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**Official Report
of Debates
(Hansard)**

Monday 11 March 2013

**Journal
des débats
(Hansard)**

Lundi 11 mars 2013

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

**Comité permanent des finances
et des affaires économiques**

Consultations prébudgétaires

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRSCOMITÉ PERMANENT DES FINANCES
ET DES AFFAIRES ÉCONOMIQUES

Monday 11 March 2013

Lundi 11 mars 2013

The committee met at 0858 in the Hilton Windsor, Windsor.

SUBCOMMITTEE REPORT

The Chair (Mr. Kevin Daniel Flynn): Okay, if we can call to order, ladies and gentlemen, we're going to dispense with a little bit of committee business first. We're going to have a report from the subcommittee before we move to the delegations. Mr. Shurman.

Mr. Peter Shurman: Thank you very much, Chair. This is a report of the subcommittee that met last week.

Your subcommittee on committee business met on Thursday, February 28, 2013, to consider the method of proceeding on pre-budget consultations 2013, and recommends the following:

(1) That the Chair should forward, as soon as possible, to the three House leaders the committee's request to meet on March 11, 12, 13 and 22, 2013, and April 3 and 4, 2013, to hold public hearings on pre-budget consultations.

(2) That the committee holds pre-budget consultations in Windsor, Timmins and Ottawa from March 11 to March 13, 2013.

(3) That the committee holds pre-budget consultations in Toronto on March 21 and 22, 2013.

(4) That the Clerk of the Committee, with the authorization of the Chair, post information regarding the pre-budget consultations on the Ontario parliamentary channel, on the Legislative Assembly website and with Canada NewsWire.

(5) That the Clerk of the Committee, with the authorization of the Chair, place an advertisement in a major newspaper for one day in each of the cities where the committee intends to hold pre-budget consultations, and that the advertisements be placed in both English and French papers where possible.

(6) That interested people who wish to be considered to appear before the committee contact the Clerk of the Committee by 12 noon on Friday, March 8, 2013.

(7) That on Friday, March 8, 2013, the Clerk of the Committee provides the subcommittee members with an electronic list of all the potential witnesses who have requested to appear before the committee.

(8) That, if all requests to appear cannot be accommodated in any given location, each of the subcommittee

members supply the Clerk of the Committee with a prioritized list of witnesses.

(9) That, if all requests to appear can be accommodated in any given location, the Clerk of the Committee, in consultation with the Chair, be authorized to schedule the witnesses.

(10) That late requests may be considered, space permitting.

(11) That witnesses be offered a total of 15 minutes for their presentations and questioning by committee members.

(12) That the deadline for written submissions be 5 p.m. on Friday, March 22, 2013.

(13) That the research officer provide the committee with an interim summary for the hearings dated March 11, 12 and 13, 2013, by Monday, March 25, 2013.

(14) That the committee meet for the purpose of report writing on April 3 and 4, 2013.

(15) That the committee authorize one staff person from each recognized party to travel with the committee, space permitting, for the purpose of pre-budget consultations and that reasonable expenses incurred for travel, accommodation and meals be paid for by the committee upon receipt of a properly filed expense claim.

(16) That the Clerk of the Committee, in consultation with the Chair, be authorized prior to the adoption of the report of the subcommittee to commence making any preliminary arrangements to facilitate the committee's proceedings.

I move adoption.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much. Mr. Shurman has moved adoption of the subcommittee report. All those in favour? Those opposed? That motion is carried.

PRE-BUDGET CONSULTATIONS

COMMUNITY LIVING TILLSONBURG

The Chair (Mr. Kevin Daniel Flynn): Let's move on to the public delegations, and the very first one of our deliberations this year is Mr. Marty Graf, chief executive officer of Community Living. Would you like to come forward, Marty? Have a seat anywhere you're comfortable. Maybe you could introduce your colleagues when you get started.

Each delegation has 15 minutes; you can use that any way you like. I'll let you know when you've got two

minutes left, just so you can, perhaps, start to summarize. The first round of questioning, if there is any time for questioning, will go to the Conservative Party.

The floor is all yours.

Mr. Marty Graf: Thank you, Mr. Chairman. Again, my name is Marty Graf; I'm the chief executive officer with Community Living Tillsonburg. Della, do you want to introduce yourself?

Ms. Della Derrough: I'm Della Derrough from Tillsonburg. I'm here for People First, and I belong to the institutionalization—I'm the one who had the institutions close. I'm here to make sure that with the cost of living—people with disabilities need more money to live.

Mr. Michael Kadey: Hi, I'm Michael Kadey. I'm a member of People First, a self-advocacy group in Tillsonburg, and I'm also on the board of directors for Community Living Tillsonburg.

Mr. Marty Graf: Mr. Chairman, we thank you for the opportunity to speak here today on behalf of Community Living Tillsonburg and People First Tillsonburg.

For 58 years, Community Living Tillsonburg has been a source of support for individuals who have intellectual disabilities and their families. Our association was formed in 1955 when a group of parents came together to find alternatives to placing their children in an institution. We started by building a school, and as the children grew we developed the supports they required to be able to fully participate in their community.

Today, Community Living Tillsonburg provides services for people with intellectual disabilities, under the social inclusion act. We are a service provider for ODSP employment services, which includes all disabilities. Through our children's services division, we offer child care programs, child development programs such as resource consultants, and family support, and we operate Ontario Early Years programs.

We are funded for our adult services primarily through the Ministry of Community and Social Services. Our children's services are funded by the Ministry of Education and Oxford county, and through parent fees and subsidies. We are a not-for-profit, charitable organization, and we also do fundraising and accept donations.

We recognize that the government is facing serious economic challenges, but we would encourage the government to focus not only on austerity measures. Government needs to focus on revenues so that we can continue to provide the supports and services needed by families and individuals. Community Living has always worked with the government to make the most efficient use of public funds in addressing the needs of people who have an intellectual disability and in the provision of child care supports to children and their families in Ontario. While recognizing the current realities of the economy, our recommendations are aimed at ensuring that the supports and services we provide continue to meet the needs of the people we support, and that we remain a healthy organization.

We are now completing our third year with no increases. Our sectors do not have sector-wide agreements.

We had negotiated contracts that were regarded as reasonable risks. Supports and services are being lost as we deal with these unfunded increases. Should there be a fourth consecutive year with no increases, more supports and services will be lost, as we still face increased labour costs in fiscal 2013-14.

In regards to wait-lists, in Oxford county there are 35 individuals waiting for group living supports and 53 waiting for supported independent living supports. As well, 20 individuals are waiting for community participation supports. In the southwest region, 790 people are waiting for group living supports, 586 are waiting for supported independent living supports and 966 are waiting for community participation supports. Waiting lists for residential supports have risen to 12,000 people in the province in a sector that currently provides residential supports to 16,000 people. These are people without services and supports.

In most cases, you are dealing with aging parents who have taken care of their child or children for many years at home. We have to ensure that places or supports are available when those family crises arise. The provincial Ombudsman has received more than 500 complaints in the past year regarding the failure of government to respond to these needs. Many people who have an intellectual disability and their families are in crisis as they wait for critical funding and supports.

We ask the government to provide funding this year to address the immediate needs of those who are in crisis or facing crisis, including support for the growing number of aging parents who are no longer able to take care of their children who are now adults, many of them aging.

Special Services at Home: Changes in government policy will now see that families with a child with special needs will lose their support when their child turns 18. Previous policy allowed for the supports to continue after the person turned 18. They will now be put on wait-lists for Passport funding or community participation supports. This will lead more families and individuals to be in crisis. This policy should be reversed.

Pay equity: This act and its regulations are the biggest threat to the stability of our organization and our sectors. The current targets are not realistic, but are driven by the act and its regulations. Our capacity to maintain current levels of service will be drastically reduced. We will not be able to compete in the child care business against agencies who do not have the same pay equity obligations.

Current government practice is that they do not provide funding for proxy pay equity for these two sectors. Without funding, supports in the developmental sector will be eroded at a time when people waiting for services grows. For the children's services sector, the community will lose valuable services. We are requesting to seek a pause on required pay equity adjustments. We are requesting a change to the proxy regulations of the Pay Equity Act, and we are requesting funding for the revised target rates identified under the amended regulations.

Social assistance review: Poverty amongst the disability community is still a significant issue, with most living at poverty levels. We must continue to advocate for improvements to the income levels for people with disabilities, as they are concerned about seeing cutbacks and not seeing improvements to their personal incomes. They are disappointed with amounts that are being targeted for earnings exemptions before clawbacks. A recent private member's bill had provided for higher increases.

0910

As a service provider of employment supports, we have supported many individuals with disabilities in the workplace. We encourage the government to look at how these individuals can keep more of their earnings and, as the economy recovers, how we can ensure that people with disabilities are included in the workforce.

Community Living Tillsonburg and People First Tillsonburg have had six community consultations regarding the social assistance review and recommendations. Della and Mike will now share what they heard through those community conversations.

Mr. Michael Kadey: Okay.

ODSP: The cost of living is very high for food and things that we need to live like food, paying bills etc. People don't have enough money to live. Before the end of the month, they only have approximately \$15 to \$20 left to spend. They run out of money. They may need to buy shoes etc. Where are they going to get the extra money for these things? Rent increases, transportation cost increases, heat costs—ODSP will not give us more money.

This is about the 50% clawbacks: When working, we do not need a 50% clawback. We should be able to make \$500 a month with no clawbacks. There is a private member's bill that Toby Barrett tried to pass.

Welfare to work: Not everyone can work. They have disability barriers. They are afraid that if they do not work, they will lose their benefits. Some people can only work so long, and no more than others. Others can work a longer time.

Part-time jobs: Lots of jobs out there are only for part-time. Companies will hire them for three months only. The money runs out, they have no job, and people have to look for another three-month job. This keeps going on forever. This must stop. When a company hires you, they should keep you. Thank you.

Mr. Marty Graf: Della, do you have more to add?

Ms. Della Derrough: The cost of living is really sky-high. A lot of the people that live in homes have to pay for the rent and they have to pay for their transportation to go places. They have to depend on a ride for people to take them places. I'm here to make sure that we get the cost of living, because I think we are entitled to have a cost of living, the same as you and everyone else in the room. I would like you to explain to us—some of the questions that we want to ask you—can you explain to us some of the answers?

The Chair (Mr. Kevin Daniel Flynn): Is that it, Marty?

Mr. Marty Graf: We're ready for your questions.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much. You have left some time for questions; that's great. There are about four minutes. Thank you, Mike; thank you, Della; and thank you, Marty.

Mr. Shurman, are you starting off?

Mr. Peter Shurman: Sure.

Thanks very much for your presentation, all of you. We appreciate you coming here and taking the time.

You started off your presentation, Marty, by mentioning that we should be looking for revenue solutions in government. Can you give us an example of what you mean?

Mr. Marty Graf: Well, obviously, when you get decisions by CAMI to make a huge investment in their factory in Ingersoll, that's a good investment. That's going to be creating revenue for the province of Ontario and then the community. We've lost the fact that we do have to get our revenue stream back on a much more positive basis. We cannot just be looking at always saying, "You have to cut back on the services." You have to be targeting increases in the economy—certainly investments in the auto industry. You've seen the investments in green energy. A lot of those kinds of investments can pay off in getting our economy back on track.

Mr. Peter Shurman: But then you talk about priorities. Budgets—when you said "budgets," because you said "budgets" and we said "budgets"—are about prioritizing the services that we're going to provide, what we're going to do.

Mr. Marty Graf: And we're talking about the most vulnerable people in our society—

Mr. Peter Shurman: That's right.

Mr. Marty Graf: To continue to have us cutting our services at a time when there are so many complaints coming in to the Ombudsman—you can't be having both, that you're going to provide the ability for our sector to respond to these crises at the same time when you—

Mr. Peter Shurman: So here's the crux of my question and where I'm trying to lead this with you: If you're experiencing the kind of hardship that you are—and I have no doubt that you're experiencing significant hardship—do you feel that the government should be taking care of the business that exists, which includes you, before it opens up new things to spend money on?

Mr. Marty Graf: There's always going to be a balancing act. There has to be some new stuff going on—innovation, creativity, all those kinds of things. We can't stay the same, as well. We have to change and modernize ourselves too. It is balancing those kinds of challenges. You have to stabilize that which exists, but you also have to be innovative and create better ways of doing things.

Mr. Peter Shurman: In the moment we have left, Mike brought up the issue of a private member's bill that has to do with revenue earned from some kind of work—it could be part-time work—being allowed to be kept

while still staying on ODSP; in other words, not being penalized. This is something, obviously, you favour.

Mr. Marty Graf: Toby, I believe, had about \$500. BC and Alberta have \$800. Where do you think that money ends up? It's not going to be staying in their pockets; they're going to be consumers, with more dollars to spend into the economy, if they get to keep those dollars. Their lives will be better off.

Mr. Peter Shurman: Thank you very much.

Mr. Marty Graf: Thank you for your time.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for attending today. Great presentation.

Mr. Marty Graf: Thank you.

By the way, we were notified at 3 o'clock on Friday that we were going to be on, so it was a bit of a scramble.

GRAIN FARMERS OF ONTARIO

The Chair (Mr. Kevin Daniel Flynn): Our next delegation this morning is from the Grain Farmers of Ontario. Leo, are you in the room? Come on forward. Welcome. If you'd like to make yourself comfortable and introduce yourself for Hansard. You've got 15 minutes, like the previous delegation. You can use that any way you like. Most groups prefer to leave a little bit of time at the end for questions, if they can. The questioning this time will be from the NDP.

Mr. Leo Guilbeault: Okay, perfect.

The Chair (Mr. Kevin Daniel Flynn): The floor is yours.

Mr. Leo Guilbeault: Bonjour. Hey, Taras.

M. Taras Natyshak: Bonjour. Comment ça va?

Mr. Leo Guilbeault: Good, good.

Good morning. My name is Leo Guilbeault. I am a farmer here in Essex county and I'm also a provincial director on the board of Grain Farmers of Ontario. In Essex county, we grow corn, soybeans and wheat.

Grain Farmers of Ontario is an organization that represents 28,000 farmers in the province of Ontario. Of the corn, soybeans and wheat that we grow with those 28,000 members, that represents about five million acres in this province—about 2.2 million in soybeans, about two million in corn and the rest in wheat. These three commodities provide about \$2.5 billion of farm gate revenue to the farming community and about a \$9-billion economic spinoff to the province. It also creates about 40,000 jobs.

That's just in the corn, soybean and wheat sectors. If you take all of agriculture in Ontario, we contribute about \$33 billion to the Ontario economy. That's about 84,000 to 85,000 jobs. Not by a far stretch, we're one of the largest employers in this province. You get a pretty good bang for your money in return as far as economic output.

0920

GFO's mandate is to promote an innovative and successful business environment in which farmers can thrive and grow and have an opportunity for profitable growth. Our vision is to drive the Ontario grain industry to become a global leader. As you can tell by the aggres-

siveness of our organization with our vision statement, it's important that government provides the relevant environment and underpinning for this vibrant industry to continue to grow. We appreciate the opportunity to come and present to you this morning.

I'd like to discuss three areas of priorities that we want to highlight. The first is the mandate of biodiesel. The federal government has mandated that biodiesel sold in Canada must contain a minimum of 2% renewable biodiesel. Two per cent of the Ontario diesel market is 150 million litres annually, which means a potential usage of 680,000 tonnes of soybeans if the biodiesel production were to take place in our province. This great opportunity for our members is also economically healthy for the province, but only if the incentives are in place to ensure the biodiesel production happens here in Ontario. Today, the province of Ontario has a 5% mandate on ethanol but no mandate on biodiesel.

The federal regulation mandates 2% biodiesel across Canada. The four western provinces have introduced their own provincial renewable diesel mandates to ensure that blending occurs in their provinces. So the west is doing what they're supposed to do but Ontario isn't. That means that biodiesel sold in Ontario is likely blended in western Canada rather than being produced here in Ontario. The little bit of biodiesel we are producing in Ontario is getting exported out west for blending purposes; we're not actually doing it here.

This creates two problems for the province of Ontario. The first problem is tax leakage. Under the current provincial legislation, Ontario exempts biodiesel from the provincial 14.3 cents per litre sales tax. This means today that part of the tax exemption subsidizes imports of biodiesel from other jurisdictions—being out west—and creates a tax exposure of almost \$23 million as a result of the 2% federal mandate. Over a decade, this exposure will lead to hundreds of millions of dollars in tax income opportunity lost by the province.

The second problem is a lack of production incentive for biodiesel plants in Ontario. There are currently 12 plants across Canada but only two in Ontario. So of the 12 across Canada, only two are located in Ontario. We would like to see that increase. We have the capability right now. We have one in Hamilton and we have one in Welland. If the mandate is put into Ontario, there are plans already in place for one to be built in Sarnia, one to be built in eastern Ontario and one to be built down in the southwest here. As we see with corn ethanol—and you're all familiar with corn ethanol, how successful that's been—it creates jobs, it creates rural income, it encourages private sector investment.

A provincial 2% mandate to match the federal mandate would be a better option for farmers and a better option for the province, as far as the tax revenue.

Further to the economic value to farmers in the province is the environmental benefit. The use of biodiesel reduces carbon dioxide emissions and greenhouse gases by 99% compared to petroleum-based diesel. On this issue, the Grain Farmers of Ontario propose that the

provincial government repeal the biodiesel tax exemption and replace it with a provincial 2% biodiesel mandate. This will increase biodiesel production in Ontario and protect our province from millions of dollars in potential tax loss. We were talking a minute ago about revenue and looking at revenue sources. Well, here's a prime revenue source that we can generate for you.

The second issue we wanted to bring up is the issue of business risk management and more specifically the Risk Management Program. In 2013, the provincial government capped their contribution to this program at \$100 million. This was just after they announced the program to be a permanent, fully funded program the previous year. So in one year they went from announcing it to be an open, fully funded program to capping it the second year.

I'm not going to go through the whole description of RMP; a lot of you are familiar with it. But it details the description of RMP, what it is and what it does for farmers. I'll let you read that at your leisure. I don't want to tie up question time with a description of the program. Basically, RMP is an insurance-based program where the farmers pay a premium, just like you do on your house insurance or your car insurance, and if there's a catastrophe in the financial markets, the insurance program kicks in. A third of the program is funded by the farmers themselves through a premium fund, and the rest is contributed through government programs.

If you look at other government programs, they're usually a 60/40 shared program with the federal government, so 60% with the federal and 40% with the provincial. We've been pulling our teeth trying to get the feds to participate in risk management programs, and you are familiar with the battles that have been going on there with them. We applaud our provincial government for maintaining the Risk Management Program, but we would like to see it go back to a fully funded program instead of a capped program.

We were promised a bankable and predictable program, and the current program as it is, capped, doesn't provide either, because at \$100 million, it would only take a little chunk of what's needed if there ever was a catastrophe. Now, we're hoping that there is not; we would rather make our monies off the market like any business would, but it's an insurance program. We don't mind paying the premium into an insurance program, but we also need the backing, a partner—being the province—to participate in the program.

It wouldn't really effect an increase in budget expenditure in most years. The five sectors that participate in the Risk Management Program are grains and oilseeds, sheep, veal, cattle and pork. It's highly unlikely that all five or six sectors are going to have a collapse in the same years, because usually when one has a tough time, the other ones are thriving, because grains and oilseeds provide the feedstock for the livestock industry. So when grain prices are high, the livestock industry inputs are high, their feed costs are high, so they're struggling, but we're not. Then the opposite is, when the prices are low,

they get cheap feed, so they're not struggling but we are. So it's highly unlikely that you're going to have a total collapse of agriculture in Ontario.

So the strain on the provincial budget would be at a minimum every year compared to what we used to do in past years before the Risk Management Program, where we used to have ad hoc payments where, if there was a problem, the federal and provincial governments would just throw X millions of dollars to the problem, hoping it goes away. That's a band-aid cure; that's not a management program. What we've proposed since 2004, when we designed this program, was that it was a risk management program. It helps farmers manage their risk and it also helps the province manage the risk, instead of throwing ad hoc money at a band-aid solution, which doesn't really solve the problem.

