in human capital, living arrangements, etc. could also be affected for similar reasons, and attenuate the behavioural changes of participants. For many outcomes, the pilot would therefore be expected to generate some lesser positive effects of a Basic Income.

 The temporary nature of the pilot might unwittingly increase the anxiety and stress level of participants at the end of the pilot, as they get closer to the moment where they will return to Ontario Works/ODSP coverage. Not only might that bias the estimated impact of a Basic Income on mental health outcomes during the pilot, but it is also an ethical concern that should be taken into serious consideration by the research team, as discussed in section G.

4. Comparing BI with a subsidies-oriented approach

One testing approach that could be considered would consist of having an additional treatment arm in the RCT, or an additional saturation site, where rather than a Basic Income, enhanced subsidies for normal life necessities (such as rent, food, transportation, communications and digital services) could be distributed among those living in poverty (or whose incomes are below the Low-income measure). This would not be about a new poverty abatement instrument, but it would be a way to test an alternative way of reducing the living costs of low-income individuals, thereby increasing their disposable income. The impacts of such an initiative could be compared

with the impact of a Basic Income, and inform policy makers as to the relative efficiency of each approach.

5. Protecting benefits during a BI program for participants

As discussed in section E, current social assistance programs are associated with several additional benefits (such as the ODB, children dental coverage, support for vision care, certain employment related benefits, etc.), and eligibility to those benefits is associated with Ontario Works/ODSP status. In the context of a pilot, it is important to ensure that no participant is made worse off by maintaining eligibility to those benefits for the group of participants who are switched from Ontario Works/ODSP to a Basic Income. However, in the event that, given positive results from the pilot, the provincial government chose to opt for a scaled up, Ontario-wide version of Basic Income in replacement of Ontario Works and ODSP, a formal mechanism for preserving these benefits would have to be developed. Such benefits often serve policy objectives which suggest that they should not be replaced by a Basic Income (for example, "insurance-type" benefits). For the purposes of a pilot, a mechanism should be put in place allowing participants in a Basic Income group who were not on Ontario Works or ODSP prior to the start of the pilot, to request access to the appropriate benefits if their needs suddenly exceed their disposable income in the course of the pilot (for instance, if a change in their health requires the use of an assisted device, creates new special dietary needs, etc.)

6. Asset restrictions of the current Ontario Works/ODSP programs

General rule:

	Ontario Works	**Ontario Disability Support Program (ODSP)**
Single without dependent	$2,500	$5,000
Couple without dependent	$5,000	$7,500
Additional amount for each dependent	$500	$500

Exemptions include: Tools of trade and farm assets (necessary for business); business assets ($10,000 for self-employed Ontario Works recipients and $20,000 for self-employed ODSP recipient); dependents earnings; earnings while enrolled in post-secondary education, pain and suffering awards; most government compensation programs or reconciliation agreements; disaster relief assistance program; principal residence; proceeds from sale of principal residence if used to buy another residence within 12 months; main motor vehicle (and up to $15,000 on a secondary vehicle if employment is outside the residence); trusts from inheritance (up to $100,000, for ODSP recipients only); trusts from proceeds of life insurance policy (up to $100,000, for ODSP recipients only); discretionary trusts, private trust from award, settlement or gift (only if the trustee is not able to encroach on the capital for the person's maintenance); Office of the Children's Lawyer trust (only if not available for maintenance); life insurance policy (annuity, if the cash surrender does not exceed $100,000 combined with trust for ODSP recipient, for Ontario Works recipients, the cash surrender value of a policy is considered an asset if it is redeemable by a member of the benefit unit); locked in RRSPs and pension funds; loans (if used as intended); grants, awards and bursaries for education and training from the Ministry of Advanced Education and Skills Development or Canada Student Financial Assistance Funds for Education; RESP (if used as intended); Learning Earning and Parenting (if

used by a parent for post-secondary education invested in RESP); RDSP; Treatment of Payments Under the Transplant Patient Expense Reimbursement (if used for the purpose intended within a reasonable period of time); ODSP income support arrears (for six months for ODSP recipients); assets approved for disability related services (upon approval for ODSP recipients); Pre-paid funerals; and Quest for Gold Program Funding.

7. Earned income restrictions of the current Ontario Works/ODSP programs

Definition of earned income: For the purposes of Ontario Works and ODSP, earned income subject to restrictions corresponds to income from employment, the amounts paid under a training program and the net monthly income as determined by the Administrator (Ontario Works) or Director (ODSP) from an interest in or operation of a business (including for self-employed individuals), net of all mandatory contributions and deductions. Excluded from this definition are benefits or payments under all programs such as EI, CPP, the Workplace Safety Insurance Act, which are deducted dollar-for-dollar from Ontario Works/ODSP payments.

However, income from dependent children aged 18 or below, income from full time secondary or post-secondary students within the household are fully exempt under both Ontario Works and ODSP, and do not count towards the calculation of payment received under these two programs.

General Earnings Exemption Scheme: The first $200 per month in monthly net earned income does not reduce Ontario Works/ODSP payments. However, the payments are reduced by 50 cents for each additional dollar in earned income beyond that $200 base threshold. Restrictions on work income and asset accumulation are ways in which existing programs keep people out of the economic mainstream.

Three-Month Waiting Period: The Ontario Works rules do not allow a new applicant to benefit from the general earnings exemption scheme at the time of application and for the subsequent three months.

Other exemptions: Ontario Works and ODSP allow recipients to deduct from their net earned income the monthly cost of childcare, up to a limited amount and after the general earnings exemption scheme has been applied. The same is true for disability-related employment expenses for ODSP recipients.

8. List of data sets to consider for the evaluation of the pilot's outcomes

Several data holdings should be considered to evaluate the outcomes of and behavioural changes induced by a Basic Income within the context of a pilot. As mentioned in previous sections of the discussion paper, these datasets should be identified early on (before the recruiting of participants) in order to develop the adequate protocols to access them, and link them when possible. Most of these files are administrative records coming from health or tax records, so it is suggested that participants in the pilot be asked to provide consent covering:

- Access to their administrative records by the research team:

  Consent should be asked for current, future and historical records for a determined number of years before the start of the pilot. Consent to access future records would allow for secondary research studying the Basic Income impacts beyond the termination of the pilot to be conducted, and to document some longer-term impacts of having received the Basic Income

for the duration of the pilot (outcomes which would not be observed within the pilot's life).

- Linkages of administrative records across databases:

    For this purpose, all participants (in the saturation sites, the control group and the treatment groups of the RCT) who agree to take part in the pilot should be asked to provide their health card number and SIN. In the absence of those identifiers, probabilistic methods could be used to match the records using name, birth date/age, gender and potentially residential address. Although the rate of success for those matches could be relatively high[61], this method would require significantly more time, and would probably work better in saturation sites than in the context of the RCT.

- Linkages of administrative records to those of the other household members:

    First, this would allow for labour supply decisions to be observed and studied at the individual level, and also within the context of the household, to allow for joint decisions between its members. Second, the impacts of a Basic Income are likely to be observed not only for the individual receiving the payments, but also for the other member of his/her family. Information allowing for household records to be linked may be available from income data or tax records (through spousal SINs, or

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[61] For example, previous projects matching administrative health data to MCSS administrative records for ODSP recipients based on these four variables had success rates beyond 90 percent.

addresses)[62] and linking the health records of household members using the association between SINs and health card numbers could be considered.

Seeking consent would save much effort and time to the research team, and is likely to influence the capacity to analyze the impact of a Basic Income on the broadest possible range of outcomes with shorter delays. When asked for their consent to access and link these records, participants should be reassured that their privacy would be respected, and that the data set created would be kept under very strict security requirements. Data sharing agreements should then be designed and signed by the data custodians, and then, data sets should be linked and kept under the custody of an entity approved by the Privacy Commissioner of Ontario and the Privacy Commissioner of Canada.[63] Several months should be set aside in phase one of the pilot to complete those linkages. Ideally, the linked data (both survey and administrative) would be kept in a central repository, but this would have to be negotiated with data owners and custodians.

Below is a series of data sets that should be considered for the evaluation of the pilot's outcomes, listed by current custodian. This list is not exhaustive, and a research operations group for the pilot might identify other data sources that should be used. It should be noted that if those data sets were linked, they would also need to be held on a common platform, another item that should be addressed as early as possible in phase one of the pilot.

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[62] The interviews conducted in the first phase of the pilot should consider exploring the concept of household as a decision making unit, to determine if, in the absence of tax filers' spousal SINs, individuals sharing an address can be an appropriate way to define a household, and to link records.

[63] This entity should for instance meet the requirements of the Ontario Personal Health Information Protection Act.

It should also be noted that although most of the suggested data files provide information at the individual-level, community-level indicators[64] could be derived from these data sources and be used to study the impacts of a Basic Income pilot in saturation sites, and how they might exacerbate individual effects, or attenuate them. These community-level indicators should be considered for communities as a whole, but also broken down by income levels, to study the dynamics of the gap in outcomes between the population at the top and the bottom of the income distribution (for example, the evolution of health inequalities) following the introduction of a Basic Income and in relation with a Basic Income's impact on the financial situation/security of the population in each of these groups.

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[64] For example, some of the 120 standardized indicators developed by the Association of Public Health Epidemiologists in Ontario. These indicators could also of course be retrieved from aggregated data sources, such as IntelliHEALTH. Other indicators not available at the individual level could also be considered, to measure the community-level impacts of the pilot; for example the Early Development Instrument data (ideally at least one wave prior to the pilot and one wave during or after its implementation for the communities corresponding to saturation sites).

A. Institute for Clinical Evaluative Sciences (ICES)

The datasets held by ICES and listed below provide information on individuals' health outcomes, a range of individual characteristics, and a certain number of socioeconomic factors at the neighbourhood level. From those, individual longitudinal information on health care utilization and heath conditions/morbidities could also be retrieved.