So the two solutions that we're looking at are, one, a fully funded risk management program like what we started with in 2012, which is an uncapped program. We're realists; we know that it always brings risk to the province when it's an uncapped program. If there ever was a collapse from two or three sectors, it could add up to a lot more than \$100 million. If we had to cap it, we would look at a \$200-million cap. We can see where it wouldn't take much more than that, because, like I explained earlier, not all sectors are going to collapse at the same time, and it's highly unlikely that we would even reach the \$200 million in any given year. But giving the province a little bit of stability—you know, we could see where the province would want a cap on any type of program, so \$200 million would be more acceptable to our industry, being the size of the industry that we are, than \$100 million would.

Then the third issue is research. Research is very important to any industry, but especially to farmers, because every year the crops change, the weather changes, and diseases and patterns change, so the need for research is an ongoing need within the agricultural industry. Our farmers are in a highly competitive environment also because it's a global industry. Private industry has invested a significant amount of dollars; there are a lot of major international companies out there that do participate in the agricultural sector.

0930

The need for public funding is also important because it's an alternative to the private sector money. As we all know, the Monsantos and DuPonts and other multinationals are in it to make a buck, and the only way to make a buck is on the farmer's back because we're their final customer. But we need an alternative to that, which is our public-funded breeding program, which is run through our provincial and federal research farms. So there's a need to keep funding those.

Basic research into agronomy is a primary root of agriculture, because if we don't keep on the cusp of new technology, new varieties, new hybrids, new disease resistance, herbicides and plants, we're just going to go backwards instead of going forward. So we encourage the government's participation in public research pro-

grams and encourage you to keep supporting our research stations within the province of Ontario.

That's a really fast presentation of what's in the pamphlet. I think there's a seven- or eight-page handout there that has a lot more detail for you, and you can read that at your leisure. With that, I'd like to thank you for the opportunity of presenting this morning and open it up to any questions here.

The Chair (Mr. Kevin Daniel Flynn): That's great. Thank you. Good timing—we've got about two minutes left for the NDP. Taras?

Mr. Taras Natyshak: Thank you, Chair. Leo, thank you so much for attending today and presenting. Thanks for the work that you do on behalf of Grain Farmers of Ontario, always continuously educating various levels of government on the needs of our farmers in not only Ontario but, of course, the entire country.

Undoubtedly, agriculture is the most important sector, industry, in our country. I say that with a large degree of certainty because, if you cannot, as a country, produce your own food and add value to it, you are vulnerable as a nation; your sovereignty is actually vulnerable. So I know that the work that you do goes far beyond simply the economic aspect of maintaining agriculture in the province. Safety—food safety, food security—that's really at the root of what you're educating us about. I've read this stuff a million times, and I'll continue to read it. Are there any other sectors under the Risk Management Program that have been excluded, that were excluded, that you could see potentially being brought into the envelope?

Mr. Leo Guilbeault: There are a lot of smaller sectors, like the oats and the barley and that. Those are sectors that were going to be probably taken—they've asked to be involved in the Grain Farmers of Ontario blanket.

The way Grain Farmers of Ontario was formed was that the previous three organizations—corn, soybean and wheat—were three separate organizations before, and we combined all three to become the Grain Farmers of Ontario, which brought a lot more unity and strength to the industry in Ontario. So a lot of the smaller sectors that don't have an active board but need representation are asking us to see if we would be able to help them along—oats and barley and a lot of those smaller sectors. So they're going to be incorporated within us as the years go by. We're in our third year of Grain Farmers of Ontario, so we've got it pretty much figured out, and we'll be looking at offering those opportunities to other sectors.

Mr. Taras Natyshak: That's the bell.

The Chair (Mr. Kevin Daniel Flynn): Good timing.

Mr. Taras Natyshak: Thank you, sir.

Mr. Leo Guilbeault: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Leo, for coming today.

ONTARIO PROFESSIONAL FIRE FIGHTERS ASSOCIATION

The Chair (Mr. Kevin Daniel Flynn): Our next delegation this morning is Ed Dickson and Mark McKinnon from the Ontario Professional Fire Fighters Association.

Come forward, gentlemen. Make yourselves comfortable. If you would introduce yourselves for Hansard. Fifteen minutes—use it any way you like. The questioning this time will come from the government side.

Mr. Mark McKinnon: Thank you. Good morning. I'm Mark McKinnon, president of the Ontario Professional Fire Fighters Association, representing just over 11,000 professional career full-time firefighters in the province of Ontario. Our members provide emergency response, training, prevention, inspection, public education, fire investigation, emergency communications, dispatch and maintenance for much of Ontario's fire services.

Our members are represented by 80 associations, 77 of which are municipal fire departments; two airports, Pearson and Ottawa international; and one industrial fire service. By the latest census, our 77 municipal associations provide emergency response to approximately 81% of Ontarians.

With me this morning I have Ed Dickson. Ed is president of the Windsor Professional Firefighters Association. Ed is also one of our OPFFA advocates, and by that I mean Ed is one of our firefighters who present, on behalf of firefighter associations, evidence and arguments to boards of arbitration. When we participate in arbitration, about 90% of the presentations to the arbitration board are actually firefighters themselves making those presentations. On rare occasions, our locals will use a firefighter who became a lawyer to do it. I think it's an important point that as I talk about arbitration, I highlight the fact that we do the work ourselves and make the actual presentations to arbitration boards.

This morning we would like to spend a few minutes talking about two topics of interest and concern to Ontario's professional firefighters, these being a request that you recommend extending occupational disease coverage for firefighters by six more cancers, those being multiple myeloma, lung, skin, testicular, breast and primary-site prostate cancers. The second matter we would like to discuss is interest arbitration as it relates to firefighters and resolving collective bargaining impasses.

The reason we raise the issue of interest arbitration here in these pre-budget consultations is that in last year's strong measures act, or the provincial budget, a set of amendments to six statutes was introduced, and if you're following my presentation, you can see I've listed the six acts on page 2.

While the proposed amendments were removed from the budget in committee by the opposition parties, we understand that the intent of the government is to reintroduce similar changes.

Let us start out by being clear: We believe that the system is not broken. The interest arbitration system is set up to settle collective bargaining impasses with a goal of having an arbitration board replicate what they believe the outcome would have been, should the dispute have been settled through collective bargaining.

From our own internal review, in comparing the result of freely negotiated firefighter settlements with arbitrated decisions, over the most recent eight-year period, we believe the difference is only 0.16%. By that we mean that arbitrated awards have been, when averaged, only 0.16% higher than the freely negotiated settlements. I would say that indicates that arbitrators are performing as they should, and the system is doing what the system is designed to, and that is replicate freely negotiated bargaining.

Speaking to and referencing interest arbitration in a broader sector, attached is appendix A, which is one of my first three attachments. I apologize for the quality of the document. Me having to do this work myself on the weekend, and my use of Excel, did not allow me to capture the title and some other things, but you can see what I've printed on the top as the source of the document.

It shows a comparison between interest arbitration awards and negotiations in the private and broader public sector, and in the broader public sector in the right-to-strike and/or lockout category versus emergency services or essential services, which have compulsory arbitration.

When you review the statistics in this document and chart, which is prepared by the Ministry of Labour collective bargaining information services department—and I'm only highlighting the last 10 years. You can see that the document goes back I believe to 1991. But in highlighting the last 10 years, the total broader public sector wage increases averaged 2.9%; in the right-to-strike or lockout category, it was 2.95%, and in our sector, the essential services, it was 2.93%—for all intents and purposes, the same.

Recently there has been much reference to the Drummond commission and the review of interest arbitration. We remind you that the Drummond commission came to the conclusion that the interest arbitration system is not broken. The commission said, and I quote from page 371 in chapter 15 of the commission's report: "Our research leads us to make recommendations to improve the arbitration process. But we hasten to add that we do not find the system to be broken."

There has also been much said about, and focus on, the ability to pay, or the inability to pay, and the economy. I think it is important that we also remind you that the current language in our current act already includes criteria relating to ability to pay and economic conditions.

I refer to section 50.5(2) of the Fire Protection and Prevention Act, which outlines the "duty of board" and which lists five criteria the board shall take into consideration. I am quoting the act when I say, "In making a decision, the board of arbitration shall take into

consideration all factors the board considers relevant, including the following criteria:

"(1) The employer's ability to pay in light of its fiscal situation.

"(2) The extent to which services may have to be reduced, in light of the decision, if current funding and taxation levels are not increased.

"(3) The economic situation in Ontario and in the municipality."

0940

Then the criteria go on to include comparisons between firefighters and other public and private sector workers and the employer's ability to attract and retain firefighters. So, clearly, the act includes ability to pay and economic conditions as criteria to take into consideration. The irony is that municipalities, for the most part, do not produce hard economic data during the arbitration process to support an inability-to-pay argument, and then, for political purposes, criticize the system.

Another aspect of the arbitration process that was to be amended in last year's provincial budget was with regard to timelines. It was proposed that an arbitrator would be required to issue their award within 12 months—later changed to 16 months—of referral. Should the arbitrator not issue their decision within the specified time frame, the matter would be referred to the Ontario Labour Relations Board for a quick resolution. Issues in dispute and before arbitration boards can be complex operational issues or very sector-specific. There may be expert witnesses or detailed evidence presented. The OLRB does not have experience or expertise in interest arbitration.

Secondly, on the issue of unresolved issues being sent to the OLRB, we have serious concerns with regard to the independence and impartiality of OLRB members, as they are permanent appointees and thus dependent on the government for their economic livelihoods. It would be in their best interests to ensure that those that appoint them are happy with their decisions, not necessarily workers on the other side of the table. This is to be compared with the current process under which interest arbitrators are either agreed to by the employer and associations or are appointed from a list of arbitrators that are pre-agreed to.

Society has made a determination that firefighters and other essential service workers should not have the right to strike. But if that right to strike is to be taken away, it is only fair and just that a system of independent, impartial and binding arbitration be put in its place, and that requires that decisions imposing collective agreements not be made by government appointees.

This has been recognized by the Supreme Court of Canada itself. In the late 1990s, the Harris government replaced independent, mutually agreed-to and expert interest arbitrators with government appointees—in that case, retired judges. The court held that this was illegal. The court ruled that without an independent, impartial and experienced expert and mutually acceptable arbitrator, not to mention one who is not, or at least is not

perceived to be, “a surrogate of either party or of government, or appointed to serve the interests of either party or of government,” the system “loses the trust and confidence of the parties, elements essential to industrial relations peace and stability.... A lack of confidence in arbitration would invite labour unrest and the disruption of services, the very problem impartial interest arbitration was designed to prevent.”

If the government is intent on introducing a mechanism to ensure timelines are met, methods other than referral to the OLRB must be investigated.

So I wrap up my comments on the issue of interest arbitration by reaffirming that the system is not broken; it is doing what it is designed to do. The system can sometimes be lengthy and cumbersome, but sometimes there’s a price to pay—and by that I mean a lengthy process—for a well-thought-out, fair and balanced dispute resolution system that respects both sides while remaining independent.

The second issue we raise today relates to firefighters, occupational disease and presumptive legislation. Presumptive legislation is defined as legislation that links a specific occupation, such as firefighting, with a disease or condition that has been shown to be a hazard associated with that occupation. An example would be that of colon cancer being included in presumptive legislation for firefighters. This would mean that if a firefighter contracts a disease such as colon cancer, it is presumed that the illness is the result of occupational exposure to chemicals and toxins. There are qualifying conditions, however, that need to be met, usually relating to years of service.

Even with the best respiratory practices and protective equipment, exposures will continue to occur due to absorption through the skin once a firefighter has become soaked during fire suppression activities. The concentration of chemicals in today’s materials is much higher than in the past due to increased use of composite materials.

Epidemiological, medical and scientific studies conclusively demonstrate an increased rate of diseases such as cancers in the firefighting population versus the general population. The medical evidence shows that firefighters have anywhere from two to four times the risk of cancers compared to the general population. If you factor in the healthy worker effect, which means that generally firefighters are a healthier study group than the general population, the rates are higher.

The majority of provinces and territorial jurisdictions across Canada have recognized that firefighters are at an increased risk for certain cancers and heart injuries. The chart I’ve included, which is appendix B, shows how Ontario compares with other jurisdictions across Canada. With the exception of Nova Scotia, Ontario lags behind all other provinces with respect to occupational diseases as a result of firefighting.

In 2007, with all-party support, Bill 221 passed through the Legislature, and amendments were made to

the WSIB to include eight cancers and heart injury as presumptive occupational diseases for firefighters.

We thank the government for introducing Bill 221, we thank Ms. Horwath for the Bob Shaw act prior to that and we thank all members of provincial Parliament for supporting that bill. It was a good start but fell short of recognizing those occupational diseases that needed to have been recognized.

We are now moving forward and have received support from members of all three parties, working to include the six more cancers necessary to ensure that all diseases that have been incurred as a result of firefighting are covered. The six additional cancers that we identified that need to be included within the regulations with respect to the legislation are lung cancer, multiple myeloma, breast cancer, testicular cancer, skin cancer and prostate cancer. I have attached, as the last two pages of the presentation, a summary of each of those six cancers for your information.

We are here today to ask the committee to recommend in its report that the upcoming provincial budget include the provision of occupational disease coverage for firefighters for these six new cancers. Further, we ask the committee to consider recommending that the government provide funds to assist WSIB with the financial impact on their unfunded liability as a result of coverage for occupational diseases relating to these six cancers.

We thank you for your time today, and we’d be pleased to answer any questions.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Mark and Ed. Dipika, we’ve got just over two minutes.

Ms. Dipika Damerla: Thank you so much, Mark and Ed, for coming and for everything that you do. It’s really appreciated. I just had a couple of quick questions. One, I just wanted to know: You mentioned briefly that if you want to reduce the time during interest arbitration—and I hear you when you say that the OLRB doesn’t have the expertise to deal with it. But you then said that the government should look at other options, and I just wanted to know if you wanted to elaborate on that.

Mr. Mark McKinnon: Yes. This is not an issue that’s solely in Ontario. In Quebec, there was a similar issue, and I believe what happened in Quebec is, they decided to publish publicly, on the Minister of Labour’s website, the arbitrators and how long they took to issue awards, therefore letting peer pressure—municipalities or employer-employee groups would look and say, “Maybe we want to avoid this arbitrator because this arbitrator takes far too long.” So that was the way it was dealt with in Quebec. There have been other suggestions that the arbitrators be paid for mutually by both sides, but there could be small fines imposed when timelines are not met.

We’re open to discussing what mechanism you put in place; it’s just that the OLRB is not the one that we feel would keep the system fair and impartial.

Ms. Dipika Damerla: But you do agree that things are taking a little longer than they should?

Mr. Mark McKinnon: Our current act, I believe, says 90 days.

Ms. Dipika Damerla: What's that?

Mr. Mark McKinnon: Our current act says 90 days. Now we're looking at—a year is not even really workable. A year is not workable from the referral, but a year may be workable from the date of last hearing. If you take a year from the date of referral, you've got a month or two months or three months that it takes the municipality and the association to pick an arbitrator or the government to appoint one, and now you've impacted the chunk of time the arbitrator has, through no fault of their own.

We're willing to continue talking and finding out what mechanism there is in place, because certainly our members have concerns with some of the time frames as well that it takes to get awards out.

Ms. Dipika Damerla: Do I have time for another question?

The Chair (Mr. Kevin Daniel Flynn): If you can do it in about 12 seconds.

Ms. Dipika Damerla: In that case—

Mr. Mark McKinnon: It had better be a “yes” or “no.”

Ms. Dipika Damerla: We can talk offline. Thank you so much for coming.

The Chair (Mr. Kevin Daniel Flynn): That's great. Thank you, Mark and Ed, for coming.

Mr. Mark McKinnon: Thank you. Good luck in the rest of your week.

CANADIAN DOCTORS FOR MEDICARE

The Chair (Mr. Kevin Daniel Flynn): We were expecting someone to confirm at 9:45. They have advised that they aren't coming, so we're going to move on to Canadian Doctors for Medicare. Ryan, are you with us? Wonderful. If you'd come forward and make yourself comfortable; maybe introduce yourself for Hansard. You've got 15 minutes. Perhaps leave a little time for questions towards the end, but that's entirely up to you. The questioning this time will come from the Progressive Conservative Party.

Mr. Ryan Herriot: Can you hear me?

The Chair (Mr. Kevin Daniel Flynn): Yes, perfectly.

Mr. Ryan Herriot: Hi. My name is Ryan Herriot. I'm a medical student here in Windsor—in my final year, in fact. I'll be graduating in just a few months. I'm also a board member for Canadian Doctors for Medicare. On behalf of the organization, I'd like to thank you for the opportunity to appear before the committee today.

0950

Canadian Doctors for Medicare is a large, physician-led organization supported by thousands of Canadians that advocates for the improvement of our public health care system. As someone who will be commencing a family medicine residency shortly and then entering practice not long after that, I well know that we have big challenges ahead of us facing our health care system here in Ontario.

Today, we would like to call your attention to three major areas: first, the ongoing shift from hospital-delivered to community-delivered care; second, the spectre of means testing in the delivery of services; and third, the productive role that innovation may play in the future of our health care system.

As I mentioned, one significant challenge we face is the shifting of care from hospitals to communities. Canadian Doctors for Medicare agrees that, where appropriate, we should shift from expensive acute care models to more affordable and efficient community care models. However, we need to make this shift in a planned way, to make sure that people are still receiving the quality, coordinated care they expect from qualified health professionals. And we need to follow through on the commitment in the action plan for health care to use non-profit delivery of services to ensure that patients come before profits.

We know that Ontarians would prefer to be cared for at home and that home care is often more appropriate than hospital or long-term care for many seniors. However, Ontarians also demand, quite appropriately, that the quality of care is just as good at home as it is in other settings.

Right now, this ideal of quality home care is under threat, as lower wages and riskier working environments raise the possibility that the quality of care will be negatively affected as services are moved from hospital to community settings. Personal support workers in the community are paid significantly less than their colleagues in hospitals and in long-term care, and often are not paid at all for the time it takes to travel between patients.

If a worker has the requisite skills and education, they will of course seek out the higher-paying jobs in hospitals and long-term-care homes. This leaves less-skilled workers to deal with the same kind of work in the community, and it contributes to labour instability. In other words, we firmly believe in equal pay for equal work.

Ensuring that we have a skilled workforce providing quality care for all may require some additional investment but would result in less expense than care delivered in acute settings—in other words, hospitals.

We would also wish to highlight that the current rapid privatization of this field may lead to increasing inequities in care and quality of life. We must ensure that a transition to more community-centred care is not used to do an end run on the principle of accessibility.

As mentioned, I'd also like to discuss with you the concept of means testing in health care; that is, the cutting-off of services once a certain income threshold is reached. This idea was recently discussed in the government's report on seniors' health entitled *Living Longer, Living Well*.

We caution the Ontario government to consider the effects on access and uptake of programs and services when implementing either income testing or copayments. Evidence shows that there can be adverse effects of

defunding or income-testing services when this policy applies only to a segment of the population.

A good recent example is some research which has demonstrated that many Ontarians with diabetes who were eligible for publicly funded eye exams have not been getting those exams. Why? Because they did not believe that they were eligible once the province had delisted eye exams for the general population. In addition, copays for lower-income patients generally result in less uptake of services by those in greatest need.

Evidence also shows that universal programs provide better access to care for everyone, and that the administration costs of means testing often negate any purported savings afforded by such measures.

Finally, we would like to turn the government's attention towards new ways we can be delivering care more efficiently and more effectively. New technology, of course, can be incredibly useful, but it's even more useful if professionals using it are finding smart ways to put it to the best use for their patients.

The way we work has a dramatic impact on the way patients experience our health care system and on their health itself. I'd like to highlight an e-consultation project in the Ottawa region as one good recent example.

Before this project began, family physicians seeking specialist input for a complex health issue typically sent a paper referral via fax to the relevant consultant physician. Ottawa's e-consultation project brings that process into the 21st century. Now, an Ottawa primary care physician has the option to do something entirely different. Through a secure online portal, they send the specialist details of their patient's health history along with questions around the unresolved health concern. Rather than waiting the average three and a half months for a patient to see the specialist, the project has reduced the turn-around time of the consultation to less than one week.