- Client Agency Program Enrolment
  - **Type:** Administrative
  - **Information on:** Enrolment in primary care models
  - **Rationale:** Tracks patients' enrolment status with different practice types (Family Health Network, Family Health Organization, Family Health Team, Primary Care Network, Primary Care Group, Comprehensive Care Model, Community Health Group, Community Sponsored Agreement, Group Health Center, Health Service Organization), which can be used to see how access to front line services/primary care (as measured by enrolment) changes through time, but can also be used as control variables in analysis of health outcomes. Information available for individuals.

- Continuing Care Reporting System
  - **Type:** Administrative (annual)
  - **Information on:** Continuing care utilization
  - **Rationale:** Tracks the intensity of care received by individuals in long-term care facilities or in hospital complex continuing care units (including continuing care,

extended or chronic care, and residential care providing nursing services).
Information available for individuals.

- o Discharge Abstract Database

  - **Type:** Administrative (annual)

  - **Information on:** Patient separation (admissions, discharge, diagnosis and care received)

  - **Rationale:** Tracks changes in the utilization of care during inpatient hospitalization, in terms of intensity, length of stay, transfers to other facilities, admission type, institution information, disposition, resource consumption, etc. Documents birth deliveries and perinatal outcomes such as low birth weight, gestational age, etc., which are among the outcomes that may be the most likely to be influenced by a Basic Income in the short run. Information available for individuals.

- o OHIP Database

  - **Type:** Survey Administrative (annual)

  - **Information on:** Health care utilization

  - **Rationale:** Claims for care received, detailing the nature of services billed to OHIP for physician services, groups and laboratories. Information available for individuals.

- o Home Care Database

  - **Type:** Administrative (quarterly)

  - **Information on:** Home care (diagnosis and care received) in facilities coordinated by the Ontario Community Care Access Centres (CCACs).

- **Rationale:** Tracks utilization of home care such as nursing, physiotherapy, psychology, social work, respiratory services, etc. Includes assessment information, admissions and discharge, diagnosis and procedures. Some of these services are most likely used by seniors, so might not be as heavily used for the evaluation of the pilot's outcomes, but it could be helpful in documenting the full health care utilization profile of the participants. Information available for individuals.

o National Ambulatory Care Reporting System

- **Type:** Administrative (annual)

- **Information on:** Hospital-based and community-based adult inpatient ambulatory care

- **Rationale:** Tracks utilization of day-surgeries, outpatient care, emergency departments (including oncology and renal dialysis). Information available for individuals.

o National Rehabilitation Reporting System

- **Type:** Administrative (annual)

- **Information on:** Rehabilitation-facilities care (only for adults)

- **Rationale:** Tracks admissions and discharges in specialized facilities, hospital rehabilitation units and/or programs, designated rehabilitation beds and tracks the associated clinical outcomes (including functional independence measures, cognitive functions, health and functional characteristics, activities and participation in daily activities, social interactions) and diagnosis and interventions. Information available for individuals.

- o Ontario Drug Benefit Claims

  - **Type:** Administrative (monthly)

  - **Information on:** Prescription drugs claims for individuals with coverage and eligible drugs.

  - **Rationale:** Tracks prescription drug claims for individuals covered by ODB, including current ODSP and Ontario Works recipients with high drug costs relative to their income and registered with the Trillium Drug Program, and individuals enrolled in the home care program or living in a long-term care home or home for special care and individuals aged 65 and older (although this last category does not include pilot participants). Information available for individuals.

- o Ontario Mental Health Reporting System

  - **Type:** Administrative (annual)

  - **Information on:** Care received in designated mental health beds in acute and psychiatric facilities

  - **Rationale:** Tracks admission, care/service utilization, discharge and diagnosis for adult patients admitted to a mental health bed or hospital. Also documents history of self-harm and substance/alcohol consumption (two outcomes that are most likely to be impacted by a Basic Income in the short run), and identifies a series of life events related to mental health status. Information available for individuals.

- o Assistive Devices Program

  - **Type:** Administrative (annual)

- **Information on:** Individuals with long term disabilities receiving personalized assistive devices

- **Rationale:** Tracks information on individuals with a long-term disability with personalized assisted device(s) to support basic needs such as insulin pumps, ventilator equipment, etc., and might help with understanding individuals' management of their conditions. Information available for individuals.

o Registered Persons Database files

- **Type:** Administrative (annual)

- **Information on:** Eligibility status of individuals registered for insured health services

- **Rationale:** Contains some demographic information (gender, date of birth, postal code, Rurality Index, etc.), which can be linked to health utilization files to provide context on individuals. Information available for individuals.

o Ontario Census Area Profiles

- **Type:** Administrative (every 5 years)

- **Information on:** Demographic/economic characteristics of individuals' environment

- **Rationale:** Documents characteristics of an individual's socioeconomic environment (neighbourhood), which can be used in the analysis to control for confounding factors coming from participants' environment. Information at the geographic level.

It should be noted that many health outcomes are unlikely to change substantially in the short-term, and some of them (prevalence of chronic conditions and related service utilization,

prevalence of diabetes, life expectancy, avoidable mortality, all-cause mortality, etc.) are not necessarily always impacted measurably within less than 10 years.[65]

B. Ministry of Community and Social Services (MCSS)[66]

Access to administrative records from the Ontario Social Assistance data will be required to identify individuals who formerly received Ontario Works and ODSP prior to the pilot (or throughout the pilot as part of the control group in the RCT). They should track Ontario Works and ODSP utilization at the individual level prior to the pilot, in order to understand individuals' history of poverty and social assistance services, and to monitor changes as the pilot unfolds.

C. Micro-data from the five following (formatted) files currently held at Statistics Canada Research Data Centers (RDCs) could be considered.

- o Benefit Unit (family) information
    - **Type:** Administrative (monthly)
    - **Information on:** Social assistance status (including terminations) and family characteristics
    - **Rationale:** Tracks entry and exits from social assistance, and documents family composition and other characteristics such as type of accommodation. Information at the family level.
- o Member information

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[65] Examples provided by the Association of Local Public Health Agencies (alPHa) – Ontario Public Health Association (OPHA) Health Equity Workgroup.
[66] Information of First Nations in the existing MCSS data holding may be limited, and therefore, a pilot design should address the issue of data collection for First Nations participants (including if a saturation site is selected in collaboration with First Nations leadership).

- **Type:** Administrative (monthly)

- **Information on:** Individual demographic characteristics

- **Rationale:** Tracks characteristics of individuals on social assistance at the end of each month (includes information on age, gender, disabilities, immigration status and history, literacy, job search, etc.). Information at the individual level.

o Pay detail information

- **Type:** Administrative (monthly)

- **Information on:** Benefits received (types and amounts)

- **Rationale:** Tracks the monthly benefit/deduction to individuals on social assistance. Information at the family level.

o Income/Deduction information

- **Type:** Administrative (monthly)

- **Information on:** Income (all types) received (types and amounts)

- **Rationale:** Tracks the monthly income (gross and net) declared by individuals. Information at the individual level.

o Skills information

- **Type:** Administrative (monthly)

- **Information on:** Benefits received (types and amounts)

- **Rationale:** Tracks the skills acquired by individuals on social assistance, and potential barriers to employment. Information at the individual level.

The Social Assistance Business Intelligence System (SABIS) developed and maintained by the Policy Research and Analysis Branch (PRAB) at MCSS could alternatively be used. In addition to the variables mentioned above, this database contains information on the administration of

social assistance programs by MCSS. Additional micro-data on child benefits, drug benefits and dental benefits to social assistant recipients should also be considered.

It should be noted that data sharing agreements (or information sharing agreements (ISAs)) have already been established between MCSS and: (i) the Ontario Ministry of Finance for personal tax data; (ii) Employment and Social Development Canada for Employment Insurance data.

D. Ministry of Advanced Education and Skills Development (MAESD)/ Ministry of Education (MOE)

Access to educational outcomes of participants and their dependents through administrative individual-level data should be sought. These data would ideally be linked to all the other data sources listed in this document (potentially using parents' SINs or a combination of names and addresses).[67]

Ideally, administrative data similar to that described below would be accessed:

- o Student records (elementary/high school)
  - **Information on:** Test scores (ideally standardized measures such as Grade 3 and Grade 6 EQAO scores), missed school days (attendance), and secondary school completion.
  - **Rationale:** Tracks the learning progress, outcomes and inputs (attendance) of children. Ideally this information could be obtained for individual children from

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[67] If not possible, publicly available, data at the school/school board level could be used to evaluate educational community-level effects of BI for the saturation sites components of the pilot.

EQAO/MOE. The possibility of linking these files with health and tax data using addresses or parents' SIN numbers should be explored.

- o Student records (postsecondary)

  - **Information on:** Enrolment, graduation, program choices

  - **Rationale:** Tracks the learning outcomes of youth/young adults in postsecondary institutions, as well as their choice to pursue post-secondary education and the time to degree completion. Ideally this information could be obtained for individual youth/young adults from HECQO/ MAESD. The possibility of linking these files with health and tax data using addresses or SINs should be explored.

E. Ministry of Finance (MOF)/ Canada Revenue Agency (CRA)/ Statistics Canada

Access to tax data from individual income tax and benefit returns can be used to track people's incomes through time (not only for current social assistance recipients, but for all participants regardless of their employment status and total incomes). Some of these data will be directly linked to the administration of the program, and are collected by CRA. Statistics Canada has experience in linking some tax data to individual records from other sources.[68]

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[68] Recently approved linkages comprise: a project to link information from the paediatric Oncology Group of Ontario Networked Information System on children diagnosed with cancer to T1FF individual files; a project to link T1FF individual files to student records from 14 post-secondary education institutions; a project to link administrative data files from the Postsecondary Student Information System (PSIS), the Registered Apprenticeship Information System (RAIS) and the T1FF individual files; a project to link micro-data files from the Canadian Health Measures Survey to T1FF individual files; a project to link individual data from the General Social Survey to the T1FF, T1 and T4 files.
http://www.statcan.gc.ca/eng/record/2015. Another example is the linkage of tax data have to administrative (student records) data for individuals forming the University of Ottawa's graduating cohorts 2008-2010, for a project led by the Education Policy Research Initiative. The linkages were developed at Statistics Canada following the appropriate privacy and security protocols
http://static1.squarespace.com/static/5557eaf0e4b0384b6c9b0172/t/55de23cce4b04ac3473ff754/1440621516496/Data+and+Methodology+Tax+Link+Briefs.pdf

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o T1 Family files/T1 Personal Master files/T4 Summary and Supplementary files[69]

- **Type:** Administrative (annual)

- **Information on:** Incomes (households and individuals), taxes, transfer payments, contributions to pension plans, wealth

- **Rationale:** Tracks incomes from all participants (receiving and not receiving Basic Income) and from all sources: employment income, pension income, self-employment income, non-taxable income, other incomes (such as CCB transfers, non-refundable and refundable tax credits, other governmental transfers, investment income, etc.). T1FF files provide information on the incomes of all individuals, and not only on the incomes of social assistance recipients (on the other hand, MCSS social assistance information contains information that is not available via the tax records of social assistance recipients, such as skills related variables, job search history, etc.). T1FF can also provide access to the items such as claimed tax credits, which enable researchers to track certain behaviours from tax filers (spending patterns on certain items, etc.), and may also offer the opportunity to look at savings behaviours to a certain extent by tracking wealth and contributions (e.g. pensions). Information at the individual level.

- **Challenges identified by the Ontario Ministry of Finance (MOF):**

  i. MOF currently holds tax data under two data sets: one provides information on individuals' incomes (without sources of incomes such as tax credits and various benefits) and the other (household model) contains

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[69] For the purposes of running the pilot's operations (for example, determining the benefits to be paid to each participants under the Basic Income based on their income), the Automated Income Verification data by the MOF might be used.

income information at the household level and additional information on property tax data, benefits, and some social assistance information. This last database would be most appropriate to evaluate the impacts of a Basic Income pilot, however according to the current protocols; linkages with other administrative datasets (without individuals' consent) require complicated data arrangements. If consent is not obtained, this issue should be addressed as early as possible.

ii. The MOF tax data holding are only available with a lag of approximately three years, putting some restrictions on the evaluation window of the pilot.[70] Similar delays may be experienced with the CRA.

F. Employment and Social Development Canada

Access to individual EI records, which would be linked to all aforementioned datasets, would track, among other outcomes, EI claims, individuals employment/unemployment spells, and employment status.

- o Employment Insurance (EI) individual records
  - **Type:** Administrative (monthly or annual)
  - **Information on:** Status, history, benefits and incomes of former and current recipients of EI

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[70] Another issue to be considered if tax data is accessed from MOF, is the capacity to access historical tax data for individuals who might have filed in other provinces in the years prior to the pilot (but who would still meet the eligibility criteria to participate).

- **Rationale:** Tracks unemployment spells of individuals claiming EI, as well as their main occupation, former employment status (self-employed, formerly employed, seasonal worker, etc.), the types of benefits received, and the number of periods over which benefits have been claimed/received. Information at the individual level.

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Wednesday, Dec 21, 2016
Type:	Correspondence for Information Only

For Information Only

Social Assistance Changes with Exemption of Child Support Payments

Resolution

For Information Only

Finance Implications

At this time, there are no financial implications.

Health Impact Assessment

Child support payments are meant to support the health, well-being and development of the child, thereby exempting child support payments as deductible income will mean that Ontario Works clients will have more disposable income.

Background

The intent of the Ontario Works Program is to help people in temporary financial need find sustainable employment and achieve self-reliance through the provision of effective, employment services and financial assistance. The City of Greater Sudbury's Social Services Division delivers the Ontario Works program that is mandated by the Province of Ontario. It also supports the Employment Support Unit, the Family Support Unit and the Finance Unit.

Signed By

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Digitally Signed Dec 21, 16

Health Impact Review
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Division Review
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Recommended by the Department
Catherine Matheson
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Digitally Signed Dec 21, 16

Recommended by the C.A.O.
Ed Archer
Chief Administrative Officer
Digitally Signed Dec 22, 16

To date, as a condition of eligibility, applicants and recipients are, with certain exceptions, required to make reasonable efforts to pursue child or spousal support to which he/she, or a dependant, may be entitled. The Family Support Unit, which includes the Manager of Family Support and five Family Support Workers, are responsible for assisting applicants and recipients with fulfilling this component of their Ontario Works conditions. An operational review will be conducted in early 2017 to determine the impact on the adminstration of the Family Support Unit.

Child Support Payment Exemption

Over the past several years, the Government has taken steps to move services for children outside of social assistance. The Government has already implemented initiatives such as:

- Ontario Child Benefit, which is exempt income under social assistance
- Healthy Smiles Ontario, which is the Province's integrated dental care program for low income children

Effective February 1, 2017 child support payments and the CPP Orphan Benefit payment for Ontario Works and Ontario Disability Support Program (ODSP) client's children, regardless of their age, will be fully exempt as income. This means that if clients receive these payments on behalf of their child or children, it will no longer be deducted from their monthly social assistance cheque.

This means that clients will have more money to meet their needs as the amount received in child support will no longer be reducing the monthly social assistance entitlement. Also, parents will no longer have to pursue child support as a condition of receiving social assistance. The Province estimates that approximately 19,000 clients across Ontario will see an immediate increase due to these changes.

For spousal support, Ontario Works and ODSP clients who are entitled to receive this will continue to be required to pursue spousal support payments as a condition of eligibility for social assistance. There is no change in the current process to this component as spousal support income will continue to be deducted as income for social assistance.

Currently, the Family Support Workers are responsible for the delivery of this part of the program.   As the Province is deeming these tasks and requirements as no longer a mandatory function, the amount of administrative work will be significantly decreased effective February 1, 2017.   The Ministry has committed to ensuring the financial allocation for the administrative costs will not be reduced for 2017, however confirmation of any future reductions for 2018 and beyond once the transition has occurred in 2017 have not been received.

In an effort to assist delivery agents in transitioning, two surveys were developed by the Province to be completed by all 47 Municipalities and DSABs which are designed to:

- Provide delivery agents with a tool to develop local plans, and
- Provide the Ministry with an understanding of the range of current supports being provided as well as the future state after the implementation on February 1, 2017.

The Social Services Division, Family Support Unit has completed the initial survey which illustrates and documents a current inventory of services and supports available to Ontario Works clients who are pursuing support payments.

With these upcoming changes, the expectation of the Ministry is that Ontario Works offices ensure clients have a clear path to pursue child support, should they choose to do so. The Ministry also recognizes that these plans will be tailored to each delivery partner's local needs and resources will vary across the Province.

Exempting child support payments is consistent with the government's commitment to reduce child poverty and its long term object of moving financial support for children outside of social assistance. Child support payments are meant to support the health, well-being and development of the child.

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Wednesday, Dec 21, 2016
Type:	Correspondence for Information Only

For Information Only

Client Navigator Program Final Report

Resolution

 For Information Only

Finance Implications

 The City of Greater Sudbury received $71,725 in Provincial grant funding through the Local Poverty Reduction Fund, as well contributed $29,557 through in kind services, for a total project cost of $101,282.

The project was carried out within this budget and therefore there were no additional financial implications to the City budget.

Health Impact Assessment

The Client Navigator Program resulted in a direct and positive impact on the health and well-being of participants by assisting homeless individuals to connect with health, social and housing supports.

Background

The Local Poverty Reduction Fund is a $50 million, six-year initiative created by the Province of Ontario to support innovative, community-driven projects that measurably improve the lives of those most affected by poverty.

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Health Impact Review
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Ed Archer
Chief Administrative Officer
Digitally Signed Dec 21, 16

The Local Poverty Reduction Fund provides funding to community organizations and Municipalities to support and evaluate their poverty reduction initiatives, create partnerships, and build a body of evidence of programs that work for Ontarians living in poverty.

By supporting projects in Communities across the Province, this initiative aims to harness innovative ideas from local, community-based approaches and establish new ways of tackling poverty. Using the evidence

gathered from these projects, the government will work to apply best practices across the Province and focus on funding programs that are proven to work and that can expand over time.

A Call for Proposals was issued in June 2015. The Local Poverty Reduction Fund was available to a wide range of groups across Ontario, including not-for profit corporations, registered charities, broader public sector organizations such as school boards, Municipal Governments, District Social Service Administration Boards, Aboriginal Communities and organizations.

The Poverty Reduction Strategy Office at the Treasury Board Secretariat is responsible for the overall program and assessment of the applications. The Local Poverty Reduction Fund office has partnered with the Ontario Trillium Foundation to administer the Fund.

Client Navigator Program

The Community Development Department, Social Services Division, was successful in its 2015 grant application to the Local Poverty Reduction Fund. The total project cost was $101,282, of which the Local Poverty Reduction Fund provided a grant of $71,725 and $29,557 was offered in-kind by the Social Services Division of the City of Greater Sudbury.

The funding received was used to hire two "Client Navigators" (one Aboriginal, one bilingual) within the Social Services Division. The two staff were employed between January and June 2016 to assist individuals who were staying at the Out of the Cold Emergency Shelter Program to access the necessary supports and services to move from street to home. They worked a split shift, spending three and a half hours at the shelter in the evening connecting with clients and creating relationships, and then having day time hours to meet with clients in the Ontario Works office or out in the Community. They provided a one-on-one client centered response and assisted clients to access a variety of services such as applying for Ontario Works, registering with the Homelessness Network for housing case management support, completing the social housing application, accessing crisis, addiction or mental health services, as well as accessing Aboriginal or bilingual supports as required.

The goal of this unique program was to reach the most chronically homeless and difficult to serve citizens who are typically disconnected from homelessness services. As defined by the Government of Canada, chronically homeless refers to individuals, often with disabling conditions, (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e. have spent more than 180 cumulative nights in a shelter or place not fit for human habitation). Client Navigators reached this goal by establishing and maintaining relationships with shelter clients and focused on connecting participants to housing, health and social supports. Collaboration with Community Partners was essential to the success of the program.