In addition to drastically reduced wait times, the e-consult project has resulted in the elimination of 43% of the traditional paper referrals and in-person specialist visits. For referrals that were still needed, family doctors were better able to prepare patients through suggested lab tests and imaging studies. This project improves access to care, and both primary care physicians and their specialist counterparts feel like they are better able to determine what is best for their patients and that they are working together more efficiently.

Clearly, this kind of innovation both reduces wait times and saves money. Sometimes it's just those one or two questions that can make the difference between putting a patient on a lengthy waiting list or sending them home with a prescription or to a lab for further testing. But it requires, first, that e-consulting is included in payment models for physicians. Second, it requires a little bit of investment on the part of the government. In this case, however, the payoffs were huge.

Virtual wards are another innovation that requires changing the way we work. Patients who are at high risk of being readmitted are provided with follow-up care at home and are able to call their health providers when

they have questions. It's an idea that has helped keep patients out of hospital, connected them to community care, and kept them from falling through the cracks.

As you can see, innovation in health care is not just about the newest developments in information technology. So often, it's about finding better ways to work together and to use the tools and technology already at our disposal. It's fundamentally about changing the way we approach health care: moving towards integration, coordination and collaboration.

We encourage the Ontario government to continue investing in models like these that make the best use of existing technology. Small investments in these kinds of projects can produce big results and big savings down the road. Sadly, we are too often a nation of successful pilot projects that are never scaled up, leaving local jurisdictions to continually reinvent the wheel.

Canadian Doctors for Medicare is committed to finding ways to protect and improve our public health care system, and we'd like to thank the committee for allowing us to share our ideas today. Thank you for your time.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Ryan. You've left about seven minutes for questions.

Who's going to start off? Monte?

Mr. Monte McNaughton: Sure. Thank you very much. Thanks, Ryan, for coming in and presenting to us today.

I just wanted to get your opinion on a couple of things. We know by your report that you're talking about equal pay for equal work for home care versus in-hospital. Do you have any opinion on, I believe it was 2010, when the provincial government brought in a pay freeze for non-union employees yet went ahead and continued giving pay increases to unionized employees in hospitals? I wondered if you had an opinion on that.

Mr. Ryan Herriot: I can't claim to be very well informed on that particular issue. I think, as a general principle, we would support people doing the same work getting paid the same amount.

Mr. Monte McNaughton: The reason why I asked that is, I represent a riding not too far from here, and it's one of the things I hear from my hospitals: that there was a double standard when that pay freeze came in for some but didn't come in for others.

Secondly, I wanted to get your opinion on the layers of bureaucracy within the health care system. I wondered if your organization had an opinion, firstly, on the local health integration networks, the LHINs, and also on CCACs.

Mr. Ryan Herriot: I think our organization is generally supportive of those structures as far as—it's really important to have someone quarterbacking care in the community and coordinating services locally.

I think the one thing I would add is what I mentioned at the end of my presentation. Often, really great initiatives are born locally and then are not replicated across the province or across the country. I think that those are

great mechanisms for coordinating care locally, but ideally, the best ideas would be taken and replicated.

Mr. Monte McNaughton: What do you think about this opinion that there are hundreds of millions of dollars on an annual basis going into layers of bureaucracies, yet that money could be more effectively spent delivering front-line health care services? In my riding in particular, I'm most familiar with southwestern Ontario, where many doctors and many front-line workers feel that there's lots of money being directed to upper layers of management—to bureaucracies—but not enough to front-line patient care. Do you think priorities are often wrong in Ontario?

1000

Mr. Ryan Herriot: It's difficult for me to say. There's always going to be that clash of perspectives between the front-line worker who would like to care for the patient in front of them and someone else who's thinking more systemically. I cannot say whether the balance is right currently. I don't know, to be honest.

The Chair (Mr. Kevin Daniel Flynn): Go ahead.

Mrs. Jane McKenna: I just wanted to mention this: I'm from Burlington. We're grateful that you have these innovations, but you have to be able to facilitate them. The people who want to stay at home are not being able to be supported in that area because of the monies that we've obviously wasted.

We have a lady who—the other day, when I was actually there with my husband—had come in with an ambulance for the seventh time that week, just because she was unaware of her medication and what she could do and how to flip it around. She was 83 years old and sat in the emergency room for, I think, nine hours. If we're going to be able to have these services, we can't be tying up the ambulance who has gone over to her house and who has brought her back into the emergency room.

We've got to be able to have a system, right? You have to have evidence-based, concrete information with outcomes, so you can clearly facilitate those great innovations. Unless we figure out how to get the monies to the patients who are the front line, and make sure it follows the patient and not the bureaucracy, I don't know how we're actually going to turn that around. Any suggestions?

Mr. Ryan Herriot: I'm not sure what the question is. You're asking for my suggestions for how we can do that?

Mrs. Jane McKenna: Yes.

Mr. Ryan Herriot: It would be, as you were saying, irresponsible to transfer responsibility of care to the community without ensuring that quality. Making sure that the funding is there for home care nursing, personal support workers and those sorts of things—it would be a shame to save the system money if it's doing it at the expense of quality care. We would want to make sure that commensurate investments were being made in various home care services, as well as primary care; a lot of this comes down to having either a nurse practitioner or a family doctor who is quarterbacking things and providing

good primary care to prevent those frequent readmissions to the hospital and so on.

Mrs. Jane McKenna: I agree with what you're saying, because if you look at having somebody right now—the government has said to have a doctor come for house care. I think they're waiting up to a year and a half to have someone be able to come to their home, to be able to see them. I fully appreciate what you've come in and said, but I think the reality is that we have to get the monies back to the front line, look at getting rid of the bureaucracy so that the people deserve the health care that they need to have. We have to just make sure that we're able to do that. I appreciate you coming in and saying what you had to say, though.

Mr. Ryan Herriot: Thanks.

The Chair (Mr. Kevin Daniel Flynn): There's about a minute left. Anybody have another question? If not, thank you, Ryan. We appreciate you attending today.

Mr. Ryan Herriot: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Our next delegation this morning is from the Windsor-Essex Family Network. Is Michelle Friesen in the audience?

ONTARIO HOME RESPIRATORY SERVICES ASSOCIATION

The Chair (Mr. Kevin Daniel Flynn): How about the Ontario Home Respiratory Services Association? Are you set to go, Michael? I know we're pulling you forward a little early.

Mr. Michael Pohanka: I could be set to go, Mr. Chair.

The Chair (Mr. Kevin Daniel Flynn): Perfect; okay. That will help keep us on schedule; I appreciate that. We'll change things around a little bit.

You've got 15 minutes, like everybody else. If you would introduce yourself for Hansard. Use that time as you wish. The questioning goes next to the NDP.

Mr. Michael Pohanka: Thank you. My name is Michael Pohanka, and I'm a lifelong Ontarian—born here in Windsor; a resident of London. I'm here today as chair of the government relations committee for the Ontario Home Respiratory Services Association. We do home respiratory care. My day job is as vice-president of ProResp Inc., which is the largest Canadian-owned provider of those services. Just following up on the last presentation, I am a past president of the Ontario Home Care Association, so it was interesting to hear a lot of questions about home care.

I want to thank Mr. McNaughton's office for emailing me about this opportunity last week. Like the others, I feverishly put something together.

I understand it's your birthday?

Mrs. Jane McKenna: Yes, it is.

Mr. Michael Pohanka: Read that into Hansard: Happy birthday.

Mr. Monte McNaughton: How did he know that?

Mr. Michael Pohanka: I kind of overheard it this morning.

Mr. Monte McNaughton: I'm like, "I hope my staff didn't put that in the email."

Mr. Michael Pohanka: No, it wasn't in there.

I apologize that I'm going to read from the remarks I prepared, because we just put them together.

Both Health Minister Matthews and Premier Wynne have publicly recognized the vital importance of the home health care sector within Ontario's overall health system, as indeed have the other parties. Ontarians prefer to receive care at home wherever possible, maintaining their independence and proximity to family and friends. As has been noted earlier, home health care is also cost-effective in comparison to institutional care delivered in hospitals and long-term-care homes. Technological advances are enabling an ever-broadening spectrum of complex medical conditions to be treated safely in the home setting.

A little bit about our organization: We provide home respiratory care to over 23,000 oxygen-dependent Ontarians suffering from severely impaired lung function, which compromises their ability to breathe independently. Our services include the provision and ongoing maintenance of appropriate oxygen delivery equipment; instruction in the safe operation of the equipment; an overall assessment of safety in the home; development and monitoring of a client-centred care plan; visits by a regulated health professional, usually a registered respiratory therapist and, in some cases, a registered nurse; and 24/7 on-call emergency response. This bundled package of services and equipment is delivered at a cost to the province of approximately \$13 per patient per day.

A little bit about COPD, or chronic obstructive pulmonary disease: It is a chronic, progressive respiratory disease largely caused by smoking. It's incurable, but it can be prevented largely through smoking cessation, which this province has done an excellent job of. It can be improved with treatment. In a recent study, the Institute for Clinical Evaluative Sciences found that approximately 10% of adult Ontarians live with this disease. Although mortality rates have been decreasing, prevalence and incidence rates have been increasing.

COPD is one of the most significant economic and chronic health burdens in Ontario. It's the fourth-leading cause of death among adults and the leading cause of hospitalization in Canada. It's actually projected to be the third-leading cause of death by the year 2020 and, interestingly, the only one in the top 10 that's increasing in incidence.

The Ontario Lung Association has found that public awareness of COPD prevention, detection and treatment is low, and in the absence of coordinated care, patients are faced with a variable patchwork of services across the province. Health Quality Ontario found that COPD is now the most common ambulatory, care-sensitive condition where the availability of appropriate care in the community to improve results may prevent hospitalization.

I'd like to emphasize that last piece: If we can help these people deal with their chronic disease in the com-

munity, we can keep them out of hospital. A lot of the issues are exacerbations of the disease because they haven't been instructed as to how to properly manage it. One in five patients with COPD is readmitted to hospital within a month of discharge, and this is an area where there are opportunities for improvement.

We have lots of ideas for opportunities, but we decided to highlight one today, and that is short-term oxygen therapy. The present Home Oxygen Program of the Ministry of Health and Long-Term Care is an excellent one. It provides funding for two groups of oxygen-dependent individuals. There's the long-term chronic group that has severe lung impairment. They're on oxygen on a chronic basis. They're going to be on it the rest of their lives. These are based on internationally recognized scientific studies that were done that show that oxygen improves mortality and morbidity in this patient group. That's the basis that most countries in the world fund home oxygen on, and Ontario is no different.

There's also another group for palliative care where the province funds up to 90 days of oxygen therapy for palliative clients. That's to enable the government's wish that palliative patients be able to die at home wherever possible. Sometimes oxygen can be beneficial in aiding in breathing and in symptom relief, so that is there.

1010

The missing piece is in short-term oxygen. I've said, what about Ontarians who have mild to moderate lung disease? They have lung impairment but they don't need oxygen on an ongoing basis, but then they get an exacerbation; they get pneumonia or they get the flu at this time of year and they go to hospital. The hospitals call them "frequent flyers" because they're in there two or three times a year with exacerbations. When they're hospitalized, they're hospitalized for longer than a normal admission, so the lengths of stay are longer and it's quite a cost to the system.

In 2005, the ministry established a two-year pilot project that provided funding assistance for short-term home oxygen therapy; they funded it for up to 60 days for exactly those individuals in order to avoid hospital admission or facilitate early discharge in what was called the Hospital Replacement Program. I didn't name it; they thought that was a good name. During the two-year pilot, the industry treated about 1,100 individuals. The most common diagnoses were exacerbations of their COPD or pneumonia.

At the end of the two-year period, the ministry terminated the program and engaged an external party to evaluate it. The evaluation was very favourable. They found that the Hospital Replacement Program had been a cost-effective alternative to the provision of hospital stay. They compared the groups and they found that the average length of stay was 8.5 days for patients who were not able to access short-term oxygen therapy. When we took them home on short-term oxygen, the average length of stay was 5.3 days, so we were able to knock a little over three days off. The evaluation concluded that the average total program costs were approximately 20%

reduced for the group that went home on short-term oxygen therapy. So you had the savings of a little over three days of hospital stay at, say, \$1,000 a day in hospital. Against that was the cost of 60 days of home oxygen provision and any additional home care that may have been required. Usually, they'd get a nursing visit or two. Generally, they would get antibiotics in hospital and then go home on oxygen for 60 days.

Other key findings were that patients reported improved quality of life, a more rapid recovery in home than in hospital. A majority did require some nursing care in the home.

We got significant support from clinicians, hospital discharge planners and community care access centres that the program was valuable and they recommended that it be implemented. But despite that, the program was never implemented. Recently, we worked with the Ontario Lung Association and they commissioned an independent review of expert literature on acute short-term oxygen therapy. They did a search throughout the world and found that short-term home oxygen therapy can yield significant benefits to individuals with an acute respiratory illness. It suggested more effective management of health care resources and care, contributing to significant savings in provincial health care costs. That was consistent with the evaluation of the Hospital Replacement Program in 2007.

Now, they throw out some pretty large numbers here. This was done by Risk Analytica, and I do have a copy of the report and we'll post it on our website. It said that even at modest levels of utilization, where short-term home oxygen therapy would be used by about 50% of patients with COPD, it could result in annual savings—and they estimate \$200 million to \$250 million now, projecting out to \$1.3 billion by the year 2040, as COPD continues to increase.

We've included our rationale here for the reintroduction of this program on a province-wide basis. The availability of short-term oxygen therapy for individuals with an acute respiratory illness is consistent with current provincial strategic health priorities, particularly those related to the recently announced Seniors Care Strategy and the recent introduction of Health Links, which are focused on the provision of integrated community-based care for individuals with chronic illnesses. Short-term oxygen therapy should be one of the tools available to physicians and Health Links to optimize the provision of care to those individuals.

Both the ministry's independent evaluation of the 2005 pilot program and the expert review of international literature have found that there are significant benefits to patients, and it would support the effective utilization of health care resources.

The Chair (Mr. Kevin Daniel Flynn): Just so you know, Michael, you're down to four minutes.

Mr. Michael Pohanka: Okay; I'm almost done.

Let me just get to the bottom line: Hospital funding has been frozen, but their costs continue to rise. Hospitals are moving to quality-based procedures funding for

COPD—that's a capitated funding—and hospitals need the flexibility to shift care to the community where feasible. That was talked about in the previous presentation.

Our recommendation is that short-term oxygen therapy be added to the current Home Oxygen Program—which covers long-term and palliative oxygen—as a third arm, and we've recommended that to the Ministry of Health. In return, our industry is willing to be held accountable for the client outcomes and for the hospital sector savings, where we've advocated to the ministry that we measure this and report back because we want to be able to demonstrate the value that we can provide.

Thank you for your time. I would entertain questions.

The Chair (Mr. Kevin Daniel Flynn): That's great, Michael. You left about three minutes for questions. It goes to the NDP this time, Michael?

Mr. Michael Prue: Thank you very much for the presentation. I kept thinking, "This is a finance committee," and I was waiting for the number, but you finally said it: \$200 million to \$250 million in potential cost savings right away. How does that manifest? How does that happen? The hospitals don't have to spend it—

Mr. Michael Pohanka: Correct.

Mr. Michael Prue: —and you would spend a lot less? Just give me the numbers, how they work.

Mr. Michael Pohanka: The savings arise from freeing up bed days in the hospital or avoiding ER admissions. A lot of times, these patients will present at ER. They're short of breath; they're chronic COPD people. They can't send them home, so they admit them on oxygen, and that's one of the main reasons they admit them. As I said, they may administer antibiotic therapy. But we could get them home quicker, so the savings come from freeing up that bed.

We used to say, "You only get the savings if you close the bed," but I think now, with the hospitals having their funding frozen, they're all trying not to run a deficit, and some of them have been reporting layoffs of people. If we can free up these beds sooner, it's going to take some pressure off the hospitals.

Mr. Michael Prue: What is the technology like? I've seen people with oxygen in rooms; you knock on doors and people come. Some of them have little wheels that they walk around with. What is the technology involved? I would assume most people are capable of handling it on their own.

Mr. Michael Pohanka: Part of our service is to instruct them as to how to use the equipment safely. The main thing is to get them not to smoke around it, because it's 100% oxygen we're delivering. But the technology has really evolved. It has become more portable. My father-in-law is in a nursing home here in Windsor on oxygen, and we have him on a concentrator, which plugs into a wall and delivers 100% oxygen to him. But he also has a portable system so he can go down to the dining room for dinner.

Mr. Michael Prue: Those would be my questions.

The Chair (Mr. Kevin Daniel Flynn): Very good.

Mr. Taras Natyshak: Is there any more time?

The Chair (Mr. Kevin Daniel Flynn): There are about 30 seconds. You can get a quick one in.

Mr. Taras Natyshak: Thanks, Michael. You mentioned reporting. Do you currently do reporting on long-term therapy and mid-term therapy?

Mr. Michael Pohanka: On patient outcomes?

Mr. Taras Natyshak: Yes.

Mr. Michael Pohanka: No. We've got a separate proposal to the ministry that they've agreed to work with us on now, and that's to get independently administered, province-wide client satisfaction surveys done, and then to develop system indicators that would be measured. So things like access to care: Are they able to access within a couple of hours—I guess my time is up.

The Chair (Mr. Kevin Daniel Flynn): If you had a few words to just wrap that up, that would be fine if you wanted to summarize.

Mr. Michael Pohanka: We're working with the government now to develop system indicators that would be measured to hold us accountable for the results that we think we can achieve.

The Chair (Mr. Kevin Daniel Flynn): That's great. Thank you, Michael. Thank you very much for being here.

Mr. Michael Pohanka: Thank you for the opportunity.

The Chair (Mr. Kevin Daniel Flynn): And thank you for moving ahead a little bit. It helped us.

1020

WINDSOR ESSEX FAMILY NETWORK

The Chair (Mr. Kevin Daniel Flynn): Okay, our 10:15 is here now: Michelle Friesen, from the Windsor Essex Family Network, would you come forward? Michelle, you've got 15 minutes. You can use that time any way you like. You might want to leave a little bit of time at the end for some questions. Make yourself comfortable, introduce yourself for Hansard, and then I'll start the timer. The questions, this time, will be coming from the government side.

Ms. Michelle Friesen: Thank you very much for this opportunity. You have a green package in front of you, and initially what I'm going to do is just share a little bit about why I'm here and a bit about my daughter, which is this reason that I'm here.

First, though, I will explain that Windsor Essex Family Network is a family-to-family support network. We all have family members—particularly, daughters and sons, sisters and brothers—with disabilities. We don't offer any services, we're not a transfer payment agency; we just offer information, emotional support and family-to-family linking for people who have family members with disabilities.

I, myself, am a parent of a daughter who has developmental disabilities and has multiple complex needs. I am also the manager of Windsor Essex Family Network.

My daughter was born in 1981. She experienced a traumatic birth that left her brain-injured, and shortly

thereafter received a number of diagnoses. I remember thinking during that first year, how does the government expect us to do this? She had complex medical needs, she rarely slept, she had ongoing seizures, everything took hours; she cried all the time. We had two other preschool-aged children and we were very exhausted.

When she got closer to 18 months of age, somebody told us about a new program the government had, which was called the Special Services at Home program, which is a program that provides funding to families to pay for support workers to be able to manage at home. The sole purpose of the program, at that time, was for people to be able to keep their children at home. We applied in September 2002, and four months later heard that we were approved. During that four-month time, not knowing if we would get that funding, it became increasingly harder, and by Christmas my husband said, "I can't do this any longer. If we don't hear by the end of the year, I'm taking her to" what was Cedar Springs, just renamed Southwestern Regional Centre. I was so exhausted—and I hadn't slept yet—that I didn't argue with him. But at the very end of December, we got a call that said, "You've been approved for funding." I sit here saying to you, in that situation, clearly that funding program did keep our daughter at home.

I'm going to skip over a lot of things, but over the evolution of that program, it later was extended to adults, based on the idea that a developmental disability is lifelong and people continue to need supports after their 18th birthday.

Other versions of direct and individualized funding were created in the province and improvements were made to SSAH.

I have watched over time as all three provincial parties have joined together and supported issues around developmental disability and individuals in a non-partisan way. And that would be starting with the 25-year plan to close the institutions announced in 1987, and then again to bring it to an end recently with transformation in the first decade of this century. Again, all three parties were in support of closing those last three institutions.

So I'm here because I believe there is an opportunity for all three parties to come together again around a very important non-partisan issue, and that is to provide seamless, direct funding support to children and adults with disabilities across their life span. This would have the positive side effect of supporting families. It would also help with some of the pressures that government has around people with autism and seniors.

My daughter is 32 years old. If she was born today, she would go on an immediate wait-list for Special Services at Home. If she had been born five years ago, she would still be waiting for funding. I think that after 30-some years with our experience of how to support families, that's really difficult to know. If she had lived in another area of the province, she may not have received individualized funding as she got older and we couldn't manage; she would not have independent facilitation. She may have left high school without hope for

any additional funding through the recently created Passport program, which was intended to add on to Special Services at Home.

Today in our community, Windsor-Essex, which I believe mirrors many others in the province, 350 children have been approved for Special Services at Home and are waiting. Some have waited five years. Another 200 have been approved for additional funding for the changing and increased needs in their families and they're still waiting. Close to 300 adults are waiting for some kind of extra support after they've left high school, and some have waited six or seven years. Some are waiting for additional funding to get on with their lives and create their own home in the form of support funding. In total, close to 500 adults wait for some kind of assistance.

We have experience in Ontario and we know how to do this. We have known how to do it since 1982. We know the importance of not leaving people without funding at the end of contracts—having to reapply, losing support workers. We know that at 18 years of age, they still need support funding, and we know that when they leave school they need more.

Many different interest groups will be talking to you about people with disabilities—what kinds of programs—I'm here to say that one of the things that has been missed in investment in the last eight years has been funding that goes directly to people with disabilities and their families. Little bits have come forward, but primarily the increase in funding that has happened since the Liberals did come to power—and, you know what, they deserve to be credited for the \$575 million that has been invested. The \$275 million—you all deserve to be credited for it, because that came from the institutions and was transferred to bring people home. The balance, the majority of it, went to helping to shore up and sustain agency-based funded programs and wages, and only a small portion went to people and family who were doing it outside of the system.

So, obviously, I'm here to really push for the next round of investment for people with disabilities to be about investing with the people and their caregivers who have been doing it on their own. Some 31,000 people right now are using Special Services at Home and Passport funding, our two official direct funding programs, and 13,000 others are waiting. Those 31,000 people are being supported with \$148 million. Right now, in our province, 17,000 other people are being supported to live in agency-funded residential arrangements for \$1.1 billion.

Now, I'm not criticizing that type of support. I'm saying we have \$1.1 billion supporting 17,000 people and we have \$148 million supporting 31,000 and another 13,000 who are being said to share it. The recent decision to cut people off at 18 years of age—off of their SSAH—in order to start replenishing the children system is never going to work. Some 43 families in Windsor and Essex county will be cut off their Special Services at Home this fiscal year.

We know that there will be more than 43 people diagnosed with disabilities—either born or diagnosed as preschoolers—who will be applying for that funding. We know that there are another 350 waiting. You can do the math: It is never going to meet the needs of the kids coming up. Instead, it's creating huge anxiety for adults.

My daughter Lisa is still at home. She lives in a self-contained apartment in our home. She receives support, some through health and some through the Ministry of Community and Social Services. She is a part of her community, and she's very involved. Without individualized funding, this ending would be very different, and we believe that she has contributed in her community and that it's a positive story of what could be. I share it because I'm concerned about so many other families that are losing the hope of that. They've seen it and they've asked for it, but they're losing the hope of that ever happening.

This sheet in your package—how much time do I have?

The Chair (Mr. Kevin Daniel Flynn): Oh, you've got lots of time. Don't rush at all. You've got about just over six minutes.

Ms. Michelle Friesen: Okay. This sheet in your package was created by a number of family leaders in the province. It's just being launched. What it is is families who are interested in doing the work and supporting their family members, children and adults, at home, in their homes, in the community. We believe that it's most important to secure an everyday, ordinary life for people who would live with a disability, so they can live in their own home and participate and contribute in their own community.

We have done the math on what we think that will cost. We think for \$300 million, phased in over a couple of years, every person waiting for special services, waiting for extra special services because things have gotten harder in their family or their parents are aging, every person waiting for Passport and those who need some enhancements of that, and every person who might want an individualized residential support model—which the government introduced for two years and then pulled back on—would be able to be supported.

1030

We also know from our experience in Windsor and Essex county that just giving people direct funding isn't enough without some support. For the larger amounts, we've been blessed to have what's called independent facilitation through Windsor Essex Brokerage for Personal Supports. Many families and facilitators have organized around the province to have that happen elsewhere.

It is much more cost-effective than what it costs a manager who is overseeing a group home supporting 12 people. A facilitator can support 25 individuals and their families and their support networks for less money.

Again, I'm not criticizing the other system. I'm saying that we need to look at what some other ways are, because what happens to people like me is that as we age

and don't have the supports, we then say, "Yes, I need a group home because I can't do it anymore." That's all we've ever known. And I've seen the numbers change.

What I didn't tell you is that I'm the co-chair of the Individualized Funding Coalition for Ontario. My volunteer work spans the province, and I'm connected to almost every community and family network and grassroots organization that's looking for something different.

We know from the research that about one third of people and their families would choose this harder route, because it does mean families investing time, energy and money. Not everyone wants it. But what we haven't done in Ontario is pave the way for that more economical model that also engages people and families and connects them in the community.

This is really a number of leaders saying, "This is what we want." We are just beginning to launch a social media campaign—I've gotten a blog up—and working on a video, so we're just at the start of trying to see if everyday people are also concerned about our sons and daughters and sisters and brothers having an everyday life. For the number of people in this province, it would cost us six cents a day to do that \$300 million.

I know we are in a time of really being careful about money, but I also know that this is an investment in costing us less in the future, and it's an investment in keeping people part of their community, as opposed to setting up a barrier. It follows the UN convention. It follows the belief system of social inclusion that we have yet to really see come into action in a big way.

With your package are the stats from Windsor and also some provincial stats, whereby via a pie chart you're able to see the very small amount of money that is in place in the system versus the large amount that is going towards agency-based traditional services. Again, I'm not criticizing them, and there are many people—that other 60%—who are going to want them. But it's time; it's time, after all these years, to actually invest, because the families and caregivers that are family caregivers have been holding up that big system. The minute our arms go down by the thousands, people will have to be supported some way. And we really are on the brink of that happening.

But mostly it's important because we all want people to have a good life. We all really do want people to be part of our communities. When they were in institutions—actually, I'll stop, in case there are any questions.

The Chair (Mr. Kevin Daniel Flynn): Oh, no, you keep going. I didn't want to cut you off in mid-sentence.

Ms. Michelle Friesen: No, no. You know what? Institutions isolated people; they were lonely. And people didn't need them. But right now, we have families who can't get out in their communities because they're supporting their son or daughter, and their sons and daughters aren't getting out. We have replaced this method of support with the same outcomes of isolation and loneliness. I don't want to play on the sad stories, because the families that I know who have experienced

this really want the positive stories of inclusion and participation to get out.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Michelle. Time for one question. Dipika?

Ms. Dipika Damerla: Thank you, Michelle. Thank you so much for coming and sharing your story. I can empathize with you. My mother's sister was developmentally delayed. I grew up with her. And I know my grandmother's biggest anxiety was what would happen to her after my grandmother had died. So I sympathize with you.

I just have a quick question. Thank you for the work you're doing in looking after your daughter. The \$300 million: Does that cover, in the math that you've done, people over the age of 18 as well?

Ms. Michelle Friesen: Yes. The math that we did was from zero to death, birth to death—I do have it broken down in kind of a working document that I'm happy to leave—in the sense that it covers what we do know are on lists and how we can estimate based on the communities where we could get the stats.

These stats will not be available after the 31st of March, because the government is not going to track them the way they were prior to when SSAH and Passport had their own applications. These are as of March 31, 2012.

We are talking about children, babies, adults and teens in transition into Passport adults. We suspect there are about 2,000 adults in the province who would be interested in individualized support around a residential model. We base that partly on knowing how many have asked for it, and on the research internationally.

Ms. Dipika Damerla: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Michelle. I really appreciate you attending today—a great presentation.

Ms. Michelle Friesen: I will leave this.

The Chair (Mr. Kevin Daniel Flynn): If you'd give that to the Clerk, he'll make sure we all get it. Thank you.

Ms. Michelle Friesen: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Lakeshore horse racing is next. They're at the post. We can move on. If they come a bit late, Monte, we'll accommodate them. Do you want to contact them and see if they are coming? Is that possible?

Interjection: Nobody's here.

The Chair (Mr. Kevin Daniel Flynn): Okay.

WINDSOR ESSEX HEALTH COALITION

The Chair (Mr. Kevin Daniel Flynn): The Windsor Essex Health Coalition: You're up, sir. You must be Jack, David or Tullio.

Dr. David Wonham: I'm sorry. By coming early—the other two who are supposed to be with me are not here yet, sir.

The Chair (Mr. Kevin Daniel Flynn): Okay. Well, you're actually going a little bit ahead—

Dr. David Wonham: We'll start without them.

The Chair (Mr. Kevin Daniel Flynn): You've got 15 minutes. Use it any way you see fit. If you want to leave a little bit of time at the end, that's great.

Dr. David Wonham: Yes. Thank you, ladies and gentlemen, members of the House.

My name is David Wonham. I've been a physician for 53 years, I've been a general surgeon for 46 years and I've lived and worked in Windsor for the last 43 years. I've been, in the past, chief of surgery, and president of the Essex County Medical Society. I've made presentations on health care in the States at the Cato Institute in Washington and the American Legislative Exchange Council etc. So I know, more or less, things about different systems, also having come in from another system, which is the British National Health Service.

Our concerns are that we have got a lot of problems here in Windsor at this time. I've been asked to represent the coalition and read a statement from them, because it's important that—we need to know exactly what's going on.

At the moment, I am currently the physician adviser on utilization at Windsor Regional Hospital, so the day-to-day problems are well in front of me every time I go there, which is every day of the week. We've got a lot of problems, and I want to bring these to your attention.

I'm going to read the statement from the Windsor Essex Health Coalition. It's a local group that supports the principles of the Canada Health Act and actively seeks to protect and improve our public health care system. We welcome the opportunity to present to the Standing Committee on Finance and Economic Affairs in these pre-budget hearings. Our parent organization, the Ontario Health Coalition, will provide this committee with a more thorough presentation, and we will focus on local health care challenges at this time, and what we believe are necessary solutions.

Today's presentation, for the most part, follows the headline stories from the Windsor Star in recent months. These stories are a representation of the challenges our community faces that have been compounded by austerity budgets. Austerity budgets not only cause a higher human cost, but can have a higher fiscal cost as well, as it stresses more expensive hospital care.

Our community is pleased that planning for a new hospital is under way, but we need to make certain that we will have the services necessary to get us there. Last month's announcement that both hospitals have come together with a plan moving forward is good for our community, and we hope a new hospital will assure us not only of efficiencies but progress in the delivery of care.

Delivery of care in our city is compromised at this time by one glaring issue: There are simply not enough long-term-care beds available to adequately serve the needs of our community. Windsor hospitals operate continually at levels well above 100% capacity, putting not only patients but staff also at risk. This directly causes unnecessary delays and emergency-room crowding and cancellation of surgery etc.

A substantial amount of these beds—as high as 45% of our adult beds—are occupied by patients who are waiting for another level of care. The number today at Windsor Regional Hospital is 41.3% of the beds occupied by patients who should be in another level of care.

1040

In 2007, the provincial government committed to providing an additional 448 long-term-care beds. In the six years since that promise, we have added 192 beds, but at the same time we closed 156 long-term-care beds at Malden Park, which had been operated by Windsor Regional Hospital. Some of the Malden Park beds were redeveloped as much-needed complex continuing care beds that provide for residents with greater needs. But six years later, we have seen only a minor net increase in LTC beds. After waiting years for the development of the 256 beds at the former Grace Hospital site, we will finally see relief, hopefully at the end of 2014, but by then it may still not be enough.

When the Malden Park/Tayfour campus redevelopment began, an additional 58 beds were approved to open: 42 complex continuing care, six mental health, and 10 rehabilitation. To date, we have only seen operational funding for 10 of these 58 beds. It seems almost unbelievable that there's a solution at hand to give some immediate relief, but it remains out of reach. This is in good part the reason that more than 200 members of our community participated in a province-wide day of action, aptly titled Save Our Services.

Care in Windsor is also compromised because of inadequate designations. The neonatal intensive care unit at Windsor Regional Hospital has yet to receive a level 3 designation, ensuring that they will be able to continue to deliver high-risk infants in our community. The future viability of thoracic cancer surgery is threatened because Cancer Care Ontario will not provide either hospital with a level 2 designation, which it would otherwise be able to do if they were together in one hospital.

The first and most obvious solution that we need here is funding for the 42 complex continuing care beds at the western campus and six mental health care beds that are ready to be opened at Windsor Regional Hospital. This could result in the reversal of the decision to close acute care beds and offer at least some relief to the over-capacity of both hospital sites. The possibility of operating and funding interim LTC beds should be investigated. Savings recognized from the delay of the nursing home that should have opened at the Grace site two years ago could be funnelled into existing organizations like our local hospitals, where the potential exists to open more than 100 LTC beds on an interim basis.

The government should also re-evaluate the 2007 decision of adding 448 beds. With more than 1,000 people in our community on waiting lists for long-term care, the 256 beds that will open next year will not completely solve our crisis. Long-term care is far more cost-effective than acute hospital care or 24-hour home care.

Appropriate designations for the hospital services provided locally—NICU and thoracic cancer surgery—should be approved. Should these services disappear from our community, it will not only put an unfair burden on the individuals who would need to travel for services but it would add stress in neighbouring cities. Once services are lost, it can be the start of a downward spiral, as physicians may choose to leave for places where they're able to work in a more varied practice.

The Ontario Health Coalition will provide this committee with more details on funding health care, but certainly concentrating on healthy lifestyle choices and providing people the tools to assist them is always good medicine and worth the investment.

We thank you for the opportunity to appear before the standing committee and ask that you consider our comments in your budgetary deliberations.

I'd like some questions that people have of our local conditions. If you would care to ask me questions, I would be glad to give the answers.

The Chair (Mr. Kevin Daniel Flynn): Absolutely. You've left a lot of time for that, which I appreciate.

We're starting with Monte.

Mr. Monte McNaughton: Sure. Thank you very much for presenting today. You didn't have far to come this morning to present. I guess the only thing before I ask you a question—I would actually argue with you that there hasn't been an austerity budget in Ontario. In fact, this year the interest on the debt in the province is going to be \$10.5 billion dollars, and in a few years—I'm not sure if even the government is aware—the interest on the debt is going to hit almost \$16 billion per year. I often think, and I know my colleagues think, that we could buy a lot of health care services with the interest we're paying on the debt.

I would just like to ask your opinion on the layers of bureaucracy that we see in the health care system. We know there are thousands of people working in the health care system today who don't spend a single moment with patients. I know that in southwestern Ontario, as I said to another presenter earlier, we've had lots of problems with the local health integration networks that the current government brought in. I think the latest tally is upwards of half a billion dollars put into these layers of bureaucracy across the province. I wonder, by eliminating some of these positions and these layers of bureaucracy, how that would help local health care.

Dr. David Wonham: I think a lot of the bureaucracies come about by the fact that people keep on wanting more numbers. They want more graphs, more stats, more things like that, and we probably have more people now developing graphs and statistics than we do actually looking after patients, which is rather a sad reflection. This is a constant thing, but we keep being told, "Yes, we need these stats. We need that." We have graphs and stats—we spend all our time at meetings to discuss these various things. You're right: The bureaucracy has grown way, way, way too heavy.

But the main problem we have in Windsor is that the long-term-care facility that's supposed to be built at the Grace Hospital site with 256 beds was supposed to open two years ago in March. It's still not open, and the next one, the one that's being built now, certainly will not open before the end of next year. So we're talking about a nearly four-year interval where we've had those beds missing. In the meantime, the patients have been piling up in the hospitals. Between the two hospitals and the sites, we've got well over 200 people who are in the wrong beds. This is where we have a problem.

It is to be noted that one good thing about delaying the building of the long-term-care facility is that nobody had to fund it. I think the government has saved somewhere between \$20 million and \$30 million in that time by not funding it, and I would propose that you use some of that money to fund some interim long-term-care beds. By this I mean beds that could be used within the hospitals or wherever that could tide us over until this new facility opens up. I would estimate that something like 100 to 120 beds would be needed in order to make the hospitals a comfortable place again. At the moment, we are overcrowded, we cancel surgery—the place is a mess. There's people lying around on stretchers all over the place. Today, I've got four people lying in the endoscopy unit—in-patients. We have them in day surgery and we've had to even put adults in pediatric to do it. We just have to crowd people wherever we can, because there are just no beds. We've got all those beds occupied—65 beds occupied at the moment, when our target is 15—

Mr. Monte McNaughton: Sorry to cut you off. I know there have definitely been province-wide headlines about the health care system in Windsor.

To change topics just a little bit, I wondered if you could maybe fill the committee in, if you're aware of any other issues with Ornge air ambulance here in Windsor. I know some of the very tragic stories from Windsor within the last year or so. You talk about all these other issues with the hospital. Are you aware of how the Ornge air ambulance service is now working?

Dr. David Wonham: I don't have any knowledge of that, no.

But again, when we talk about just the people in the hospital, remember: The worst place you can be if you're old and frail and helpless is in an acute-care hospital. Yes, it's very nice. Yes, you can get your diaper changed by somebody who has a university degree—that's very good; I'm very happy about that—but there's no time to enliven these people, to communicate with them, to get them to socialize.

What we see time after time, again, when these people are just looking at the four walls—there's no interest going on. What they do, and I see this happening all the time, is they crawl back into their own brains, they close the doors behind them and they turn the lights out. You can just see them sitting like this. They don't have anything. These are people who were mostly completely active a few weeks or a couple of months ago, living at home and lively with friends and things. They just shut

in. There's nothing to do. There are no activities. Acute-care hospitals cannot do that. So it is brutal to do it.

And if you are really lucky, you can get a hospital-acquired infection, because hospitals are full of germs. Then, guess what? You are helpless. You've got nowhere to go, so you're homeless, and you're also isolated. What a way to spend your last time. It's pathetic. It's really cruel. It's abusive.

Mr. Monte McNaughton: Okay. Chair, I don't have any more questions.

The Chair (Mr. Kevin Daniel Flynn): Okay, thank you. Jane or Peter?

Mr. Peter Shurman: How much time have we got?

The Chair (Mr. Kevin Daniel Flynn): You've got about two minutes left.

Mr. Peter Shurman: I'd just like to get a general comment. I'm not as familiar with Windsor as my colleague, because he's from southwestern Ontario. I'm a Toronto guy, but the problems sound very similar to where I come from, where we need alternate-level-of-care and we don't have that kind of facility.

But I think it goes beyond that. I'd love to get a general comment from you, before your time is up, on what you think of the general direction of our health care delivery system, period, in light of a lot of things: in light of what you're experiencing, in light of the aging of the population, in light of some of the things that have been eliminated from coverage—whatever general comments you might like to add to the record.

Dr. David Wonham: Things change and they progress. More problems come in, and, yes, you have to deal with them. As I said, here we've got this really acute problem now. We've got to open those other beds at the western campus that we were promised before. They've got to be opened, and we've got to get interim beds to tide us over till this new institution opens. We cannot give safe or excellent care under the circumstances we are in now, and it's getting worse. It's getting worse.

Mr. Peter Shurman: So what do you say when Premier Wynne says, as she has, in the Legislature, "We have no money"?

Dr. David Wonham: Well, you've saved \$20 million to \$30 million by not giving us a nursing home. Give us some of the money back at least to tide us over until the one does open up.

Yes, I appreciate that there are problems everywhere, but here, this is the worst situation I've been in. In the 43 years I've been here, this is the saddest time of my life to see institutional care and treatment of the elderly frail.

Mr. Peter Shurman: I really appreciate your advocacy on their behalf, and I really appreciate your appearance.

Dr. David Wonham: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Thank you, David. We appreciate your time here before us.