The Client Navigator Program was evaluated by the Social Planning Council of Sudbury using information shared directly by clients and data entered into the Federal Government's Homeless Individuals and Families Information System (HIFIS). Third-party evaluation was a mandatory requirement by the Treasury Board. A stakeholder survey was completed by the Social Services Division.

Program Evaluation Key Findings

- Introducing Client Navigators into an emergency shelter was successful in housing homeless men in Sudbury;
- The personal approach through direct client contact and follow-up was effective at housing homeless men in Sudbury;
- Client Navigators worked directly with 46 individuals accessing the Out of the Cold Emergency Shelter;

- 54% (25 people) were housed either in private market, subsidized housing or returned to a previous address;
- Of the 25 participants who were successfully housed, 52% (13 people) identified as Indigenous and 48% (12 people) as non-Indigenous;
- The most reported factor contributing to the client's need of Navigator Program services was alcohol abuse (33%), while a quarter of clients were reported as having experienced relationship breakdown (24%);
- 75% (15 respondents) of Community Partners agreed that the services provided by the Client Navigators were beneficial for individuals staying at the Out of the Cold Emergency Shelter; and
- 90% (19 respondents) of Community Partners agreed that the Out of the Cold Emergency Shelter was a good location to reach the chronically homeless.

According to the Final Evaluation Report submitted by the Social Planning Council, a key lesson learned is that there are many factors that can impact a homeless person's housing success. This evaluation found that attributes such as age, gender, immigration status, Indigenous identity, language of service, and income, can play a role in whether an individual is successfully housed. Contributing factors such as substance abuse, family/relationship breakdown, as well as a transient lifestyle and unemployment, can present additional challenges to an individual becoming housed.

In addition to the results reported in the program evaluation, it is of interest that approximately 22% (10 people) transitioned to programs or services as a forward step to securing permanent housing. For example, the Client Navigators assisted individuals with access to primary health care, mental health services, withdrawal management programs, and enhanced shelter options with additional supports. The personal approach practiced by the Client Navigators included helping individuals access social benefits, visiting landlords, shopping for apartment necessities, completing rental and rental subsidy applications and connecting patrons to community programs and supports. Housing success is an important indicator; however, each step towards housing stability was celebrated as individuals progressed from street to home.

A very special thanks is extended to the Treasury Board for this opportunity to be able to provide this program in the City of Greater Sudbury, and to the Ontario Trillium Foundation for their administrative assistance.

Next Steps

As a result of the success of the Client Navigator Program, local homelessness providers have incorporated program elements into their shelter services with the understanding that building trust and connections with individuals experiencing homelessness can have positive results. The Client Navigator Program results will be used to inform provincial partners in this initiative and to improve services locally.

For Information Only

Residential Rent Supplement Opportunities in Second Units

Resolution

For Information Only

Finance Implications

Greater Sudbury Housing Corporation oversees the Rent Supplement Program and therefore the funding for the program is included in their base budget. The 2016 rent supplement budget was $3,143,136, of which the Ministry of Housing provided $370,701 and the municipal tax levy funded $2,772,435. An increase in the number of residential rent supplement units would require additional municipal funding and therefore have an impact on the tax levy.

Health Impact Assessment

Residential rent supplements in second units would assist in alleviating pressures on access to affordable housing. As a social determinant of health, housing is an all government agenda item and has been identified as a key element supporting health care transformation and quality of life.

Background

In March 2016, the Province of Ontario announced the Long Term Affordable Housing Strategy (LTAHS) Update, which augmented the original LTAHS from 2010. The updated strategy was introduced to reflect new research and best practices related to housing and homelessness and to align with broader provincial government initiatives related to affordable housing (Poverty Reduction Strategy, long term goal of ending homelessness, etc.).

The strategy update was founded on the vision that "every person has an affordable, suitable and adequate home to provide the foundation to secure employment, raise a family and build strong communities."

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The province has identified key elements in the vision of how social housing will look in Ontario in the future. The key elements are organized around four themes:

- A modern program framework
- A more coordinated access system for people in need
- New approaches to financial assistance
- A vibrant not-for-profit and co-operative housing sector

The goals of the provincial strategy are:

- An appropriate and sustainable supply of housing
- An equitable, portable system of financial assistance
- People centred, efficient housing programs
- Developing an Indigenous Housing Strategy
- Achieving an evidence-informed system.

On July 12, 2016, Council approved an amendment to the Official Plan and Zoning By-law 2010-100Z to permit secondary dwelling units within the City of Greater Sudbury. A secondary dwelling unit is a separate living space with a kitchen, bathroom, and sleeping facilities that is located on the same property as either a single detached, semi-detached, row or street townhouse. The secondary dwelling unit can be located within the primary dwelling unit, attached to a dwelling unit or within an accessory structure.

The City's Development Charge By-law (2014-151) provides rules with respect to exemptions for intensification of existing housing, in accordance with the Development Charges Act, 1997. Specifically, the addition of a dwelling unit in an existing single-detached, semi-detached, and other residential buildings, is exempt from paying development charges provided that the residential gross floor area of the additional unit does not exceed the residential gross floor area of the existing dwelling. This means, that, in general, second units added to the principal dwelling are exempt from development charges.

Currently, should a proponent wish to build a second unit in an accessory structure or in a new dwelling, the unit would be subject to development charges. Bill 7 (*Promoting Affordable Housing Act, 2016)* proposes to prohibit municipalities from imposing development charges when a second unit is created in a new residential building. Bill 7 is currently in second reading in Parliament.

Should Bill 7 pass, the only remaining type of second unit that would not be exempt from development charges are second units in accessory structures, such as garages. Staff is in the process of reviewing the impact of second units and development charges with Hemson Consulting, and will report back to Council in the first quarter of 2017 with findings and recommendations.

Staff brought forward a report regarding the "Registration of Secondary Dwelling Units" to Planning Committee on December 12, 2016. The report recommended that City pass a by-law requiring the registration of second units.

The purpose of a "Registration of Secondary Units" By-law is to ensure that secondary units meet CGS Zoning By-law 2010-100Z land use requirements, as well as Ontario Building Code or Fire Code requirements so to ensure that the tenants live in a healthy and safe environment. It will also provide clear title to property owners of secondary units when selling properties or arranging financing. Further it will allow the City to maintain an inventory of single detached dwellings, semi-detached dwellings, row dwellings and street townhouse dwellings that contain secondary dwelling units to be shared through a public registry for consumer use.

Rent Supplement Process

Greater Sudbury Housing Corporation (GSHC) oversees the administration of the Municipal Rent Supplement Program. The service target levels for the Rent Supplement Program are 553 Municipal and 100 Provincial units totaling 653 units.

GSHC determines the rent supplement unit allocation and that ongoing funding is available within their designated budget. Each year GSHC confirms commitment of the rent supplement allocation through the annual CGS budget process.

When additional units are required, GSHC sends out public ads seeking private landlords who may be interested in renting their unit(s) through the program. GSHC also approach existing rent supplement landlords for take up of additional units within their buildings.

Each unit is inspected to ensure the appropriateness of the stock being offered for take up (unit size, location, building/unit condition, compliance of respective codes, amenities, services, etc.). GSHC then determines the guaranteed landlord rent by reviewing the rent roll from the landlord and the building in which units are being offered.

A recommendation is prepared and presented to Housing Services for potential take up and approval. GSHC completes an Authorization to Lease form which is approved by the Manager of Housing Services.

Once the authorization to lease has been executed, GSHC negotiates a rent supplement agreement with the private landlord and adds the unit(s)to their portfolio.

GSHC access the CGS Housing Registry waitlist to fill the vacant rent supplement unit(s).

The rent supplement monthly report is prepared by GSHC and is adjusted to reflect the addition of a new unit and the budget is adjusted to reflect the new unit take up. Housing Services monitors the rent supplement budget on a monthly basis to ensure that the increase in costs can be absorbed.

Rent supplement agreements can be administered to residential homes that have self contained second units. The same process would apply as mentioned above. Residential second units within homes would need to be registered as a second unit with the City of Greater Sudbury to ensure that all pertinent building code inspections have been completed, and the residential owner would need to select a household from the CGS Housing Registry waitlist.

Budget for the Municipal Rent Supplement Program is provided through two funding envelopes: Ministry of Housing and the CGS Tax Levy. The Province has been decreasing their annual contribution on a yearly basis. In 2016, the Province contributed approximately 11% of the total rent supplement budget.

In the rent supplement program, the funding is tied to the unit and paid directly to the landlord. The Province is currently looking at alternate models of funding social housing. One of the models they are reviewing is called portable benefits. This type of benefit is paid directly to the household and not attached to the unit.

Rent Supplement Survey

A survey was completed through the Ontario Municipal Social Services Association (OMSSA) - Service Manager Housing Network to confirm if other Service Managers across the province utilized private sector residential homes as rent supplement units. Below are the responses received:

Region of Waterloo - does not have any rent supplement in secondary units of private home owners. The Service Manager believes that Halton Region does allow rent supplements in secondary units created under their Ontario Renovates program if the homeowner fills the rental unit with a household from their Registry wait list.

Cochrane DSSAB - does not use secondary units as part of their rent supplement agreements.

Lanark County - does not have any commercial rent supplement units in secondary suites at the present time, however, they do have a lot of IAH Rent Supplement and housing allowance agreements with homeowners. They expect that in the future they would consider secondary suites as there is not a lot of purpose build rental stock in their area.

District of Thunder Bay Social Services Administration Board - A few units have been utilized in the Private Landlord Rent Supplement Program. Thunder Bay usually picks up units that are independent of where the landlord resides. Secondary units in their municipality are often found in household basements which are not the preferred dwelling type for their clients. A lot of complaints were received from tenants residing in basement units such as constant mold/musty odour, lack of heat, as well as constant landlord-tenant issues regarding space, access to yard or other common areas.

Manitoulin-Sudbury DSSAB - The unit would need to be self contained in order for it to be eligible under their rent supplement program. Self contained means that the unit would need to have its own washroom and kitchen.

City of Brantford - The city does not currently have any rent supplement within homeowner dwellings but as they are always looking for additional rent supplement units, they do not see a reason that they would not accept a safe and affordable unit. Staff in Brantford feel that some tenants have more successful tenancies when they are living in a low density environment.

Additional Programs

Housing Services is currently administering the Social Housing Affordable Rent Program (SHARP) in partnership with the Ministry of Finance. This is a form of a portable benefit. The funding for this program was part of the Investment in Affordable Housing Extension program funded by the Province since 2014. The goal of SHARP is to bridge households who are currently on the Registry waitlist to a social housing unit. There are 57 households participating in the Program. This provincial funding has been secured until 2024.

Vacancy Rates and Wait Times

According to CMHC Housing Market Outlook Report, the vacancy rate for rental apartments in Greater Sudbury is approximately 4.6% in 2016. The vacancy rate for Greater Sudbury's Social Housing Portfolio is less than 1%.

The length of time that households are waiting for a subsidized unit is approximately 3 years for a one (1) bedroom unit, 1.5 years for a two (2) bedroom unit, and approximately six (6) months for 3 bedrooms and larger units. This wait time varies according to the social housing project as some buildings are more desirable than others.

Next Steps

Staff in Housing Services will work with the Planning Dept. to ensure that a communication plan is developed to advise citizens of the changes to the Development Charge By-Law related to second units, and the connection to the rent supplement program.

An amendment to the existing rent supplement agreement will be prepared pertaining to the registration of second units with the City of Greater Sudbury, Building Services Dept. The purpose of the registration is to make certain that the second units meet CGS Zoning By-Law land use requirements, ON Building Code, and ON Fire Code requirements to ensure that the tenants live in a healthy and safe dwelling.

For Information Only

Service System Management of Early Years and Family Support Programming

Resolution

For Information Only

Finance Implications

The 2018 provincial funding allocation for the Ontario Early Years Child and Family Centres is still under development and should be shared with municipalities in 2017. However, it is not expected to result in an increase to the current cost-sharing formula, and therefore will not result in an increase to the tax levy.

Health Impact Assessment

Early years and family support programming supports academic achievement, health and well being (happier, healthier and more resilient children) and lifelong success. An extensive needs assessment will be used to determine equitable neighbourhood distribution of programs and services across the community. Service data will be collected to monitor the utilization, quality and desired outcomes of the program.

Background

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The Ministry of Education has recently established a new provincial approach for the integration and transformation of early years and family support programs for parents/caregivers and young children (ages 0 – 6). All existing child and family programs funded by the Ministry of Education will be combined into one program model and municipal governments, who already manage child care and some child and family support programs, will be transferred further management responsibility for the delivery of all these programs and identified core services by 2018. The provincial government has committed that it will maintain its current provincial investment in child and family programs which will be branded as Ontario Early Years Child and Family Centres and will develop a new transparent and responsive funding approach

that will redistribute funding by 2018. It is expected that the ongoing program costs will be 100% funded by the Province and not constitute a new cost-sharing program. This new funding formula may result in a change in the City of Greater Sudbury funding allocation.

Local Impact of the Integration and Transformation of Early Years and Family Support Programming

The City of Greater Sudbury funds and manages many of the programs currently delivered in Best Start Hubs and in this transfer, will assume further responsibility for the former Ontario Early Years Centre (operated by Child and Community Resources) and for some programs operated by Better Beginnings, Better Futures. In an expanded role as service system manager, Children Services will continue to lead mandated local early years service system planning through the Planning Network for Sudbury Families.

Local Planning of Early Years Service System

Through an early year's system service planning process, the Planning Network for Sudbury Families will guide Children Services in the development of an initial neighbourhood service plan which is due to the Ministry of Education in May 2017. Locally, this plan will focus on:

- the transformation of Best Start Hubs to Ontario Early Years Child and Family Centres within the context of local community services and identified core services;
- an equitable program and services distribution formula that is responsive to changes in funding levels; and
- the resulting neighbourhood service plans that are based on community needs.

The planning principles being followed include:

- using local needs assessment to ensure informed planning;
- building on existing strengths by maintaining current service providers;
- ensuring minimal service disruption for families; and
- transparency regarding decisions; constant and consistent messaging to families and partners.

The planning process will therefore include:

- a local needs assessment
- core service development and distribution formula
- an accountability framework
- communication strategies
- neighbourhood service implementation plans

Next Steps

The local needs assessment undertaken in the fall of 2016 will be presented to the Planning Network for Sudbury Families in January 2017. Children Services along with the Network will then develop a neighbourhood service implementation plan for the Ontario Early Years Child and Family Centres. This plan will reflect a collective effort with our community partners, and will include an accountability framework and communication strategies for families and the broader early years community. The provincial funding formula and allocation will be provided to municipalities by the Ministry of Education in the spring of 2017.

These neighbourhood service implementation plans will be presented to the Community Services Committee for approval in April 2017, for submission to the Ministry of Education in May 2017. Children Services will work with community agencies and partners to transition current services within the Best Start

Hub network to the new Ontario Early Years Child and Family Centre model for January 2018. New Early Years Funding agreements will be drafted for 2018, to reflect the new funding levels to individual provider agencies, and will include the reporting of measurable outcomes, in accordance with Ministry of Education requirements.

Request for Decision

Field House Booking Policies

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Wednesday, Dec 21, 2016
Type:	Managers' Reports

Resolution

WHEREAS a review of field house booking policies was undertaken in 2016, and;

WHEREAS historical practices were identified as not being compliant with current policies, and;

WHEREAS it is important to balance the work of volunteers in neighbourhood locations with City of Greater Sudbury administrative policies;

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury implements the recommendations identified in the report on neighbourhood field houses dated December 21, 2016;

AND THAT a clear communication plan be put in place to ensure volunteers are fully trained on new policies and procedures.

Finance Implications

The recommendations outlined in the report will increase the workload of Lead Facility Booking/Registration Clerk as all field house bookings will be tracked through the CLASS system. Filed house bookings have not been tracked in the past, and therefore the final impact on workload is not known.

There are no significant financial implications as existing staff will take on the additional work.

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Health Impact Assessment

The existing policies and procedures for neighbourhood field house bookings has been reviewed and proposed changes are intended to set up a standardized process for all volunteer groups that operate field houses on behalf of the City of Greater Sudbury.

Financial Impact

The recommendations outlined in the report will increase the workload of Lead Facility Booking/Registration Clerk as all field house bookings will be tracked through the CLASS system. Field house bookings have not been tracked in the past, and therefore the final impact on workload in not known.

Executive Summary

In mid 2016, an evaluation of the fee collection processes at neighbourhood field houses was undertaken with the collaboration of Leisure Services and Finance staff.   It was determined that there were a number of pre-existing practices that are not compliant with City finance policies. This report will outline these practices and will outline an updated process to ensure compliance on a go forward basis.

Background and Current Status

The City of Greater Sudbury supports the efforts of community volunteers at 65 neighbourhood field house locations throughout the community. Prior to and since amalgamation, community volunteers have offered community events during all seasons, created and supported the operation of outdoor rinks in conjunction with outdoor rink staff, and assisted with the general cleaning of the field house buildings. These volunteers also ensure that the buildings are available for community use including; community meetings, neighbourhood playground meetings and any other community use that may be required. There are third party or private bookings that occur from time to time as well. Existing practice is that the use of the building is provided in exchange for a nominal monetary donation (approximately $50.00), that would provide recognition of the efforts of volunteers in setting up table and chairs for the event, cleaning the building etc. This practice is not consistent with the user fee by-law. The donation is paid directly to the local neighbourhood playground volunteer committee and these funds form part of their fundraising dollars to support community events, concession operation or other community initiatives such as the support of Sudbury Playground Hockey League teams.

Through the process review, it was identified that the current practice does not comply with City finance policies. Furthermore, fees need to be aligned with the Annual User Fee By-law. The following key findings were identified:

- Any third party using a CGS facility must interact with the CGS staff directly and pay the specific fees prescribed in the Annual User Fee by-law
- All bookings must be entered into the Recreation Facilities booking system to ensure any insurance requirements/waivers are obtained to reduce the City's liability.
- Any CGS funds that are directed to community groups in this fashion are defined as grants, and grants must be approved through the authority of City of Greater Sudbury City Council.

Recommendations

Recommendations were developed to ensure that new processes would not create an increased burden on volunteer efforts; rather it should simplify the current process while continuing to allow for recognition of the valuable work of municipal neighbourhood volunteers throughout the community.

In order to ensure compliance with the Annual User Fee By-law and the Finance policies, the following recommendations were developed:

- Develop a policy for field house usage outlining adherence to the annual user fee by-law as appropriate (corporate, non-profit or free usage). Existing field house fees as of April, 2016 are as follows:

Community Groups, Non-Profit and Minor Sports - No Alcohol:

One Day	$75.00
Monthly Rate (Up To 5 Uses)	$150.00
Annual Rate - 12 Times Per Year	$310.00
Annual Rate - Unlimited	$410.00

Should Council wish to maintain the one day fee at a similar rate to what volunteers had collected previously in the form of a donation, an amendment to the annual User Fee By-law would be required. This policy will also outline criteria regarding appropriate usage (alcohol, petting zoo, etc.) as well as the facility booking process. Volunteers will continue to assist/provide rental forms and assistance with facility availability with an alternate solution regarding fee collection.

- Develop a process for payment collection that is removed from the field houses, directing customers to the existing Citizen Service Centres, to avoid the requirement of cash handling protocols on site and reduce liability for both the City of Greater Sudbury and municipal volunteers.
- Formalize a grant program to ensure that any fees collected for each site are then directed back to those neighbourhood volunteers through an approved grant process on a semi-annual basis.

These policy changes are intended to be communicated to the neighbourhood association volunteers beginning in January 2017, with full implementation before April 30th, 2017, following Council approval. A clear communication plan will be developed, including facility rental forms, criteria, and frequently asked questions to ensure clarity on-site for volunteers. An information meeting for neighbourhood volunteers will also be required to allow staff to visually walk through the process with volunteers, answer questions and provide support.