Dr. David Wonham: Several of my colleagues showed up with the written—

The Chair (Mr. Kevin Daniel Flynn): Oh, did they?

Interjection.

Dr. David Wonham: Oh, right behind.

The Chair (Mr. Kevin Daniel Flynn): I can tell you, he did a wonderful job on your behalf.

Dr. David Wonham: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Let's see. We'll try another call for the Lakeshore horse racing folks. I guess they're not here.

United Way? The United Way of Windsor-Essex—are they here?

How about Bernie Campbell?

Okay, how about we recess until we get someone to speak to us?

Interjection.

The Chair (Mr. Kevin Daniel Flynn): Who's here?

Mr. Taras Natyshak: The elementary teachers' federation.

The Chair (Mr. Kevin Daniel Flynn): Are they here?

Mr. Taras Natyshak: Yes.

The Chair (Mr. Kevin Daniel Flynn): Oh. Are they both here? Are the folks from ETFO here? Are you expecting somebody else, or did you want to go ahead without them?

Interjection.

The Chair (Mr. Kevin Daniel Flynn): That's fine. Thanks for your help.

Okay, let's recess for 15 minutes.

The committee recessed from 1051 to 1108.

The Chair (Mr. Kevin Daniel Flynn): Okay, we can call to order again, ladies and gentlemen. We've allowed some people to catch up with our schedule.

One more time, I'm going to call for Lakeshore horse racing. Is anybody from that group here? No?

Mr. Mike Colle: The horses are still in the barn.

The Chair (Mr. Kevin Daniel Flynn): We'll keep trying that.

UNITED WAY/CENTRAIDE WINDSOR-ESSEX COUNTY

The Chair (Mr. Kevin Daniel Flynn): I know we've got a delegation with us from the United Way of Windsor-Essex County, if they'd like to come forward: Lorraine and Penny. Are you waiting for somebody else?

Ms. Penelope Marrett: No, she's not coming.

The Chair (Mr. Kevin Daniel Flynn): She's not coming; okay, great. Well, if you'd make yourself comfortable. You've got 15 minutes to make a presentation. You can use that any way you see fit. It would be nice if you would leave a little bit of time at the end for some questions, perhaps, and I believe our questioning this time around goes to the New Democrats.

I'm going to start the clock, and if you'd introduce yourself for Hansard, that would be great.

Ms. Penelope Marrett: Thank you very much. Bonjour, tout le monde. My speaking notes, I think, are being circulated at this time. Thank you for inviting United Way/Centraide Windsor-Essex County to present to you this afternoon. My name is Penelope Marrett and I'm the

CEO. I'm pleased to have this opportunity to speak to you on the recommendations we have to the standing committee during their pre-budget consultations.

The United Way/Centraide of Windsor-Essex County has been working in the community for over 65 years. As a solutions leader, we work with government, agencies, businesses and labour to find lasting solutions to the health and human service issues that affect the people in the city of Windsor and the county of Essex.

In 2010, United Way, after extensive consultations, identified three community investment priorities: supporting basic needs and independence, positioning kids and families for success, and creating thriving neighbourhoods.

In 2010, the United Way released its second Community Well-Being Report, a copy of which we have here today for you. This report continues to chart how well our community is doing over time in a number of areas identified by its citizens.

The United Way believes in the foundational principle of Ontarians having access and choice in order to have the best quality of life for themselves and for their families. This principle spans across areas such as housing, food security, employment security, health care, recreation and socialization, among others.

In its most recent United Way of Toronto report, *It's More than Poverty*, the Poverty and Employment Precarity in Southern Ontario research group at McMaster University states that "employment insecurity has an independent effect on household well-being and community connections, regardless of income." Simply stated, employment security has a wide-ranging impact on quality of life for the people of Ontario, and something can be done.

Le gouvernement doit être félicité pour la stratégie de réduction de la pauvreté et de sa stratégie à long terme de logement abordable. Sur la base de notre travail dans cette communauté, nous avons un certain nombre de recommandations au comité permanent.

To support basic needs and independence, we, along with many other organizations in Ontario, are calling on the provincial government to establish a housing benefit for people living on low income. Such a benefit would provide low-income Ontarians with a greater ability to find and maintain adequate, affordable housing that suits their needs.

We also strongly urge the provincial government to continue advocating the federal government for a renewed national housing strategy that would include a renewed funding commitment.

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. In 2005, households with annual incomes below \$30,000 reported experiencing food insecurity, with moderate to severe hunger. Some populations are at increased risk of food insecurity, including recipients of social assistance, the

working poor, lone-parent families, children, seniors and persons with disabilities.

People who receive social assistance continue to make up the largest group of food bank users across Canada. In 2009, there were 235,000 visits to food banks within Windsor-Essex county. This was an increase of 242% in food bank visits from 2006 to 2009. These are the most recent statistics we have. We are hoping to have new statistics in the near future. There was also an increase of 261% of adults and children in families that visited local food banks. These rates are astonishing for us. We must work together to find innovative ways to assist people experiencing food insecurity.

In October 2010, United Way partnered with Pathway to Potential, the coordinating organization funded by the city of Windsor and the county of Essex to implement the region's poverty reduction strategy, and the Windsor-Essex Food Bank Association to co-host a community forum, *Food Matters*, which highlighted existing food initiatives and focused on developing a plan of action for food security in our community.

Four priority areas were identified: emergency food distribution, alternative food distribution, urban-rural agricultural initiatives and policy initiatives. These discussions resulted in the community coming together as a collective to find innovative ways to address these issues. A number of new ideas have been identified and we are working collaboratively to implement them, but this work is not enough to fully address the concerns of our community.

We believe that the provincial government needs to increase income assistance, including Ontario Works, to a level that will ensure recipients have food security on a regular basis.

Avec l'incertitude économique persistante dans notre province et en particulier dans notre propre communauté, avoir de forts citoyens résistants et en bonne santé continue d'être un défi. L'insécurité financière causée par un avenir incertain compromet sérieusement le bien-être de nos citoyens et peut causer une variété de problèmes de santé liés au stress, l'anxiété, la maladie et, dans les cas extrêmes, même la toxicomanie et le suicide.

The provincial government is to be applauded for its commitment to mental health and addictions, but we believe that more needs to be done. According to Children's Mental Health Ontario, there were 50% more child mental health cases reported in Windsor-Essex county in June 2008 compared to September 2006, while Ontario rates remained relatively unchanged in the same time frame. We strongly urge the provincial government to continue increasing its funding for children's mental health services, particularly in regions throughout the province that have a higher-than-average number of cases, such as it is in Windsor-Essex county. The government needs to increase its investment in our youth as well, including providing additional mental health and addiction services in our communities.

Seniors are also facing challenging and difficult times. A shortage of long-term-care beds for seniors in our

community causes a serious problem, creating a backlog of elderly patients in hospitals waiting to be placed in a more affordable option, and making access to hospital services for the rest of the community a continuing problem.

We strongly urge this government to increase long-term-care beds for seniors in our community, which will help to improve the quality of life for seniors and ensure that access to hospital services for the rest of the community is available when needed.

The Ontario government is to be applauded for its support to the 211 initiative. This collaboration with municipalities, the provincial and federal governments, the Ontario Trillium Foundation and local United Ways in Ontario will ensure that Ontarians will be able to access information on community, social, health, and related government services. We applaud the government for its commitment in providing Ontarians around the province access to this service. This increase in funding has meant that more than 60% of Ontarians now have access to comprehensive health and human service information 24 hours a day, seven days a week. That's particularly important when someone is in a crisis.

Windsor-Essex county is uniquely positioned to continue its reputation as a transportation and infrastructure hub for Ontario and all of Canada. We applaud the provincial government for their commitment to our community in this area. By capitalizing on this existing asset, which is not easily replicated elsewhere in the province, Ontario's economy will continue to grow and strengthen, thereby helping Ontarians to lead a better quality of life.

We believe that the Ontario government needs to continue to seek out opportunities to strengthen Windsor-Essex county as a major transportation and infrastructure hub for the province of Ontario and, indeed, for Canada.

In conclusion, Windsor-Essex county has experienced serious challenges during the last several years. With strategic investments in the coming year and beyond, the citizens of Windsor-Essex county will be able to continue to address issues of concern with the goal of strengthening its community.

En travaillant ensemble, nous pouvons faire une différence dans la vie des gens.

Working together, we can make a difference in people's lives. Thank you.

The Chair (Mr. Kevin Daniel Flynn): That's great, Penny. Thank you very much. You've left just over six minutes for questions, and this goes to the NDP. Taras or Michael?

Mr. Michael Prue: I have a couple and will leave the rest to Taras.

An excellent presentation; I'm sympathetic to all of it, but this is the finance committee and we need to get some numbers.

You are stating that you are calling on the provincial government to establish a housing benefit for people living on low income. What kind of numbers are we

looking at here? How many millions of dollars are you looking at?

Ms. Penelope Marrett: Sorry; we'd have to actually come back to you with some of that. We have started to look at that with other United Ways in Ontario and other organizations, but we haven't actually got some final numbers. But I could certainly get some numbers to you.

Mr. Michael Prue: OK, perfect.

I guess the same would be true—you talked as well about an increase in income assistance, "including Ontario Works, to a level that will ensure recipients have food security on a regular basis." I mean, to meet the poverty line, we're looking at, for an individual, about \$19,000, and presently they're getting maybe \$6,000 or \$7,000.

Ms. Penelope Marrett: Yes. Possibly more if they have a family.

Mr. Michael Prue: If they have a family, but I'm just talking about individuals. So what kind of increase are you looking at?

Ms. Penelope Marrett: Well, we certainly understand that a major increase, up to approximately \$15,000 to \$20,000, could not occur in one year, but we would hope that the government would consider a phased-in approach where individuals would see an increase.

1120

Right now, as we all sit here, living on less than \$10,000 a year, to be able to pay your rent—when you think about rent in most of the province being a minimum of \$600, \$700 or \$800 a month, it's practically impossible for people to be able to live adequately and to even have food security and other forms of socialization. So we would hope that the government would seriously look at a phased-in commitment to being able to increase it to approximately \$15,000 to \$20,000 over the next five years.

Mr. Michael Prue: And the last and most difficult question of all, of course: Where is the government to find that money? Some people have suggested increasing taxes; some people have suggested closing the loopholes that allow the mega-rich to not pay anything. Where do you see us getting this money?

Ms. Penelope Marrett: Certainly, not knowing all the details, as I'm sure you can appreciate, of the finances of the government, I'm sure that it would be an approach that would be several pronged. I think the government needs to continue to advocate with the federal government about social transfers and what's happening with social transfers, as social transfers over the last decade or more have decreased from the federal government. We would want to see some of that increased to assist with that.

We certainly believe that the government has a real challenge. We recognize that there's a real challenge to make some very, very difficult decisions. I think the challenge that we see is that oftentimes people who live on low income or people with disabilities are those who get left behind. We want to ensure that all of the citizens of Ontario have an opportunity to be able to have a really

good quality of life. That may mean that there will be some difficult decisions that have to be made.

Mr. Michael Prue: The rest to Taras, if there's time.

M. Taras Natyshak: Penny, j'aimerais vous remercier chaleureusement pour votre présentation ici, spécialement ce que vous avez fait en français.

M^{me} Penelope Marrett: Merci beaucoup.

Mr. Taras Natyshak: And thank you for the work that you do in our community. Since the time that you came and took over the helm of the United Way here as well, it certainly has made an impact.

I would like you to expand on and potentially connect the nature of our regional economy here and the economic scenario we are in with food insecurity and the pervasiveness of precarious working conditions. Do you make a correlation to that from what you once knew about our area here, Windsor and Essex county?

Ms. Penelope Marrett: Certainly since 2008-09, as many of you know, Windsor-Essex has been through major, major challenges. We used to have a very, very solid, large manufacturing base, as you all know, particularly in the auto sector, and even there, in the auto sector, that has significantly been reduced.

The challenge that we find is that people are not always able to find positions similar to what they may have had in the past in our community, and many people have had to be in the position of trying to figure out whether they can actually stay in the community or whether they have to move to be able to find a position. If they stay, they are not always able to find what might be considered to be a permanent position that gives them the same quality of life.

When you're not able to do that, food becomes an issue, because you need to start to make some decisions if you don't have the same income. We used to have well-paying jobs that would pay anywhere from \$20 to \$30 an hour or more. Many of those individuals who were downsized are now finding jobs at \$12 an hour, some even at minimum wage; \$12 an hour is just above minimum wage. Some may be at \$15.

When you think about the difference in the quality of life of what people are now able to afford, it is very different. Many people are in the position of having to make a decision, and I think these decisions are extremely difficult for people to make: Do you pay your rent or do you buy enough food so that your children have enough food for the week or for the month? It's extremely difficult.

With food bank visits increasing so dramatically, it's very clear that that is because of the economy. We haven't stabilized yet in our community. We are approaching, I think—every once in a while, I think there are some positives that are going on, but as a whole, we haven't yet stabilized completely in our community. We're working very hard with organizations to help make sure that the services and the programs that people need in our community are available for them.

Mr. Taras Natyshak: Thank you.

The Chair (Mr. Kevin Daniel Flynn): That's great, Penny. Thank you very much for appearing today.

Ms. Penelope Marrett: Thank you very much for having us.

The Chair (Mr. Kevin Daniel Flynn): It was appreciated. We have your printed material as well.

Ms. Penelope Marrett: Yes, thank you very much.

MR. BERNIE CAMPBELL

The Chair (Mr. Kevin Daniel Flynn): Our next delegation for this morning is Bernie Campbell. Bernie, if you'd like to come forward. Once you're comfortable, Bernie, I'm going to start the clock. You've got 15 minutes. You use that any way you see fit. If there is any time over at the end, the questions will go to the government side. The floor is yours, sir.

Mr. Bernie Campbell: Good morning, Mr. Chairman, members of provincial Parliament, fellow guests and presenters. I'd like to take this opportunity to thank you for allowing me to attend this morning and listening to what I have to say.

I have to tell you that your presence here for me, at least in part, dispels a long-held belief. That belief centres around the fact of whether or not people who live east of Toronto—and for that matter east of Sudbury—know that there is land both beyond London and Sudbury. While I can only ascribe that belief to myself, I have no hesitation in suggesting that it is a belief which is shared by many people in southwestern Ontario.

Let me introduce myself. My name is Bernie Campbell. I'm currently a resident of Huron Lodge, which is a long-term-care facility for senior citizens. The fact that I reside there is a direct result of my disability.

For almost 38 years, I was employed in the capacity of law enforcement and security for both the Royal Canadian Mounted Police and the University of Windsor Campus Community Police. I am married and have three grown children.

When I was told that I could possibly address this committee, I put a significant amount of thought and consideration into what did I, Bernie Campbell, have that this committee might want to hear about? I have come to the conclusion that the most appropriate topic that I may have that you might be interested in is the expectations, aspirations and the need for some semblance of common sense that may bely the fears of a taxpayer. I am neither in a position to offer meaningful revenue projections, nor can I show a distribution chart for the dispersal of that revenue. I can only tell you what my expectations, hopes and dreams, as a taxpayer, are in the province of Ontario.

You have sought election to high office and for that I applaud you; it is not something that I want for myself. Having attained that high office, you have been given the ability by the people to make laws and policy which will directly affect your constituency. That is surely a daunting task. You and you alone are the stewards of the public purse. You have, by the virtue of your election, earned the right to tax wisely and spend fairly. Under

absolutely no circumstances should you abuse that trust. Funds expended should be for no other purpose than the benefit of the people of Ontario.

Much has been said about the overcrowding problem which exists in local hospitals. Recently, I was given the opportunity to attend a training session with a group of people from a local hospital. Thinking outside the box, the hospital management had decided to set up a transitional unit away from the hospital. The idea of the transitional unit was to take patients who were deemed chronic and occupying beds which were deemed acute away from the hospital, thus freeing the acute care beds and helping the patients deemed chronic to transition to a long-term-care facility—truly an idea with some merit. During the training session, I met with many of the staff of the new unit who were looking forward to having a positive effect on the overcrowding situation.

At the conclusion of the training session, I waited with some anticipation for the new unit to open. To my utter dismay, after several weeks, an article appeared in the local paper saying that the unit had been cancelled. No great explanation was provided. I contacted a number of people to determine what had happened. I was able to learn that the new unit had been cancelled as a result of shortcomings identified at the offsite building. When I inquired more deeply into the cancellation of the unit, I found that those shortcomings included inappropriate placement of counters, narrow doorways and short corners. I was assured by building staff that these were issues that could have been cleared up in short order.

1130

When I asked building staff what other steps had been taken to ensure all regulations were met, I was told that the only issues that were raised were raised by the Ministry of Health. No opportunity was provided to repair those shortcomings, and the unit remained cancelled. The person who cancelled that unit chose to do so without a site visit, but rather cancelled the unit based on a review of plans from the safety of their office in Toronto.

The building was to house a new unit in a retirement residence outside of Windsor and is virtually brand new. Having personally toured the building, I'd like to retire there. The cost to the retirement residence was approximately \$500,000. The cost to the hospitals seeking to establish the unit was \$14 million. Another hospital went to tremendous expense and disruption—not only to staff, but to patients as well—to renovate a portion of their building. The idea was to provide additional psychiatric beds and to renovate a very old rehabilitation centre. While I don't recall the announced cost of the renovations, when the hospital went to open their newly renovated facility, it had to be delayed because the Minister of Health could not marry up the operating funds with the opening date of the building. It consistently sat empty for several months. Since then, the Minister of Health has cancelled the funds for the new beds, resulting in the layoff of staff. The rehabilitation centre is about to return to the new quarters; however, there was no funding made

available for the purchase of new equipment. Therefore, they will return to a newly-renovated building with 30-year-old worn-out and broken equipment.

During the course of my illness I had occasion to utilize an air ambulance from Windsor to Toronto. Truly, it was an amazing event, because I was very ill and I was able to get to Toronto with my wife in one short hour. In a province as large as Ontario, the air ambulance service is both a must and a godsend. Imagine the shock and consternation of your constituency to hear that \$134 million had been expended on helicopters that were not suitable for the task for which they were purchased. Further, that the director of the service—your civil servant, my civil servant—had received a \$6-million stipend from the maker of the helicopters for the purchase. The director's handpicked board of directors had granted him a salary in excess of \$1 million. That same board of directors had granted him a housing allowance in excess of \$800,000 so that he could live in Toronto. Finally, the air ambulance corporation had purchased two life insurance policies on behalf of the director at a cost of several hundred thousand dollars. Clearly, when he was hired, he wasn't given a blank chequebook; he was given the keys to the vault.

Utilizing my expectations test and my belief that common sense should will out, the above examples do nothing to instill my faith that you, as a government, can and will do the right thing. Something as simple as telling the people that those six helicopters had been returned for more appropriate models, that steps had been taken to freeze the assets of the director and that, at the very least, the life insurance policies were taken out with the people of Ontario as the beneficiary would go a long way towards easing the acid drip in my stomach.

You would be hard pressed to convince me that the renovations which I spoke off earlier and the offsite unit had not been approved by the LHIN and received tentative approval from the Ministry of Health. How, then, does the debacle that these two events have turned into demonstrate good stewardship of the taxpayers' dollars? How can you expect that these two ongoing issues and the air ambulance issue will go further to instill my faith that you can now do the right thing?

In the days leading up to the election of your government, I watched in utter amazement as the finance minister stood before the finance committee and testified that the hydro plants in the GTA were cancelled. He went further to testify, as I recall, that the plants were cancelled by the Liberal election committee. I don't recall having elected a Liberal election committee. What was elected was a number of people who professed liberal ideas.

The fact that those plants were virtually complete and the construction was stopped dead in its tracks is nothing short of a travesty. Perhaps as much as half a billion dollars is a direct loss as the result of the cancellation of these plants. This does not include the cost of rebuilding them somewhere else.

Clearly, these plants were cancelled for political expediency. Those people who directed that cancellation do not deserve a place governing the people of Ontario. Certainly the taxpayers of the province deserve better.

In his last budget speech, the Minister of Finance put forward a budget item for an expenditure of \$4.6 billion for the eHealth program. I can tell you with some certainty, as a taxpayer, that my family will take little comfort in the fact that my health records were well organized in a professional manner by a computer, should I die in the Ontario health system in the short term. The eHealth system may, at the end of the day, turn out to be a bigger boondoggle than the federal gun registry. The dollars taken out to prop up this sagging program have come out of direct expenditures that would be much better spent on front-line health care.