Conclusion

These recommendations will increase transparency and provide a higher level of accountability regarding funds collected at neighbourhood field houses, while ensuring compliance with City finance policies and the Annual User Fee By-law. Implementation of these processes is intended to begin through a communication plan to neighbourhood volunteers, beginning in January 2017, with full implementation and compliance before April 30th, 2017.

Request for Decision

Community Halls Review

Presented To:	Community Services Committee
Presented:	Monday, Jan 16, 2017
Report Date	Wednesday, Dec 21, 2016
Type:	Managers' Reports

Resolution

WHEREAS City Council passed five (5) recommendations with regards to the Community Halls Portfolio in 2014, and;

WHEREAS the Leisure Services department has run a deficit in the Community Halls portfolio over the past two years, and;

WHEREAS an evaluation of the 2014 recommendations has identified further changes,

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury approves the recommendations as outlined in the Community Halls Review report dated December 21, 2016;

AND THAT a report is brought back to Community Services no more than six months after the implementation of the changes to update the committee on impacts.

Finance Implications

If approved, additional revenues received in 2017 will form part of the year end position. The 2018 budget will be adjusted to reflect correct usage at the correct rates.

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Health Impact Assessment

The policy has been reviewed utilizing the Health Impact Assessment Screening Tool indicating that services for non-profit users are going to be negatively affected. The loss of one free rental per year could impact non-profit user's budgets which could have an impact on service levels for the community.

Financial Impact

The community halls portfolio has incurred a deficit of $146,322 in 2015 and a projected deficit of approximately $160,000 in 2016. The proposed changes in the report are expected to reduce the potential

deficit in user fees for 2017, which would be approximately $50,000 based on historical demand. The financial impact of the recommendations will be based on demand and a mid year report will be brought to committee for review and impact.

Background

The City of Greater Sudbury currently operates 18 community halls throughout the community and in 2014 a working group was struck consisting of City of Greater Sudbury staff and City Councillors. Five recommendations (Appendix A - Community Halls Report - Recommendations - January 28, 2014 - attached) were adopted by Council at that time including the following:

1. Enhanced marketing for community hall usage
2. Capital investments in community halls
3. Amended user fees to allow for free rentals to non-profit groups
4. Enhanced hall maintenance for halls located in arenas
5. Catering for municipally owned halls pilot project

As part of the evaluation process and given the recent decline in revenue in community halls, staff is bringing forward further recommendations for the community hall portfolio.

Current State of Recommendations and Action to be taken

Enhanced Marketing for Community Hall Usage

This recommendation was undertaken with the intent that the City of Greater Sudbury would use some free forms of advertising. Staff did pursue additional advertising within the Leisure guide however with the decision to move the Leisure guide to an online model, the strategy needs to be updated. One recommendation by staff is to use the new digital advertising board at Bell Park to advertise hall rentals which would be consistent with other Leisure programs that are currently being advertised on the board.

Capital Investment in Community Halls

In terms of capital investments, the City of Greater Sudbury has made some minor investments in community halls such as paint and other cosmetic improvements however they have been limited due to the priorities that are outlined in building condition assessments for the Leisure Services portfolio. The Leisure Services capital budget has primarily focused on large scale plant and building envelope issues rather than investing in projects of a cosmetic nature. This has meant that washrooms, paint and flooring have not been updated to current standards. For the foreseeable five year capital outlook, minor capital in this area will remain as a low in the priority list given the major challenges the department is experiencing in plant and building envelope failures.

Amended User Fees

The amended user fees have been well utilized by non-profit groups with free rentals reaching close to 300 over the past two years. There were 151 free rentals in 2015 and 141 booked to the end of the month of December in 2016. The total revenue lost for these rentals totals approximately $20,000 per year, however it should be noted that the non-profit groups may not have proceeded with a rental if they were required to pay. It is therefore unclear if the City of Greater Sudbury could rely on the full revenue increase if the policy is changed.

While non-profit users are utilizing the facilities more often, there has been also been a community wide drop in user fee rentals with a revenue variance in 2015 of ($36,833) and ($47,093) projected in 2016. Furthermore, the other part of this recommendation stated that non-profit users also be responsible for cleaning up after events. Frequently, free rentals generate additional cleaning needs with no corresponding

increase in revenue. Staff is generally cleaning the hall to some extent following free rentals. In most circumstances, the intended cleaning support has not been fully sufficient to support a clean facility suitable for the next paid event rental.

For the 2017 budget, staff has included a 3% increase in user fees for this particular area. Staff is recommending an end to the practice of providing hall rentals for free.

Enhanced Hall Maintenance for Halls Located in Arenas

The functional services of Leisure Services will be reviewed and restructured in early 2017 with an emphasis on organizing around priorities. Several changes are being considered internally including making the utilization of these halls more effective by better utilizing arena staff to assist in hall bookings. The current process needs to be changed to respond to a variance in the salary and benefits line in each of the last two years. This coupled with cleaning costs and a lack of corresponding revenue as already identified have put further pressure on this line item. Finally, staff also identified a budget error in the benefits calculations for part time staff with regards to OMERS contributions, which has been rectified in the 2017 budget.

Catering for Municipally Owned Halls Pilot Project

The catering recommendation is one that the Superintendent for Halls and Community Centres has had the most feedback from the community on. The feedback from the community is that they do not want to be limited to a single caterer when planning an event and users have indicated that they want choice when it comes to bookings. Therefore, staff has allowed the one catering contract to lapse which has left one caterer on record for the Dowling Leisure Centre only. Additionally, staff did not proceed with the RFP pilot given the community feedback.

Staff is recommending that a pre-qualification process be issued for interested vendors that would then form a roster that users can then pick from. This will ensure that vendors have the appropriate standards in place such as insurance, health and safety and general knowledge of CGS policy and procedures.

Conclusion

Over the past two years, Community Halls have led to a deficit in Leisure Services of ($146,322) in 2015 and projected deficit of ($160,000) in 2016. The proposed changes outlined above should help to alleviate the current pressure for 2017 and staff will monitor the financial position of community halls in 2017 and bring forward a mid-year report to the committee for review on progress.

Sudbury Greater Grand

Presented To:	City Council

Request for Decision

Community Halls Report - Recommendation

Presented:	Tuesday, Jan 28, 2014
Report Date	Wednesday, Jan 22, 2014
Type:	Managers' Reports

Recommendation

 WHEREAS the Community Services Committee passed recommendation (CS2013-58) to establish a working group consisting of City of Greater Sudbury staff and Councillors to develop recommendations regarding the operations of municipal community halls, and;

WHEREAS the working group has developed five (5) recommendations regarding the operations of municipal community halls as contained within this report,

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury approve the five (5) recommendations as outlined in the report dated January 22, 2014, and;

THAT the 2014 Miscellaneous User Fee By-law be amended to reflect the changes recommended in the report dated January 22, 2014.

Signed By

Report Prepared By
Rob Blackwell
Manager, Quality, Administrative and Financial Services
Digitally Signed Jan 22, 14

Division Review
Real Carre
Director of Leisure Services
Digitally Signed Jan 22, 14

Recommended by the Department
Catherine Matheson
General Manager of Community Development
Digitally Signed Jan 22, 14

Recommended by the C.A.O.
Doug Nadorozny
Chief Administrative Officer
Digitally Signed Jan 22, 14

Finance Implications

 The recommended changes will have no significant impact to the Leisure Services budget. There may be a marginal loss of revenue due to the harmonization of user fees, but any loss of revenue will be absorbed in the division's operating budget. Increased marketing may increase usage which could minimize the impact.

Background

A report on Community Halls was presented to the Community Services Committee on November 18th, 2013. At that time, the Committee passed a resolution (CS2013-58) to establish a working group consisting of staff and Councillors to develop recommendations regarding the operations of municipal community halls. A resolution (CS2013-57) approved a Request for Proposals (RFP) for individuals and organizations that might be interested in operating the halls on a contract basis, selecting four pilot sites (Capreol Community Centre/Arena, Falconbridge Recreation Centre, Onaping Falls Community Centre and Centennial Community Centre/Arena).

The working group met on two occasions and previous reports and recommendations were reviewed and discussed. The working group concentrated efforts on the most recent recommendations from the November 18th report, and attempted to reach consensus on recommendations that could be readily implemented to increase usage of the halls even if cost recovery is low. As a foundation for the discussions, it was agreed that community halls are not necessarily revenue generating, but are community gathering places that have intrinsic value in providing for the needs of the community. The group discussed simplifying the rate structure and attempting to promote the increased usage of the facilities.

A Request for Proposal (RFP) will be issued with regards to resolution CS2013-57 for individuals or organizations that might be interested in operating the halls on a contract basis.

Recommendations

The following recommendations were discussed and will be implemented for 2014, where possible, if authorized by City of Greater Sudbury Council.

1. Marketing

1.1. An enhanced advertising and marketing plan for community halls to be included in the recent initiative to market City facilities and programs. Halls will be marketed and maintained as clean, affordable and functional. Free advertising in community newspapers will be utilized to market the halls as low cost community gathering places.

2. Capital investment in community halls

2.1. The 2014 capital budget has some funds dedicated to community halls and community centres. Capital needs will be prioritized for each hall to ensure that financial resources are utilized effectively. Additional capital funding for capital renewal will be requested in future capital budgets.

3. Amend the user fee by-law to reflect current practices

3.1. Non-profit groups will be able to book the community halls with no charge for meetings, and will be responsible for cleaning the halls to a reasonable standard.

3.2. A new, simplified schedule of user fees will be developed for events at the halls.

2012-2013 Rates (range from Tier 1 to Tier III)

		No Alcohol	Alcohol
Non-Profits	**Weekend**	$69-$172	$137-$345
	Weekday	$69-$103	$103-$172
Private/For Profit	**Weekend**	$110-$235	$172-$485
	Weekday	$103-$205	$137-$280

The proposed user fee schedule significantly simplifies the existing schedule and matches the user fee bylaw with current practice. The proposed fees also represent a harmonization of existing fees. For example, currently, one day rental fees (no alcohol) for non-profit and community groups range from $69 - $103 during weekdays and $69 - $137 for weekends. No significant financial impact is expected as the majority of hall uses are by non-profit groups, and a large portion of those rentals are currently at no charge.