I have come this far in my presentation and I have not spoken of what happened to me, so perhaps I will take an opportunity to give you the Reader's Digest version.

I went into the hospital on the 15th of October, 2008. I was having difficulty with mobility and would fall frequently without warning. I was in hospital for 110 days and still had not been properly and formally diagnosed. I had been given an interim diagnosis of lymphoma. As a result, I received 25 doses of radiation. At the end of that treatment, they were still working on only a working diagnosis.

My doctors didn't appear very interested in going further, so I asked for a referral. I was sent to Toronto by air ambulance on approximately the 28th of January, 2009. Within a relatively short time, I was properly diagnosed and had the first of four surgeries. As it turned out, I didn't have lymphoma at all. While I can't sit here and tell you that the lack of a proper formal diagnosis contributed to my quadriplegia, you would be hard pressed to convince me that 110 days of delay was not a contributing factor.

I mentioned earlier that I had asked for a referral to another centre. Can you imagine my dismay to learn that there was not a computer in a Windsor hospital that could talk to a computer in a Toronto hospital? The results of my studies that were forwarded in support of the referral had been forwarded by courier.

Brewers Retail in Windsor has a computer that can talk to the Brewers Retail store in Wawa. You can go to the Canadian Tire store in Windsor and you can find out if they have a widget in their inventory at Revelstoke, BC. In Windsor, we can't talk hospital computer to computer between here and Toronto. We do, however, apparently have lots of money to put forward on eHealth.

I want to take you now to a personal issue. Recently, I watched a friend die. The friend was a 30-year paraplegic, and by his nature, he was a quiet and gentle person. He was diagnosed with having kidney stones. One kidney stone was the size of a tennis ball. It was big enough that it required a shunt in order to keep the kidney working till the stone could be removed.

In the lead-up to that surgery, the surgeon required a holiday. The surgery was delayed for a further month

without significant explanation. I was able to find out at a later date, through other sources, that during that month's delay, the hospital suites were closed for elective surgery as a result of what was described to me as a lack of funding.

While this information is anecdotal, and I readily admit that, and I cannot say for sure that the incident of my friend's death is the direct result of the delayed surgery, I can tell you that during the month, my friend suffered considerably. There was no easy passage to the next life. He quickly declined until he could offer no more resistance, and then passed away. Truly, it was a death that had no dignity in it.

1140

As recently as this past Saturday, I spoke with a person who told me that while she sat in her doctor's office, she overheard the receptionist contacting patients to delay their surgery. The proposed reason for the delay was an insufficient number of operating room implements or tools. Once again, the information is anecdotal. I have no way to verify it, nor do I intend to. The fact that this type of information circulates readily and frequently in and around the city of Windsor should cause this committee to have grave concern.

I will finish this portion of my remarks with one more piece of information about my personal circumstance. My wife and I were lucky enough to be able to purchase a vehicle which was capable of transporting me in a wheelchair. The vehicle was 60 days old. I purchased the vehicle from a company that had intended to utilize it on a commercial basis for the transportation of people with disabilities. The company, however, could not find sufficient work to keep the vehicle on the road, so they chose to sell it to me.

As a result of purchasing what was technically a used vehicle, I was required to pay 13% retail sales tax on the cost of the vehicle. The bill was just over \$5,000. Had I purchased the vehicle brand new, I would not have had to pay any tax.

It would appear that there is clearly an anomaly in the tax systems. New vehicles with freshly installed equipment to aid the disabled are not taxable, while used vehicles are taxable. Loosely translated, that means that if my vehicle is passed down through five more owners during its useful life, the province will collect 13% at each transaction. Using this as a guide, if the last possible owners of the vehicle are able to save \$5,000 in order to purchase a handicapped-equipped vehicle, the reality is that they can spend only slightly over \$4,000, because the remainder will be required for the tax bill.

I hope that you can tell by the tenor of my writing just how fair that is. The application of this tax regulation needs sorely to be reconsidered and repealed.

The next area that I believe is in need of serious redress is the manner in which we treat our senior citizens. I mentioned previously that I currently reside in a long-term-care residence. I am together with the beginnings of the baby boomers, as well as with what history will someday describe as the greatest generation that ever

lived. The most elderly in my long-term-care facility survived two world wars and the Great Depression, raised a family and now look forward to spending their declining years with some degree of dignity. Our answer is to warehouse them. We place them in a facility where, in the first instance, it is clearly understaffed. I have in my possession a report commissioned by the previous government which concludes that, indeed, long-term-care facilities are understaffed.

I read recently that in one calendar year, there were in excess of 1,800 resident-on-resident assaults and one homicide. We are housing our most precious asset with people who are more properly cared for in other institutions.

The Ministry of Health's per diem allowance for food is slightly over \$7 a day. The ministry even made a move to take some of that away but relented to public pressure. We feed those who are housed in penal institutions at a much higher rate.

Those men whom we can never repay for our freedom chose to go off to war while the women remained at home. They, the women, did not sit on their hands. They went into the factories and made guns and tanks and ships and airplanes. We owe them a tremendous debt of gratitude, and we choose to repay them by warehousing them.

Having said all of the above, let me clearly state for the record that in my view, what has been done does not pass the smell test. Using a test that I used many times as a policeman, the MEAL test, what has been done fails in at least three of four categories. It is neither moral, ethical or affordable. I'll leave the legal test for others to judge.

As a taxpayer, I am appalled. Never having used the system to any great extent, when I was in need I turned to it for assistance, only to have the system let me down badly.

As a police officer, on many occasions I joked with fellow officers about what should be done in the event of a serious incident when an investigation went badly, resulting in grievous bodily harm to a man. We were adamant that if we could not be quickly transferred to London, we wanted to go to Henry Ford Hospital in Detroit. Looking at myself now, many years later, I wish that I'd taken my own advice.

As a taxpayer, looking at where we are today and what we do to fix this system, we are in serious need of going back to the beginning. What would be the point of building a new fancy hospital if we cannot cure the illnesses of the people who come in need? If we continue upon the apparent chosen path, what is the point of seeking medical help if you are to be confronted by long lines, grossly understaffed hospitals and overworked staff? Why are we pouring billions of dollars into a program such as eHealth when we can't meet our obligations of our front lines? This is—

The Chair (Mr. Kevin Daniel Flynn): Mr. Campbell, could I ask you to summarize the last page? We're quite a bit over time, but everyone's enjoying the presentation.

Mr. Bernie Campbell: I know; I appreciate that. I've got about a paragraph left.

The Chair (Mr. Kevin Daniel Flynn): Perfect.

Mr. Bernie Campbell: What we have allowed our social medicine to become is a far cry from the visions of Tommy Douglas. There is a plan in existence to expend \$1.6 billion to build a new hospital in Windsor. Why would we do that when we cannot meet our primary obligations now? The waste that I've outlined above amounts to several billions of dollars. Take that money and put it back at the front end so that the people of Ontario will be properly serviced. Provide these funds for much-deserved care for our senior citizens.

We need to do these things now before there is more suffering and death. Take our tax dollars and make sure that there are adequate GPs and specialists and nurses and other staff as the projected need. If there is any money left—and I'm not sure that there will be—then perhaps we can afford new hospitals and bonus programs like eHealth. However, perhaps it is time that I conclude my remarks, and I will gladly answer any questions you have. I appreciate the fact that you let me go over time.

The Chair (Mr. Kevin Daniel Flynn): No problem. Thank you very much, Mr. Campbell. Your presentation was well received, I think. But, unfortunately, there is no time for questions.

GREATER ESSEX ELEMENTARY TEACHERS' FEDERATION OF ONTARIO

The Chair (Mr. Kevin Daniel Flynn): I believe the elementary teachers are now a party of two? They're going to come forward next.

Interjection.

The Chair (Mr. Kevin Daniel Flynn): Okay. Let's go through the Chair. It was a great presentation, and the members do develop the art of being able to walk and listen. So I wouldn't read anything into that.

We have before us now Adelina and Mario from the Greater Essex Elementary Teachers' Federation. Fifteen minutes for the presentation; use that any way you like. If you can leave some time at the end for any questions, that would be preferable, but that's entirely up to you. The questioning this time will go to the Conservative Party. If you would introduce yourself, just for Hansard.

Ms. Adelina Ceccin: Sure. I'm Adelina Ceccin, president of Greater Essex ETFO.

Mr. Mario Spagnuolo: Mario Spagnuolo, first vice president of the local.

Ms. Adelina Ceccin: We do have a presentation that we want to read from.

The Chair (Mr. Kevin Daniel Flynn): Perfect.

Ms. Adelina Ceccin: Thank you. The Greater Essex Elementary Teachers' Federation—ETFO—represents approximately 1,500 public elementary teachers in the Windsor-Essex area. We welcome the opportunity to participate in the 2013 pre-budget consultations.

This has been a very difficult year for public education: for teachers, education workers, parents, students

and school boards. The unprecedented attack on our sector and the austerity measures witnessed over the last year are significant. Rather than strengthen public education, this attack has weakened the foundation of public education here in Ontario.

1150

Teachers not only received a wage freeze but a wage reduction resulting from the three unpaid PD days. Members lost banked sick days and retirement gratuities. They have been party to a sick leave regulation that has continued to be modified throughout this school year, creating a sense of added anxiety for teachers who are sick or suffering from an illness.

In terms of cost savings, however, this—

Interjections.

The Chair (Mr. Kevin Daniel Flynn): Excuse me, Adelina. Is that bothering you back there? If it is a little bit, we can ask them to go outside, if you like.

Ms. Adelina Ceccin: It is distracting.

The Chair (Mr. Kevin Daniel Flynn): I think it's only fair. I wonder if we could ask them to take it outside.

Ms. Adelina Ceccin: Thank you.

The Chair (Mr. Kevin Daniel Flynn): I think they're still continuing the previous debate.

Interjections.

The Chair (Mr. Kevin Daniel Flynn): That's fine.

Mr. Taras Natyshak: It's kind of distracting to me.

The Chair (Mr. Kevin Daniel Flynn): Yes. Don't worry about it.

Mr. Taras Natyshak: It's that baritone voice, you know? You can hear it from—

Interjection: It's that radio voice—

Mr. Taras Natyshak: That's what it is.

Ms. Adelina Ceccin: It's something I strive for every day.

The Chair (Mr. Kevin Daniel Flynn): Isn't there a teacher's voice or a principal's voice?

Ms. Adelina Ceccin: I never had one.

The Chair (Mr. Kevin Daniel Flynn): Okay.

Ms. Adelina Ceccin: Thank you.

The Chair (Mr. Kevin Daniel Flynn): Are we good?

Ms. Adelina Ceccin: Just continue where I left off?

The Chair (Mr. Kevin Daniel Flynn): It's entirely up to you. If you're more comfortable starting over, that's great. I understood everything you'd said up until then, but you can pick it up, if you like, from where you left off.

Ms. Adelina Ceccin: Sure. In terms of cost savings, however, this added proposed adjudication component has yet to be defined as to actual savings.

In addition, elementary teachers continue to earn 2% less, compared to any other teacher in this province, since 2009. This 2% imposed salary penalty has been estimated as having generated approximately \$2.5 million to date towards the outstanding Ontario deficit, in addition to the cuts and concessions brought on through Bill 115.

Teachers in this province have shouldered their more-than-fair share in helping to balance the provincial

deficit. This 2% ongoing penalty, however, must be viewed as an issue of inequity that exists in Ontario against elementary teachers and needs to be corrected as a matter of respect and fairness.

Although Bill 115 passed through the Legislature and was then repealed, its effects, both material and political, continue and need to be constructively addressed, because public education matters. It matters because not only is it an investment—as opposed to an expense—into our future; it is a beacon of real democracy that exists here in Ontario.

Mr. Mario Spagnuolo: The elementary teachers' federation has a responsibility to protect its members' rights. As a union, we firmly uphold the right to free collective bargaining, a right entrenched in the Charter of Rights and Freedoms. The provincial government must respect the role of unions in the workplace and in the province's fabric. Unions have helped to raise the standard of living and continue to promote the sustainability of quality, middle-class jobs.

Talk of right-to-work legislation is unwelcomed, unnecessary and unproductive. It threatens to transform an expected progressive vision for Ontario into one that steals the promise of a bright livelihood for its citizens and undermines the bedrock of our social advocacy. As Barack Obama has said, right-to-work legislation is the right to earn less. Here in Ontario, we must defend and protect against this seeping and destructive right-wing agenda.

Ms. Adeline Ceccin: EQAO, which stands for the Education Quality and Accountability Office, has a \$34-million yearly budget. Annually, the Ministry of Education spends approximately \$77.5 million on the LNS secretariat. More than \$33 million is allocated to initiatives such as OFIP in schools in the middle, and then another \$11.4 million is spent on SEF and other initiatives.

In total, \$156 million annually—taxpayer dollars—is expended over one singular test that is not included in report cards or in daily instructional planning. Instead, EQAO promotes test scores, competition and an over-emphasis on achievement rather than holistic learning.

It is disconcerting when we begin analyzing the amount of money being expensed with the EQAO agenda, especially since random testing such as PISA, TIMSS and other kinds of testing currently exist.

Despite the continued positive results that these random tests reveal, the current government feels compelled to test every single student in the province, at an incredible taxpayer cost.

In the classrooms, our teachers report an overwhelming feeling due to oversubscribed, ministry-driven and board-sponsored initiatives. Again, this is another cost. It is time that the government refocus funding on students, not on EQAO and test scores. Time spent on EQAO means less time for teaching and improving.

In addition, it is necessary that as an education sector we recognize the educational impact this testing regime has on student learning and improving. The current

teaching environment drives and perpetuates the message that success is based strictly on test scores and competitive achievement rather than on real student development and improvement.

In addition to student competition, EQAO results are used to rank schools through the SIF. It is a demoralizing practice and one that does not benefit students. It seeks to reduce everything to a measurement, a score, ignoring those factors that impact real learning: the student-teacher relationship, equity of resources, the level of social services and supports, a sense of community, socio-economic variables, and the immeasurable factors such as motivation, curiosity and perseverance, all intangible components and essential qualities to learning success.

In fact, the new ministry document *Growing Success* has given a new focus around assessment through a central operating definition, which is teacher professional judgment. If our ministry now recognizes the central role that professional judgment has in student assessment and evaluation, then the yearly testing regime of EQAO on every single student, rather than a random sampling or cyclic testing example every two or three years, supports this new view to assessment and evaluation while at the same time measuring overall provincial results from a statistical perspective in a more cost-effective way. Currently, it needs to be noted that Alberta, British Columbia and even Chicago have begun the shift and boycott to review this similar testing regime.

Although there is now a shift towards professional judgment, the issue of compliance must also be addressed by this government if there is to be a renewed partnership in education. Currently, there are school boards across this province that are not complying with the intent of PPM 155, with no response on the part of this government to address this lack of compliance. It is the same lack of compliance that can be found in class-size funding as it translates into actual staffing levels. School boards are funded, at junior/intermediate levels, at 24.5 to 1. In reality, however, school boards report class size at the junior/intermediate level as an overall board average as opposed to directly funding staffing allocation at this funding ratio. This continues to result in significant large class sizes at the junior/intermediate levels. If this government has shown a solid understanding that class size matters to learning, as evidenced in the primary cap, then class size at junior/intermediate must also matter by way of compliance investment at this level.

The provincial government's commitment to FDK must be commended. Rather than an expense, this government has recognized that FDK is an investment into our future. The research to date is supportive of this initiative, as it has benefited our youngest learners. Being at school and engaging in this program has helped students academically and socially. The next step would be to bring class size in line with the primary caps, with a cap of 20 students in each class.

Mr. Mario Spagnuolo: At the 2012 annual meeting, our ETFO federation voted in favour of supporting a

resolution that advocates for limiting public funding in Ontario to strictly secular schools. The existing and on-going duplication of services by four school boards in Ontario must be addressed in this time of need of efficiencies and budget restraints.

Recent polls indicate that Ontario voters are becoming more and more supportive of combining the public and separate school systems. One obvious reason is our diverse multicultural society. It becomes problematic to fund one religious system over others. A survey conducted by Forum Research indicates that 54% of Ontarians oppose public funding of Catholic schools. The time is right for the government to fund one system and follow in the footsteps of other provinces such as Quebec, Newfoundland and Manitoba.

Research conducted by the Federation of Urban Neighbourhoods of Ontario estimated annual savings due to merging into one publicly funded school system to have been calculated between \$1.2 billion and \$1.5 billion. In a time of cost savings being searched by all parties, it must be noted that neither of the parties have endorsed the merger of the public and Catholic school systems in their platforms.

As the government reviews finances, it is important to note that the funding formula in the education system needs to be reviewed. The funding formula creates a funding inequity between elementary and secondary school students. It has resulted in waiting lists in special education services and is causing many neighbourhood and community schools to be closed. The government has promised, since its election in 2003, for a review of the funding formula; we are still waiting.

1200

We thank you for the opportunity to outline some of our priorities in the education sector. We are asking that this government seriously consider addressing especially the EQAO and LNS through reinvestment of these savings into such programs as smaller class sizes and more specialty teachers. We encourage the government to support one publicly funded school system and use any savings to better support teachers and students in the classroom.

Finally, it is imperative that the provincial government support and encourage collective bargaining in all sectors. In the education system, the detrimental effects of Bill 115 must be addressed so that all education sector partners can return to their primary focus of student learning.

We are now open for questions from the committee.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Mario, and thank you, Adelina. You've left just over four minutes for questions, and it goes to the Conservative Party. Monte or Peter?

Mr. Peter Shurman: Monte.

Mr. Monte McNaughton: Just a couple questions. What do you think about the statement that if we didn't have other school board systems or other systems, we wouldn't have extracurriculars for our kids? I'll tell you that in my riding, the Catholic system is taking out full-

page ads encouraging kids to join their system. What do you think of that argument? If it was only a one-school system, then kids wouldn't have extracurriculars today.

Ms. Adelina Ceccin: Thanks for the question. I think, however, Bill 115 has brought on this argument. I think it's a road that we've travelled down that was absolutely unnecessary around the issue of extracurriculars.

Extracurricular activities are something that teachers have given freely since who knows how long. It's actually been the unions that have always gone to bat about providing extracurriculars. School boards have, in fact, said, "We didn't want those to exist in education because they took away from the primary focus of literacy and math."

In terms of this argument now that we're looking at extracurricular activities—like I said, if anything, the argument has been raised by Bill 115. I think the focus of anything—we need to be looking at how we're going to address Bill 115, because from then, I think we can find some solutions about what's happening.

Mr. Monte McNaughton: As you're fully aware, Bill 115 is now gone. The minister of the government party got rid of that in January, I believe.

Why are unions fining their own members \$500 for not doing extracurriculars?

Ms. Adelina Ceccin: I can say to you, in terms of ETFO, the fining of members does not exist, so I don't know where that information is coming from. We are not using anything in terms of having to consequence members if they're not somehow looking at the advice that has been given around extracurriculars.

Mr. Monte McNaughton: So you're not punishing any of your members if they do extracurriculars?

Ms. Adelina Ceccin: No, we are not. In fact, the misconception that exists out there that members are not doing this because there is some kind of a threat of a fine—what the government needs to understand is, in fact, what's happening with teachers around the extracurricular activities is really a grassroots movement. Teachers are very upset as to what happened with Bill 115, the legislation, and we still are looking for some kind of a tangible commitment that, in fact, the right around collective bargaining is going to be honoured moving forward.

Mr. Monte McNaughton: Any other advice? You're obviously fully aware that the government is facing a massive deficit in the province. When it comes to wage restraint going forward, any advice for us in the years ahead?

Ms. Adelina Ceccin: Well, like I said in our presentation that we made today, it is to be noted that elementary teachers already are receiving 2% less compared to any other teacher in the province. So in terms of actual savings that are being generated, that has been ongoing since 2009.

Teachers have never said that they would not be willing to take a wage freeze. In fact, that is what has happened, and a 1.5% salary reduction. What we have asked is—understanding that there is a deficit that exists

in Ontario, that doesn't mean that we can't get to the table to look at some kind of constructive dialogue as to how do we make this work? That's what we've been asking for since the very beginning. The fact that we have accepted this wage freeze and this salary reduction speaks to our commitment.

Mr. Monte McNaughton: Just my last question: We've proposed a white paper, the PC Party, and we've talked about ensuring that financial literacy is taught in the school system. Do you support that?

Ms. Adelina Ceccin: I understand that it's being proposed to be taught at a very young age; for example, compound interest. I think what we need to do is make sure that we have skills around math literacy, math critical thinking—

Mr. Monte McNaughton: Sorry, just yes or no: Do you support it?

Ms. Adelina Ceccin: Well, no, I don't. In terms of actually teaching compound interest, no.

The Chair (Mr. Kevin Daniel Flynn): Did you want to just expand on that a little bit? You sounded like you got cut a little short.

Ms. Adelina Ceccin: Oh, I do.

The Chair (Mr. Kevin Daniel Flynn): Not for hours, but did you want to finish that sentence?

Ms. Adelina Ceccin: Yes, because I think you can't answer that question "yes" or "no," because you have to look at it in the context of how it's being asked. Education is not just about saying, "We're going to be teaching kids about compound interest." Education is about teaching those math skills, that when you want to broach that subject at the timing that is appropriate for young students, that can be handled. It's not just about compound interest.

The other thing—sorry, now that you've opened it up. I'm very concerned that—

The Chair (Mr. Kevin Daniel Flynn): Well, I haven't opened it up completely, so if you just want to finish—

Ms. Adelina Ceccin: I'm very concerned, to be quite honest, that we would already—at a very young age, from what I'm understanding—talk about compound interest with kids, that that is going to be a priority in terms of their educational foundation. We want to be, first of all, making sure that our kids have solid educational skills around literacy and math, not going to say that everything in society is about the bottom dollar. That, for me, is a scary message, because what we do when we start to do that is start to erode away the capacity for compassion and empathy for people.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much. We're going to recess right now, but the members may be interested to know that there has been a weather warning issued for Timmins, so our plans may be a little bit up in the air right now.

Mr. Taras Natyshak: You guys can all stay at my house, Chair.

The Chair (Mr. Kevin Daniel Flynn): Thank you. Anyway, that will unfold as it is. We're recessed till 1 o'clock.

The committee recessed from 1210 to 1300.

CONCEIVABLE DREAMS

The Chair (Mr. Kevin Daniel Flynn): Okay, we can call to order again, ladies and gentlemen. Our next presenter is Paula Schuck, and she is seated already. You've got 15 minutes, Paula. You can use that in any way you see fit. If you want to leave any time at the end, that would be great. I believe our next questioners will be the NDP.

Ms. Paula Schuck: Okay. My microphone is on?

The Chair (Mr. Kevin Daniel Flynn): Yes.

Ms. Paula Schuck: Okay. Good afternoon. Thank you for the opportunity to present today. My name is Paula Schuck. I'm a mom of two. I come from London, Ontario, and I am also a journalist and a member of Conceivable Dreams, a broad-based organization of patients, family members, health professionals and other supporters dedicated to achieving equitable access to funding for in vitro fertilization for men and women facing fertility challenges.

I'm here to talk to you today about the medical condition of infertility and why government decisions to not fund treatments actually end up costing taxpayers more in the long run, and why this is an issue that will only grow as women continue to become equal participants in today's economy.

Let me begin with the last point. Times have changed since my mother's generation. Parents today tell daughters, "Go to school, be self-sufficient, get a career." Our daughters have listened. Female participation rates have skyrocketed, with women now accounting for over 56% of undergraduate enrollment and over half of post-graduate students.

Young adults build families later. A growing number are unable to even think of starting a family until they have paid down student loans, established a home and achieved a position where a short break from their career won't have them starting back at square one when they return. This new economic reality is hardly a choice.

The result is, for the first time ever the average age of first-time mothers is now over 30. This is significant because medical experts will tell you fertility rates begin to decline at the age of 28.

Statistics Canada reports that one in seven couples need help conceiving. In some cases, this is the result of medical conditions unrelated to age, while in others, increased difficulties of conception after age 28 come into play. But all of these couples deserve assistance.

In vitro fertilization is one of the safest, most effective treatments for infertility. Many Ontarians could conceive through the use of IVF; however, the cost is beyond the financial reach of most couples. Those who pursue this mode of treatment must take on significant personal debt to realize their dreams of creating a family.

In my work as community manager of Conceivable Dreams, I've met and interviewed many of our families who have gone into debt personally—anywhere from \$15,000 to \$50,000—just to build a family. With no support from the Ontario government to help ease this financial burden, many couples choose to transfer multiple embryos rather than a single embryo—which is a clinical best practice—in order to increase their chances. In fact, what we see then is that Ontarians using assisted reproduction are 10 times more likely to have a multiple birth. Multiple births in the long run cost us a lot more money. The rate right now in Ontario is approximately 28% multiple births, compared to below 10% in many other jurisdictions around the world that fund IVF.

Why is this the government's problem? Multiples are 17 times more likely to be born preterm, to require C-section delivery, and to require expensive care at birth and throughout their lives. For moms, multiple pregnancies are also associated with an increase in medical complications such as gestational diabetes and hypertension in pregnancy.

Some of the added costs arising from multiple births include increased health care spending to cover mothers' and infants' prenatal monitoring, delivery and postnatal hospitalization costs, and lifelong health care and social services spending to cover the costs of long-term physical and mental disabilities that can occur more frequently in multiple preterm births. In fact, the Canadian Institute for Health Information estimates the average lifetime cost of a multiple-birth child in Canada to be \$520,000. I want you to think of the costs of inaction, not just in terms of dollars and cents but in terms of the suffering of children, parents and extended families.

It doesn't have to be that way. Two expert committees have already demonstrated the case for public funding of IVF in Ontario. In January 2007, the Ontario Health Technology Advisory Committee, an arm's-length expert committee, made recommendations to the Ontario health minister based on evidence-based analyses to increase access to IVF treatment. In August 2009, the government of Ontario's own expert panel's final report once again recommended funding IVF treatment. That 11-member expert panel concluded that public funding of IVF will not only improve the health of mothers and babies, but it will also reduce hospital and other health care costs.

In fact, the expert panel's research found that Ontario could save \$400 million to \$550 million over the next 10 years by tying public funding of IVF to more stringent criteria limiting the number of embryos transferred and reducing the incidence of multiple births; the province would see another \$300 million to \$460 million in savings that would have been spent on these children over their lifetimes; and savings in health and social service costs as well.

Despite those recommendations, nothing has happened in Ontario. Quebec, on the other hand, has acted, and it has seen immediate success. The rate of multiple births in that province is down significantly, just as it is in every other jurisdiction in the world that funds IVF. In fact, in

every jurisdiction that funds IVF, their rate of multiples through this procedure is well under 10%. As you'll remember, we're at about 28%.

The program is extremely popular with parents, health advocates and financial watchdogs alike. Former Quebec Health Minister Yves Bolduc has stated that "funding fertility treatments costs less than the amount we save by lowering the number of multiple pregnancies ... we now save on neonatal care and associated complications, including those generated by learning difficulties, which affect a number of prematurely born children." His successor is equally supportive of the program.

I want to end by saying a little bit about my own situation. I was unable to conceive due to a health condition, Crohn's disease, which is a major contributing factor for infertility. My husband and I couldn't afford to undertake a single cycle of IVF. We built our wonderful family through adoption.

I am a fervent believer that Ontarians deserve access to both adoption and infertility treatments. Medical and financial circumstances, personal preference, luck and many other factors dictate which one is best for any couple, but the choice should not be skewed due to lack of government support. Public funding of IVF is good fiscal policy, good health policy and great politics for progressive politicians who understand the changing world we live in.

We're asking members of all three parties to support a commitment in the 2013 budget to financially assist access to IVF treatment for infertility patients. We need strong, healthy families to foster a strong, healthy Ontario. We can't afford to wait any longer on this.

Thank you for taking the time to consider this important request. The time for study is over; the time for action is here.

The Chair (Mr. Kevin Daniel Flynn): That's great, Paula. Thank you very much. You've left just over seven minutes for questions, and it's the NDP's turn this time. Michael or Taras?

Mr. Michael Prue: You have made deputations similar to this in the past; I've heard them before and I'm sure all the parties have heard them. Have you received a commitment from any of the parties to proceed with this to date?

1310

Ms. Paula Schuck: We have no commitment to date.

Mr. Michael Prue: Okay. So none of the parties have come forward and said that they would do this.

This is the finance committee, so we always have to get down to money. In order to establish this program that you envisage, how much would this initially cost the government? There might be savings in the long term, but how much would this cost right off the bat?

Ms. Paula Schuck: I'm not the financial expert; I'll tell you that right off the bat. But we are willing to sit with you and discuss that and work out funding options, funding models. We understand Ontario will probably want to develop their own funding model that is not exactly the same as Quebec's.

Mr. Michael Prue: Any idea what Quebec spends per year?

Ms. Paula Schuck: No, I can't tell you exactly. I would be happy to put that in a supplementary report and send it through to you, Michael.

Mr. Michael Prue: Okay. Now, I've also seen a magazine. Do you publish the magazine *Conceivable Dreams*? There's a magazine about this; I've seen it before.

Ms. Paula Schuck: Yes.

Mr. Michael Prue: Are you the publisher?

Ms. Paula Schuck: Am I the publisher? No.

Mr. Michael Prue: Or the editor or anything?

Ms. Paula Schuck: No. I do all the online digital community management.

Mr. Michael Prue: Because it makes the case in that magazine as well. How many people are involved in the *Conceivable Dreams* organization?

Ms. Paula Schuck: There are thousands now. I'm happy to say, through social media, we've also grown our numbers exponentially. We have at least 2,000 very active regular members—very active.

Mr. Michael Prue: Now, I do know that there are many people who wonder—and you adopted your children—why people wouldn't just choose that option. Why does government have to be involved in procreation in the first place?

Ms. Paula Schuck: Why wouldn't people just choose to adopt? It's a personal choice, and also, from my perspective, I will tell you, I have two little girls. One has special needs. I am happy to parent her and meet her needs despite the lack of supports available for us. Not every family can do that. The number of kids that are available for adoption with special needs is extremely high, probably 80% to 90%. Absolutely, I am the biggest champion of adoption, but you cannot just say, "Just adopt." It's not a case of "Just adopt." Many couples can't afford it. Many couples are not ready to meet the challenge of a special-needs child.

Mr. Michael Prue: Okay. Being a parent is a lifetime commitment. Every once in a while people come and say, "Do you know how much it has cost me to raise my kid from birth until right through university?" They can quote you a figure like a million dollars. I'm just wondering: People who are struggling and want to use this—you're looking at \$15,000 to \$50,000, and if you're planning to have a child, you're looking at, like, 20 times that or 50 times that. I'm just—

Ms. Paula Schuck: Yes. So what's the question?

Mr. Michael Prue: I'm just wondering, if people have that much difficulty putting the money upfront in order to conceive, would they have a similar difficulty—

Ms. Paula Schuck: No. I don't find that to be the case. I find our couples, even our singles, to be extremely committed to parenthood—to parenthood, period—the same as adoptive parents. They will go to the ends of the earth to form their family. They will go \$50,000 in debt to form their family. Should they have to go \$50,000 in debt? No, they should not.

Mr. Michael Prue: One question that's a medical question: I'm wondering why, knowing the risks of multiple births, women allow themselves to be impregnated with many eggs all at once. I watched in the United States that woman who gave birth to eight or nine kids and she already had I don't know how many.

Mr. Mike Colle: Octomom?

Mr. Michael Prue: Yes, whatever. And she already had all those kids. I mean, I'm just wondering, should we be regulating doctors not to do that because, as you say, there's a huge incidence of kids being born with multiple problems when that happens?

Ms. Paula Schuck: Right. And in all honesty, if the government is going to contribute some funding for IVF, then they get a say; otherwise they do not get a say in my reproductive rights.

Mr. Michael Prue: I think those are all the questions I have, unless you have some.

Mr. Taras Natyshak: Is there time, Chair?

The Chair (Mr. Kevin Daniel Flynn): There is, yes, about two minutes.

Mr. Taras Natyshak: Are there any efforts at the federal level to address IVF support?

Ms. Paula Schuck: Not that I'm aware of, no.

Mr. Taras Natyshak: Does the province provide any financial support for the adoption process?

Ms. Paula Schuck: The province provides—it's interesting, because I was involved in that process; I also run a non-profit for adoptive parents in my spare time. We have subsidy support, but that is very limited. It's for sibling groups that are adopted after, I believe, June 2010 and those over the age of 10. So there is limited support for adoptive families.

Mr. Taras Natyshak: And are we making any strides technologically through advancements in IVF to make it a more cost-effective means? In vitro fertilization has been around for quite some time. Is it still an expensive process compared to what it was historically?

Ms. Paula Schuck: We are making strides every day to reduce the cost of that, and I can also say that we're extremely open to partnerships with other organizations that will reduce the cost, or even cost-sharing arrangements.

Mr. Taras Natyshak: Well, I certainly appreciate your deputation. I've got two children. I know many of us around here have kids and we know that they are the joys of our lives.

Ms. Paula Schuck: Absolutely.

Mr. Taras Natyshak: To help a parent, to help a couple achieve that and feel that joy is, I think, a worthwhile endeavour for the government to help facilitate. I don't know about the money side at this point, but it's certainly something that I think is, as you've said, a progressive thing.

Ms. Paula Schuck: Right. Okay, thank you very much.

The Chair (Mr. Kevin Daniel Flynn): And thank you, Paula. Great presentation.

WINDSOR-ESSEX COUNTY ASSOCIATION OF REALTORS

The Chair (Mr. Kevin Daniel Flynn): Our next speakers are from the Windsor-Essex County Association of Realtors. Sandra and Julie, are you in the audience? Thank you for coming today. Make yourselves comfortable. Like everybody else we're hearing from today, you get 15 minutes. You can use that any way you see fit. If you'd like to leave some time over at the end for questions, that's entirely up to you. The questions this time will come from the government side. Having said that, the floor is all yours.

Ms. Julie Green: Thank you very much. Good afternoon, ladies and gentlemen, and welcome to the great city of Windsor. I would like to thank the committee for selecting the Windsor-Essex County Association of Realtors to present for you today.

The Chair (Mr. Kevin Daniel Flynn): I'm sorry, before you go on, would you identify yourself for Hansard so we know which one of you is speaking?

Ms. Julie Green: It's coming right up. My name is Julie Green. I am a broker with Re/Max Preferred Realty and I live here in Windsor. I'm also the chair of our board's 2013 political affairs committee. Joining me today are Krista Del Gatto, our CEO at the Windsor-Essex County Association of Realtors, and Kim Gazo, our association president.

Just as a point of background, the Windsor-Essex County Association of Realtors represents 841 real estate salespeople and brokers. Our board was founded in 1918 to organize real estate activities, promote higher industry standards and advocate on behalf of local homeowners.

We are pleased to present the recommendations of our association with respect to the 2013 budget. Our recommendations focus on two main areas of concern in our industry. The first involves reducing the red tape burden on electronic agreements of purchase and sale. The second involves protecting home ownership for future generations by stopping the spread of the municipal land transfer tax. Both of our recommendations come at no cost to the provincial government and will continue to encourage a strong housing industry, which, as you know, is vital to our provincial economy.

Mr. Chair, I've been working as a realtor for over 23 years. In that time, our industry has gone through considerable change. Not that long ago, listings were typed and stored in large filing cabinets. Transactions were completed in person, with both consumers and realtors traveling to sign documents, view properties and exchange information.

Today, listings are uploaded to a central database and viewable from anywhere in the world. Realtors use the Internet to meet with clients virtually, exchange documents and promote their business. Social media, smart phones, tablets and cloud computing have helped so many of us to make our industry more accessible, more efficient and more consumer friendly, but while organized real estate has progressed along with these new

technologies, the regulation of e-commerce in real estate has not.

1320

Twelve years ago, the provincial government passed the Electronic Commerce Act. This act helped facilitate the use of e-commerce in our province by extending the same legal protections afforded to written commerce. Unfortunately, under section 31(1), paragraph 4, the act excluded “documents, including agreements of purchase and sale, that create or transfer interests in land...”

We are here today to ask the provincial government to remove this exclusion from the Electronic Commerce Act in the 2013 Ontario budget. Removing the exclusion from the act will enhance the legal protections afforded to electronic agreements of purchase and sale. In doing so, this government will allow consumers and realtors to benefit from technology that makes real estate transactions more efficient and accessible and is more consumer friendly.

Technology that supports electronic agreements of purchase and sale can cut transaction time from weeks or days to just minutes. At present, realtors must send an agreement by email or fax. It is then printed and signed, then scanned, then emailed or faxed back. These cumbersome steps must be repeated for any amendment or change to that agreement.

The technology that supports electronic agreements of purchase and sale removes all of these steps. Instead, it provides one central platform for all approvals required to complete the transaction. Consumers and realtors can log in to a website from their mobile phone, tablet or desktop, and review, initial or sign documents from anywhere in the world. This technology is available in other sectors of our economy and is widely used in the US real estate industry. In addition, Alberta and BC permit the use of electronic agreements of purchase and sale.

From a proposal that will promote a stronger and more vibrant real estate industry to one that threatens its vitality, we would now like to discuss the issue of municipal land transfer taxes. As this committee knows, Toronto, under the City of Toronto Act, introduced a municipal or city land transfer tax in 2008. As a result, Toronto homebuyers pay two land transfer taxes, the provincial and the city, amounting to about \$15,000 in tax on an average home.

Mr. Chair, thanks to the double land transfer tax, Toronto homebuyers and the local economy are feeling the pain. A 2012 study by the C.D. Howe Institute found that tax has caused an annual 16% reduction in home sales relative to other municipalities in the GTA that do not charge the second land transfer tax. When you consider that every MLS transaction in Ontario generates about \$40,000 in consumer spending, 16% fewer home sales is bad for local job creation and the local economy.

Despite its serious implications for the local economy, other municipal politicians continue to press the province for the power to levy a municipal land transfer tax. In December 2012, Mississauga city council considered a

motion asking the provincial government to amend the municipal tax act of 2001 to give municipalities the ability to levy their own land transfer tax. The motion also asked other municipalities across the province to endorse the request.

Thanks to the efforts of local realtors, Mississauga took the motion off the table and referred the matter to the Large Urban Mayors’ Caucus of Ontario, or LUMCO. Organized real estate has learned that LUMCO is currently lobbying provincial political parties to give municipalities new revenue powers. A favourite new source of revenue among large urban mayors is this municipal land transfer tax.

Windsor realtors are here today to say unequivocally that we oppose any attempt to open the Municipal Act and to give Ontario cities the ability to levy a municipal land transfer tax. Realtors believe that municipal land transfer taxes are bad public policy for a number of reasons. However, our presentation will focus on one issue in particular, namely, that the tax creates an incentive for homebuyers to move outside of the municipality where the tax is charged.

This incentive has serious implications for municipal infrastructure and the urban economies. The C.D. Howe report confirmed that homebuyers avoided paying the tax by moving to municipalities bordering Toronto, forcing many of them to commute into the city for work and leisure. We also know that many large urban mayors want the tax to pay for better municipal infrastructure and local transit. The irony of the situation, however, is that the tax ends up encouraging less intensification, more sprawl and more pressure on municipal roads.

Moreover, by encouraging less intensification, the tax makes building better transit more difficult, since the region’s population would be more dispersed over a greater geographical distance.

Mr. Chair, this tax is also bad for urban economies. When people buy homes, they contribute to the local economy by purchasing appliances, renovating and hiring various professionals.

In 2012, MLS home sales in Windsor generated \$220 million in consumer spending, averaging \$40,350 per each home purchased. If home sales were to drop 16% here in Windsor, like they did in Toronto, our local economy would miss out on \$40 million in consumer spending. This consumer spending creates jobs, supports existing jobs and helps to maintain a healthy local economy.

In conclusion, Windsor realtors are recommending two courses of action in the 2013 Ontario budget: first, that the province amends the Electronic Commerce Act to remove the exclusion for agreements of purchase and sale. This amendment would reduce the red tape in the real estate industry, make transactions more efficient through the use of modern technology and would not cost the province a dime.