4. Enhanced hall maintenance

4.1. Arena staff will continue to assist with general hall maintenance, as required, for halls that are attached to arenas.

5. Catering in municipally owned community halls

5.1. A RFP is currently being issued to contract out the operations of four community halls as a pilot project. Once the pilot project has been evaluated, options for further RFP's for the catering of halls will be considered.

Appendix A

SCHEDULE "CD-I"

TO BY-LAW 2013 XXX

COMMUNITY HALLS / MEETING ROOMS / ARENA FLOORS

CATEGORY	EFFECTIVE UNTIL MARCH 31, 2014			EFFECTIVE APRIL 1, 2014		
	FEE	HST	TOTAL	FEE	HST	TOTAL
COMMUNITY HALLS						
TIER I						
DR. EDGAR LECLAIR COMMUNITY CENTRE, CAPREOL COMMUNITY CENTRE, CENTENNIAL COMMUNITY CENTRE, GARSON COMMUNITY CENTRE, TM DAVIES COMMUNITY CENTRE, FALCONBRIDGE RECREATION CENTRE, DOWLING LEISURE CENTRE						
PUBLIC - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	181.42	23.58	205.00	185.84	24.16	210.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	207.96	27.04	235.00	212.39	27.61	240.00
TWO DAYS	429.20	55.80	485.00	442.48	57.52	500.00
THREE DAYS	628.32	81.68	710.00	646.02	83.98	730.00
PUBLIC - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	247.79	32.21	280.00	256.64	33.36	290.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	429.20	55.80	485.00	442.48	57.52	500.00
TWO DAYS	778.76	101.24	880.00	805.31	104.69	910.00
THREE DAYS	1,017.70	132.30	1,150.00	1,044.25	135.75	1,180.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	91.15	11.85	103.00	93.81	12.19	106.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	152.21	19.79	172.00	156.64	20.36	177.00
TWO DAYS	305.31	39.69	345.00	314.16	40.84	355.00
THREE DAYS	305.31	39.69	345.00	314.16	40.84	355.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	152.21	19.79	172.00	156.64	20.36	177.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	305.31	39.69	345.00	314.16	40.84	355.00
TWO DAYS	601.77	78.23	680.00	619.47	80.53	700.00
THREE DAYS	601.77	78.23	680.00	619.47	80.53	700.00
PUBLIC MEETING (All Week)	91.15	11.85	103.00	93.81	12.19	106.00
NEW YEAR'S EVE	557.52	72.48	630.00	575.22	74.78	650.00

SCHEDULE "CD-I"

TO BY-LAW 2013 XXX

COMMUNITY HALLS / MEETING ROOMS / ARENA FLOORS

CATEGORY	EFFECTIVE UNTIL MARCH 31, 2014			EFFECTIVE APRIL 1, 2014		
	FEE	HST	TOTAL	FEE	HST	TOTAL
TIER II						
CHELMSFORD COMMUNITY CENTRE, HOWARD ARMSTRONG RECREATION CENTRE, KINSMEN HALL, NAUGHTON COMMUNITY CENTRE, ONAPING FALLS COMMUNITY CENTRE MCCLELLAND COMMUNITY CENTRE						
PUBLIC - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	121.24	15.76	137.00	124.78	16.22	141.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	152.21	19.79	172.00	156.64	20.36	177.00
TWO DAYS	305.31	39.69	345.00	314.16	40.84	355.00
THREE DAYS	451.33	58.67	510.00	469.03	60.97	530.00
PUBLIC - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	181.42	23.58	205.00	185.84	24.16	210.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	305.31	39.69	345.00	314.16	40.84	355.00
TWO DAYS	601.77	78.23	680.00	619.47	80.53	700.00
THREE DAYS	867.26	112.74	980.00	893.81	116.19	1,010.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	91.15	11.85	103.00	93.81	12.19	106.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	121.24	15.76	137.00	124.78	16.22	141.00
TWO DAYS	247.79	32.21	280.00	256.64	33.36	290.00
THREE DAYS	247.79	32.21	280.00	256.64	33.36	290.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	121.24	15.76	137.00	124.78	16.22	141.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	247.79	32.21	280.00	256.64	33.36	290.00
TWO DAYS	495.58	64.42	560.00	513.27	66.73	580.00
THREE DAYS	495.58	64.42	560.00	513.27	66.73	580.00
PUBLIC MEETING (ALL Week)	51.06	7.94	60.00	62.83	8.17	71.00
NEW YEAR'S EVE	429.20	55.80	485.00	442.48	57.52	500.00

SCHEDULE "CD-I"

TO BY-LAW 2013 XXX

COMMUNITY HALLS / MEETING ROOMS / ARENA FLOORS

CATEGORY	EFFECTIVE UNTIL MARCH 31, 2014			EFFECTIVE APRIL 1, 2014		
	FEE	HST	TOTAL	FEE	HST	TOTAL
TIER III						
COMFORT STATION HALL, BEN MOXAM, ADANAC CHALET						
PUBLIC - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	91.15	11.85	103.00	93.81	12.19	106.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	97.35	12.65	110.00	100.00	13.00	113.00
TWO DAYS	190.27	24.73	215.00	194.69	25.31	220.00
THREE DAYS	287.61	37.39	325.00	296.46	38.54	335.00
PUBLIC - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	121.24	15.76	137.00	124.78	16.22	141.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	152.21	19.79	172.00	156.64	20.36	177.00
TWO DAYS	247.79	32.21	280.00	256.64	33.36	290.00
THREE DAYS	353.98	46.02	400.00	362.83	47.17	410.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	61.06	7.94	69.00	62.83	8.17	71.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	61.06	7.94	69.00	62.83	8.17	71.00
TWO DAYS	121.24	15.76	137.00	124.78	16.22	141.00
THREE DAYS	121.24	15.76	137.00	124.78	16.22	141.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	91.15	11.85	103.00	93.81	12.19	106.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	121.24	15.76	137.00	124.78	16.22	141.00
TWO DAYS	247.79	32.21	280.00	256.64	33.36	290.00
THREE DAYS	247.79	32.21	280.00	256.64	33.36	290.00
PUBLIC MEETING (ALL Week)	61.06	7.94	69.00	62.83	8.17	71.00
NEW YEAR'S EVE	207.96	27.04	235.00	212.39	27.61	240.00
TIER IV						
FIELDING MEMORIAL PARK						
PUBLIC - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	121.24	15.76	137.00	124.78	16.22	141.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	181.42	23.58	205.00	185.84	24.16	210.00
TWO DAYS	353.98	46.02	400.00	362.83	47.17	410.00
THREE DAYS	557.52	72.48	630.00	575.22	74.78	650.00

SCHEDULE "CD-I"

TO BY-LAW 2013 XXX

COMMUNITY HALLS / MEETING ROOMS / ARENA FLOORS

CATEGORY	EFFECTIVE UNTIL MARCH 31, 2014			EFFECTIVE APRIL 1, 2014		
	FEE	HST	TOTAL	FEE	HST	TOTAL
PUBLIC - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	152.21	19.79	172.00	156.64	20.36	177.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	451.33	58.67	510.00	469.03	60.97	530.00
TWO DAYS	867.26	112.74	980.00	893.81	116.19	1,010.00
THREE DAYS	1,212.39	157.61	1,370.00	1,247.79	162.21	1,410.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - NO ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	91.15	11.85	103.00	93.81	12.19	106.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	157.52	20.48	178.00	161.95	21.05	183.00
TWO DAYS	305.31	39.69	345.00	314.16	40.84	355.00
THREE DAYS	305.31	39.69	345.00	314.16	40.84	355.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - ALCOHOL						
MONDAY TO THURSDAY (PER DAY)	121.24	15.76	137.00	124.78	16.22	141.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	522.12	67.88	590.00	539.82	70.18	610.00
TWO DAYS	1,017.70	132.30	1,150.00	1,044.25	135.75	1,180.00
THREE DAYS	1,548.67	201.33	1,750.00	1,592.92	207.08	1,800.00
PUBLIC MEETING (ALL Week)	61.06	7.94	69.00	62.83	8.17	71.00
NEW YEAR'S EVE	584.07	75.93	660.00	601.77	78.23	680.00
OTHER LOCATIONS						
FIELD HOUSE (NEIGHBOURHOOD PLAYGROUND BUILDING)						
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - NO ALCOHOL						
ONE DAY	61.06	7.94	69.00	62.83	8.17	71.00
MONTHLY RATE (UP TO 5 USES)	122.12	15.88	138.00	125.66	16.34	142.00
ANNUAL RATE - 12 TIMES PER YEAR	247.79	32.21	280.00	256.64	33.36	290.00
ANNUAL RATE - UNLIMITED	336.26	43.72	380.00	345.13	44.87	390.00
FALCONBRIDE RECREATION CENTRE						
GYM (PER HOUR)	38.05	4.95	43.00	38.94	5.06	44.00
BIRTHDAY PARTIES - Up to 12 Children	138.82	18.18	158.00	144.25	18.75	163.00
BIRTHDAY PARTIES - 13 to 20 Children	171.68	22.32	194.00	176.99	23.01	200.00
SPORTS TEAM PARTIES - Up to 20 Children plus Coaches	160.18	20.82	181.00	164.60	21.40	186.00
MILLENNIUM RESOURCE CENTRE						
CLASSROOM - (PER HOUR)	33.63	4.37	38.00	34.51	4.49	39.00
CLASSROOM - (PER DAY)	137.17	17.83	155.00	141.59	18.41	160.00
BIRTHDAY PARTIES	61.95	8.05	70.00	63.72	8.28	72.00
DOWLING LESIURE CENTRE						
DOWLING KITCHEN COFFEE/SANDWICHES	31.86	4.14	36.00	32.74	4.26	37.00
COUNTRYSIDE ARENA						
BOARDROOM - COUNTRYSIDE	31.86	4.14	36.00	32.74	4.26	37.00
GALLERY - COUNTRYSIDE	100.88	13.12	114.00	103.54	13.46	117.00

SCHEDULE "CD-I"

TO BY-LAW 2013 XXX

COMMUNITY HALLS / MEETING ROOMS / ARENA FLOORS

CATEGORY	EFFECTIVE UNTIL MARCH 31, 2014			EFFECTIVE APRIL 1, 2014		
	FEE	HST	TOTAL	FEE	HST	TOTAL
MINNOW LAKE PLACE						
NO ALCOHOL						
PUBLIC - HALL/GYM FULL DAY	132.74	17.26	150.00	137.17	17.83	155.00
PUBLIC - HALL/GYM HALF DAY	65.49	8.51	74.00	67.26	8.74	76.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - HALL/GYM FULL DAY	77.88	10.12	88.00	80.53	10.47	91.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS - HALL/GYM HALF DAY	38.94	5.06	44.00	39.82	5.18	45.00
ALCOHOL						
PUBLIC						
MONDAY TO THURSDAY (PER DAY)	171.68	22.32	194.00	176.99	23.01	200.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	287.61	37.39	325.00	296.46	38.54	335.00
TWO DAYS	566.37	73.63	640.00	584.07	75.93	660.00
THREE DAYS	814.16	105.84	920.00	840.71	109.29	950.00
COMMUNITY GROUPS, NON-PROFIT AND MINOR SPORTS						
MONDAY TO THURSDAY (PER DAY)	85.84	11.16	97.00	88.50	11.50	100.00
FRIDAY, SATURDAY AND SUNDAY						
ONE DAY	114.16	14.84	129.00	117.70	15.30	133.00
TWO DAYS	230.09	29.91	260.00	238.94	31.06	270.00
THREE DAYS	230.09	29.91	260.00	238.94	31.06	270.00
CLASSROOM (UPPER & LOWER LEVEL) - PER DAILY BOOKING	76.99	10.01	87.00	79.65	10.35	90.00
HOWARD ARMSTRONG RECREATION CENTRE						
MEETING ROOM	29.20	3.80	33.00	30.09	3.91	34.00
PICNIC PAVILLION						
PRIVATE GROUP	123.89	16.11	140.00	127.43	16.57	144.00
ARENA FLOORS						
COMMUNITY CENTRE, MCCLELLAND ARENA, CHELMSFORD ARENA, CONISTON COMMUNITY CENTRE, RAYMOND PLOURDE ARENA, CARMICHAEL ARENA, CAMBRIAN ARENA, COUNTRYSIDE ARENA						
*COMMERCIAL - BASE RATE						
DAILY RENTAL (INCLUDES A SET UP DAY I.E. FRI FOR SAT SHOW)	2,115.04	274.96	2,390.00	2,176.99	283.01	2,460.00
*NON-PROFIT (NON-ALCOHOL) -BASE RENTAL						
DAILY RENTAL	840.71	109.29	950.00	867.26	112.74	980.00
FLOOR SPORTS (per Hour)	44.25	5.75	50.00	46.02	5.98	52.00
CONISTON DOG SHOWS	769.91	100.09	870.00	796.46	103.54	900.00
CARMICHAEL GEM SHOW	1,247.79	162.21	1,410.00	1,283.19	166.81	1,450.00
20 YARD DISPOSAL BIN	212.39	27.61	240.00	216.81	28.19	245.00
*NON-PROFIT (ALCOHOL) -BASE RENTAL						
DAILY RENTAL (SECURITY/RENTERS COST)	1,176.99	153.01	1,330.00	1,212.39	157.61	1,370.00
CAPREOL ARENA / J. COADY ARENA DAILY RATE	646.02	83.98	730.00	663.72	86.28	750.00
CN GOLF TOURNAMENT RATE	327.43	42.57	370.00	336.28	43.72	380.00
SUDBURY COMMUNITY ARENA						
DAILY RENTAL	3,398.23	441.77	3,840.00	3,504.42	455.58	3,960.00

MATERIAL FEES WILL BE CHARGED, WHERE APPLICABLE, AT COST RECOVERY
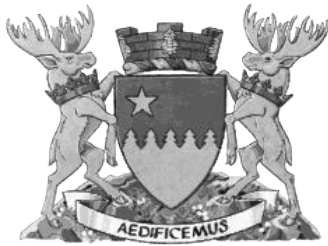
City of Greater Sudbury
Charter

WHEREAS Municipalities are governed by the Ontario Municipal Act, 2001;

AND WHEREAS the City of Greater Sudbury has established Vision, Mission and Values that give direction to staff and City Councillors;

AND WHEREAS City Council and its associated boards are guided by a Code of Ethics, as outlined in Appendix B of the City of Greater Sudbury's Procedure Bylaw, most recently updated in 2011;

AND WHEREAS the City of Greater Sudbury official motto is "Come, Let Us Build Together," and was chosen to celebrate our city's diversity and inspire collective effort and inclusion;

THEREFORE BE IT RESOLVED THAT Council for the City of Greater Sudbury approves, adopts and signs the following City of Greater Sudbury Charter to complement these guiding principles:

As Members of Council, we hereby acknowledge the privilege to be elected to the City of Greater Sudbury Council for the 2014-2018 term of office. During this time, we pledge to always represent the citizens and to work together always in the interest of the City of Greater Sudbury.

Accordingly, we commit to:

- Perform our roles, as defined in the Ontario Municipal Act (2001), the City's bylaws and City policies;

- Act with transparency, openness, accountability and dedication to our citizens, consistent with the City's Vision, Mission and Values and the City official motto;

- Follow the Code of Ethical Conduct for Members of Council, and all City policies that apply to Members of Council;

- Act today in the interest of tomorrow, by being responsible stewards of the City, including its finances, assets, services, public places, and the natural environment;

- Manage the resources in our trust efficiently, prudently, responsibly and to the best of our ability;

- Build a climate of trust, openness and transparency that sets a standard for all the City's goals and objectives;

- Always act with respect for all Council and for all persons who come before us;

- Ensure citizen engagement is encouraged and promoted;

- Advocate for economic development, encouraging innovation, productivity and job creation;

- Inspire cultural growth by promoting sports, film, the arts, music, theatre and architectural excellence;

- Respect our historical and natural heritage by protecting and preserving important buildings, landmarks, landscapes, lakes and water bodies;

- Promote unity through diversity as a characteristic of Greater Sudbury citizenship;

- Become civic and regional leaders by encouraging the sharing of ideas, knowledge and experience;

- Work towards achieving the best possible quality of life and standard of living for all Greater Sudbury residents;
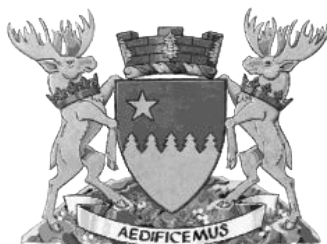
Charte
de la Ville du Grand Sudbury

ATTENDU QUE les municipalités sont régies par la Loi de 2001 sur les municipalités (Ontario);

ATTENDU QUE la Ville du Grand Sudbury a élaboré une vision, une mission et des valeurs qui guident le personnel et les conseillers municipaux;

ATTENDU QUE le Conseil municipal et ses conseils sont guidés par un code d'éthique, comme l'indique l'annexe B du Règlement de procédure de la Ville du Grand Sudbury dont la dernière version date de 2011;

ATTENDU QUE la devise officielle de la Ville du Grand Sudbury, « Ensemble, bâtissons notre avenir », a été choisie afin de célébrer la diversité de notre municipalité ainsi que d'inspirer un effort collectif et l'inclusion;

QU'IL SOIT RÉSOLU QUE le Conseil de la Ville du Grand Sudbury approuve et adopte la charte suivante de la Ville du Grand Sudbury, qui sert de complément à ces principes directeurs, et qu'il y appose sa signature:

À titre de membres du Conseil, nous reconnaissons par la présente le privilège d'être élus au Conseil du Grand Sudbury pour le mandat de 2014-2018. Durant cette période, nous promettons de toujours représenter les citoyens et de travailler ensemble, sans cesse dans l'intérêt de la Ville du Grand Sudbury.

Par conséquent, nous nous engageons à :

- assumer nos rôles tels qu'ils sont définis dans la Loi de 2001 sur les municipalités, les règlements et les politiques de la Ville;

- faire preuve de transparence, d'ouverture, de responsabilité et de dévouement envers les citoyens, conformément à la vision, à la mission et aux valeurs ainsi qu'à la devise officielle de la municipalité;

- suivre le Code d'éthique des membres du Conseil et toutes les politiques de la municipalité qui s'appliquent à eux;

- agir aujourd'hui pour demain en étant des intendants responsables de la municipalité, y compris de ses finances, biens, services, endroits publics et du milieu naturel;

- gérer les ressources qui nous sont confiées de façon efficiente, prudente, responsable et de notre mieux;

- créer un climat de confiance, d'ouverture et de transparence qui établit une norme pour tous les objectifs de la municipalité;

- agir sans cesse en respectant tous les membres du Conseil et les gens se présentant devant eux;

- veiller à ce qu'on encourage et favorise l'engagement des citoyens;

- plaider pour le développement économique, à encourager l'innovation, la productivité et la création d'emplois;

- être une source d'inspiration pour la croissance culturelle en faisant la promotion de l'excellence dans les domaines du sport, du cinéma, des arts, de la musique, du théâtre et de l'architecture;

- respecter notre patrimoine historique et naturel en protégeant et en préservant les édifices, les lieux d'intérêt, les paysages, les lacs et les plans d'eau d'importance;

- favoriser l'unité par la diversité en tant que caractéristique de la citoyenneté au Grand Sudbury;

- devenir des chefs de file municipaux et régionaux en favorisant les échanges d'idées, de connaissances et concernant l'expérience;

- viser l'atteinte de la meilleure qualité et du meilleur niveau de vie possible pour tous les résidents du Grand Sudbury.