Second, we urge the province to stop the spread of the municipal land transfer tax. The tax is bad public policy and will hurt the housing market, hurt the urban econ-

omies and incentivize people to move to the outskirts of large urban centres where the tax is charged.

Thank you so much, and I'm happy to take questions.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much. Thanks for the presentation. As I said, the questions go to the government side. Michael?

Mr. Mike Colle: Thank you very much for your presentation. I do think you've got a wonderful sort of hidden gem here of a place to market. The Windsor-Essex area and the surrounding communities are certainly filled with all kinds of attractions, from the water, from the climate, from the people, and the proximity to a lot of interesting activities—and it's a very affordable place. I've always thought—I couldn't understand why so many people are buying property all over the place, like Niagara-on-the-Lake and these places. But anyways—

Ms. Julie Green: We agree. We agree with you.

Interjections.

Mr. Mike Colle: No, places like Amherstburg, Kingsville—they're phenomenal places. I really do think they're underappreciated for what they are. I really think you've got incredible potential here.

Just in terms of the land transfer tax, you just piqued my interest, because I've been following this. There was all kinds of doom and gloom predicted, when the land transfer tax came to Toronto, that everybody would buy outside of Toronto, according to C.D. Howe etc.

My evidence—and I'll ask for a report on this from our research committee—has been just the opposite. We've had a real estate boom in Toronto since 2008. It has just gone unabated. Houses: There are not even signs up anymore; they go up so quickly, the for sale.

The intensification has gone nuts. In certain parts of Toronto, it's 10 times over the Places to Grow limit. I mean, you come to my area, Yonge and Eglinton—Jesus, there's not a square inch left of land. It's all condos. We've got more cranes in the sky in Toronto than all of North America combined—even Mexico City.

I'm not saying the land transfer tax is a good public policy, because there are questions about it, because it can really maybe upset the balance. But I'm just saying that Toronto's situation has been just the opposite. There has been really great real estate activity that has generated a surplus for the city of Toronto every year. It's about a \$250-million-a-year surplus every year in the city coffers.

And Toronto, as you know, in population—we're growing. We just surpassed Chicago.

I think it's important to maybe get that on the record, in terms of the impact of the land transfer tax on Toronto real estate prices, on real estate sales, on the Toronto economy etc. It's a worthwhile thing, because perhaps it isn't beneficial, going across the province, but I know Toronto's situation—I just have found the opposite of what everybody was predicting since 2008. I don't know if you'd like to comment on that.

1330

Ms. Julie Green: Well, basically, the study had indicated that there was a 16% drop. Now, was it a 16%

drop in the number of houses sold or was it a 16% drop in the dollar amount? I believe it was in the dollar amount. So I don't believe that the people are recognizing the same types of dollar value for their properties that they would have been without this land transfer tax.

Mr. Mike Colle: That's why we need that information. That's a very good question, because prices are going through the roof in Toronto. Condos—for 400 square feet, they're asking for \$400,000, \$500,000 almost, and house prices? Forget about it. That little semi in the Annex or the Beach or Bloor West: You're looking at—an 18-foot frontage by 100 feet is \$670,000, and they're not coming down. There was a little bit of a blip this last month, but I don't know what the factors are.

I think it's a very good initiative that you're at least asking for this to be looked at, but I just don't see where C.D. Howe gets a 16% drop, because I haven't seen it. In fact, everybody complains about prices just going crazy, and there's no housing available, and then you're paying through the roof for all these condos. They've got projects on line still. I mean, it's just condo-crazy there, to say the least.

The drive to the city is—everybody wants to come to the city, and they are coming to the city, from Thornhill and everywhere. They can afford it.

The Chair (Mr. Kevin Daniel Flynn): Let's pick on Peter. Okay.

Interjections.

The Chair (Mr. Kevin Daniel Flynn): Soo, you've got about a minute.

Ms. Soo Wong: Okay. A quick question for you: I noticed that in your presentation you talk about the technology piece. Can you share with the committee in terms of the electronic piece in terms of privacy? Because you've made reference to Alberta, BC and other US jurisdictions' electronic agreements. How are they dealing with the whole issue of privacy and not to violate the Ontario privacy legislation? Can you comment on that?

Ms. Julie Green: From my understanding, it is an actual secured website that they have to log into to be able to get these documents. Electronic signatures will not compromise consumer protection. The Electronic Commerce Act requires that all electronic documents be available for reproduction, which would protect our consumers. That doesn't help me. But from my understanding, it is a secure website that they have to log into that only the realtor and the buyer and seller will have access to in order to be able to get the documents.

Ms. Soo Wong: Okay. Thank you very much for your presentation.

Ms. Julie Green: You're welcome.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Julie. Kim and Krista, thanks for coming today.

Mr. Mike Colle: And can you make sure that you send us a copy of that report from research, just to compare notes? I think I'd be very interested in—and

getting your comments back on that. I'd be very interested.

The Chair (Mr. Kevin Daniel Flynn): Thank you.

WINDSOR ESSEX
COMMUNITY HEALTH CENTRE

The Chair (Mr. Kevin Daniel Flynn): Our next delegation today is from the Windsor Essex Community Health Centre. Lynda, are you here? Make yourself comfortable. There's probably a clean glass and some water out there if you want some.

Like everybody else, you've got 15 minutes. Use that any way you see fit. If there is time for questions at the end, it will be the Progressive Conservative Party asking. If you'd just introduce yourself near the start of the presentation so we get it on Hansard, that would be great.

Ms. Lynda Monik: Okay. Thank you for the opportunity to meet today. My name is Lynda Monik and I'm the CEO of the Windsor Essex Community Health Centre. The Windsor Essex Community Health Centre is one of 123 community health centres, aboriginal health access centres, community family health teams and nurse-practitioner-led clinics from across the province. The centre is funded by the Ministry of Health and Long-Term Care, and the funding is flowed through our Erie St. Clair Local Health Integration Network.

The mandate of a community health centre is to serve priority populations. Those priority populations include people who have difficulty navigating the health care system—they require somebody to advocate on their behalf—and they include individuals who live in poverty, who are homeless, at risk of homelessness, some of our youth, people with mental health conditions and seniors. These people are some of the highest users of our health care system.

Here in Windsor, our community health centre is much like other community health centres across the province. We currently serve about 4% of the residents of Windsor-Essex through primary health care, health promotion and disease prevention strategies. Our goal is to serve 15% of the population. Some 15% of the population in Ontario lives in poverty, and those are our clients or our prospective clients.

Primary health care should be the foundation of our health care system. Our approach today is really to seek investments to be made here in primary health care, to keep people healthy, happy, active and at home. Nobody really wants to be in the hospital.

The CHC model of care utilizes an interprofessional team. We have many people, including physicians, nurse practitioners, registered dietitians, social workers and other professionals, to deliver care. Our belief is that health is more than just seeing a physician. When you have no food in your cupboard and you can't pay the rent, there are other priorities that overtake and then become the priority rather than your health.

In research released in 2012, CHCs have proven that our model of care can improve health outcomes for some

of the province's most complex and difficult clients. We've kept them out of the emergency departments and, consequently, from being admitted to hospitals. When you keep people out of the acute care system, this eases the financial burden on the system.

Studies by Élisabeth Bruyère also show that the community health centres do a better job than other models promoting health, preventing and managing chronic diseases, and we're able to better serve our communities. We have a proven track record; we provide the right care for people. That is why this model and the community require further investments. Our efforts to keep people out of the acute care system need to be rewarded so that we can continue to take care of the most complex.

Our sector has been underfunded since its inception almost 40 years ago. What that has caused us to do is really realize the value of every dollar, partner with others and build capacity through the system through those partnerships.

The government needs to consider realigning services to the community. Take them away from hospital services and make investments in the community. There are outpatient clinics—some procedures that actually can be reallocated and invested in this sector.

The CHCs are ripe for change. Any talk of a mega-hospital should include a reallocation of resources to the community. The thought or the concept that everybody has to go to hospital needs to be broken so people can actually appreciate the care that's offered in the community.

Locally, one of our locations operates out of the basement of a secondary school built in 1923. I have to tell you, the staff there can't drink the water from the tap; bottled water has to be brought in. We don't live in a third-world country. There is a backlog at the capital branch of the Ministry of Health and Long-Term Care. The capital requests for this sector—some of them promised since 2001—need to be funded. Locally, we have about \$3 million sitting that's been earmarked for this one location. We just need to access those dollars.

The government needs to reallocate unspent dollars from other areas within the health care system so that we can actually fund other programs and services. We have programs and services that are just simply not sustainable. We're using volunteers; we're using donations. We have an oral health care program. There is no oral health care for adults. So for those who are homeless and at risk of homelessness and live in poverty, we are having to develop programs and services ourselves. What we're asking is that there are dollars from children in need of treatment programs. There was \$1 million last year. It went unspent—or in 2011. The system needs to be responsive and be able to reallocate resources to areas where they can be spent, where they can be used and where they can meet people's needs.

As a sector, all the CHCs and our aboriginal health access centres—we've agreed to implement an electronic medical record. There's a willingness on behalf of this sector to implement other strategies, to realize the gov-

ernment's efficiencies and bring the health care system to what it needs to be: something that's sustainable. It currently is not sustainable the way it's being operated.

1340

In closing, what we're asking for is to direct any increases in health funding to the community. In particular, for the CHC sector, we're looking at at least 1.75% of the 4% that has been promised by the Minister of Health. We ask that you allocate capital dollars to keep the promise for CHCs and AHACs to have new locations and buildings. It's about \$108 million, but some of those dollars have already been earmarked; they are sitting, currently, at the capital branch and they just need to be freed.

We're asking that you make upstream investments in poverty reduction. Allow people to earn more, keep more of their assets and income, and restore benefits. The 2013 budget should ensure an increase to the Ontario Child Benefit to reach a maximum of \$1,310 a year for low-income families.

We're also asking that you reallocate unspent dollars back to the community so that they can be realized and result in more meaningful efficiencies.

That's it. I thank you for your time, and I'd be happy to answer any questions.

The Chair (Mr. Kevin Daniel Flynn): Wonderful. Thank you very much. You've left a lot of time for questions.

Going to the PCs: Peter?

Mr. Peter Shurman: Thank you very much, Lynda. That was a good presentation. I'm sure, from everything I've heard—not just from you, but over the past number of years—you're presenting a pretty accurate picture of what happens to the most vulnerable people in society. I'd like you to amplify on that, because it seems to me—without asking you an open-ended question—that you typify a statement that I could make that would say that it's the people who are the most vulnerable who seem to bear the brunt of just about everything negative that can happen, particularly where the delivery of services that we've come to expect is concerned.

Ms. Lynda Monik: Absolutely; I'd have to agree with you 100%. We know that the result of not being able to advocate on behalf of yourself results in poor health. When you don't have food, housing and some of those basic necessities, the social determinants of health—you can't read, you can't write—it results in very poor outcomes.

Mr. Peter Shurman: No one here—I don't think anyone, anywhere, of reasonable mind could suggest that you don't deserve the things that you're asking for, but you sound like you're pretty literate in terms of how the system works. Why don't I ask you to tell this committee—because this committee is all parties, and it informs the budget process: Where do you think it should come from? I'm not putting the burden on you; I'm asking you to give us some input.

Ms. Lynda Monik: You might be surprised by my answer. I do think that there are probably enough dollars

in the health care system now to actually run quite a Cadillac model of the health care system.

Mr. Peter Shurman: Well, then, you're saying—without putting words in your mouth—that the system is broken, not the dollars allocated to it.

Ms. Lynda Monik: The system is broken, so what we're asking for are dollars that the Minister of Health has promised, which we feel we're entitled to. The amount of dollars that are allocated to health care—there are enough dollars there.

My previous role was in utilization, looking at how hospitals run programs and services and where dollars are spent. There's a lot of waste in the system, and there are efficiencies that still need to be realized.

Mr. Peter Shurman: Then I am going to ask you to give us some specific examples, because I asked you a moment ago, "Where is it coming from?" and you said that the answer would surprise me. Actually, it doesn't, but if "Where is it coming from?" yields that answer, tell me where it's going now that it shouldn't be.

Ms. Lynda Monik: I think you could look at different strategies from things like the capital branch at the Ministry of Health and Long-Term Care in terms of standardizing new developments and what's used. Let me give you a micro-example of this. A local hospital puts in a simple washroom—puts in little tiles that are about one inch by one inch. What does that realize? It means there's more housekeeping; there are more infection control problems. If somebody standardized the capital projects and what was needed to build new hospitals—or even bathrooms in some of these hospitals—there's a lot of savings that could be realized by standardizing some processes. The same thing goes for purchasing—and yes, we are on track with some of that through PROCure, but even the community sector—we've been asking for some of this for a long time. We can't be on that radar yet because we're just too small a player, but there are huge efficiencies to be realized.

Mr. Peter Shurman: Okay. Go ahead.

Ms. Lynda Monik: Do you want more examples?

Mrs. Jane McKenna: Sure.

Ms. Lynda Monik: Policies and procedures: There are 123 community health centres. We all go out and hire our own lawyers to develop things around privacy. Bill 168—the Association of Ontario Health Centres could probably take that money and standardize the policies and procedures for organizations. There's a lot of waste in the system.

Mr. Peter Shurman: Meanwhile, the level of demand, I'm assuming, has outstripped every year what it was the prior year, because in the economic—I guess with the economics of today versus what they were last year, two years ago, three and four years ago, you've got more people looking for more services and less dollars to provide them. Is that correct?

Ms. Lynda Monik: Well, there probably are, but then you have to think about, is the client getting the right service? So right now we have a problem with alternate level of care—

Mr. Peter Shurman: Yes.

Ms. Lynda Monik:—and people sitting in acute care, yet we have a Minister of Health who says, “The right person should be in the right bed at the right time.” Well, acute care is not the right place for many of those people, and yet a first-bed policy to get them out of an acute-care facility and into a rest, retirement or nursing home is not in place. It could easily break the logjam of acute-care beds being tied up by people waiting for long-term care.

Mrs. Jane McKenna: I’m overwhelmed with what you’ve spoken about here today. Number one, I totally agree with you that when you give monies out, no one is looking at the operational costs, and that’s where the biggest problem is: when money is allocated and then all of a sudden now, who’s overseeing the operation of what is actually going on?

Sadly, when you’re in a position, and we are where we are, and we throw 1% and 2% band-aids at problems, we don’t know the questions to ask to fix it. And even though you’re very articulate here today—you’ve given us wonderful information—the waste factor, sadly, impacts the front-line people who need the help that they can get. In Greece right now, as you know, there are people rioting in the streets for their programs that they are unable to get, because once you are bankrupt and people control your debt, then everything else goes by the wayside, because you can’t possibly service any of that.

So where we stand as PCs is that we have to look at, be it the bureaucrats—for the last nine years, we’ve created 300,000 more. And looking at the LHINs and CCAC, I’ll tell you quite frankly, I’m the MPP for Burlington, and I can’t even get them to call me back in trying to get an answer for someone in my community. There isn’t a flow of what people need to get in order to get to where they need to go. It needs to start with the person at hand and then filter out from there, instead of going from the bureaucrats, in what’s best for the patient or the person.

So it was thrilling to hear what you had to say—not thrilling on the part of that it’s thrilling; it’s just that you’re so articulate. You’re bang on with what you’re saying, and we appreciate all the information, because it takes us back to what we need to do, as PCs, for our policy and what we’re doing.

Thank you very, very much.

Ms. Lynda Monik: Don’t confuse, I guess—the waste in the system is certainly not at the front line. The system is being held together by the front line, people who show up to work each and every day. I don’t care if they are in the community or the hospital; they are the people holding the system together. But there’s a lot of money—

Mrs. Jane McKenna: Yes. That’s what we’re saying.

Ms. Lynda Monik:—in between government and bureaucrats, that is wasted. It’s huge.

Mrs. Jane McKenna: Yes.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much, Lynda, for coming today.

Ms. Lynda Monik: Thanks.

LEGAL ASSISTANCE OF WINDSOR

The Chair (Mr. Kevin Daniel Flynn): Our next delegation took a spot that was open in the schedule, and that’s Legal Assistance of Windsor. Is Sarah with us?

Ms. Sarah Charow: I am, thank you.

The Chair (Mr. Kevin Daniel Flynn): Make yourself comfortable. You get 15 minutes, like everybody else gets, and you can use that any way you see fit. If you would introduce yourself early on in the presentation so that Hansard can get your name, and if you would leave some time near the end of the presentation for questions, if you could, that would be great. Thank you.

Ms. Sarah Charow: My name is Sarah Charow. I’m a lawyer with Legal Assistance of Windsor. Legal Assistance of Windsor is a clinic located in downtown Windsor. Among other things, we provide legal and social work services in the areas of housing and income maintenance—a few other services as well, but those are the ones that I will be talking about today.

It might be a little different from other presentations: I’m not asking for money for my organization. I’m here today to talk to you about the Community Start-Up and Maintenance Benefit. So I’m here mostly on behalf of my clients, not on behalf of my clinic.

The Community Start-Up and Maintenance Benefit is a benefit that was available, but it’s due to end very shortly. To be very blunt here, I’d like you to bring it back. And again, I’m not here with any statistics; I don’t have numbers. I’m here to put a human spin on things. I’d like you to hear what my clients have had to say.

1350

The Community Start-Up and Maintenance Benefit was a mandatory benefit that people on OW or ODSP could receive. This benefit was intended to pay for expenses that would help these people on OW and ODSP. It would help them establish a new place to live. It would help prevent their eviction. It would prevent them from having their heat, electricity or other utilities shut off, and it would help them maintain their existing residence. This benefit could be used to pay for large lump-sum expenses. I’m talking about things like first-and-last rent deposits, buying or replacing furniture, deposits on utilities and paying overdue rent or overdue utility bills. Single people on OW or ODSP have been able to receive up to \$799, and families were able to receive up to \$1,500, and this would be once every two years.

Community Start-Up was often a last resort for people on assistance. They could otherwise not afford to pay for big expenses that would keep them housed. Because of the benefits that they receive, it’s a low monthly figure. Any money that they have to put out—for emergencies, for emergency repairs, for moving—any money is really too much money for them. So the Community Start-Up and Maintenance Benefit program was essentially a homelessness-prevention program.

On January 1 of this year, the provincial government eliminated this program. Housing and homeless-related benefits, formerly issued under the Community Start-Up

and Maintenance Benefit, will continue to be funded until the end of this month. Some 50% of the funding for this benefit was passed to the municipalities, to be spent as part of the Community Homelessness Prevention Initiative. As of next month—April 1—some components of the program will continue to be funded under this new program; others may be provided through OW discretionary funding, but we're still looking at a gap.

What we have now, the Community Homelessness Prevention Initiative, will provide rental support, and that includes deposits; utility support, also including deposits; and other supports needed to assist people in their homes or transition them to housing. There are still a lot of questions about what this will actually provide. In our opinion, it provides the basics, but it's definitely not as much as was provided in the past, and it's definitely not enough.

As to why this hurts our clients, I'll start it off. I'm a lawyer; I'll talk about the legal perspective: Before, the Community Start-Up and Maintenance Benefit was a mandatory benefit. Now it's discretionary. Before, people who were on OW or ODSP, who met the eligibility criteria, were entitled to receive up to the maximum benefit allocation. If they were denied, they had a right of appeal—where us lawyers come in. Now there's a limited amount of funding and there is no ability for applicants to appeal the decisions.

As well, I'll talk about the systemic concerns. This is already a very vulnerable population. It's people on OW and ODSP; they're not doing well. Just in general, they're not getting a lot of money. As I was saying before, any money that they need to put out, if something comes up suddenly—any money is a lot of money for them.

I can tell you stories from our clients. My clients, my students' clients, the other lawyers'—we've talked a lot about this. We have seen an impact already. Personally, I do income support law, and my colleague does landlord-tenant matters. We see a lot of people who are on OW, on ODSP, and suddenly they have bedbugs. Usually it's not their fault; it happens. We've seen a lot of bad landlords, and so we hear stories about bedbugs and other infestations.

Under the former program, our clients could get money to replace furniture, to replace mattresses, to prevent the spread of bedbugs and to help solve their problem. Now there aren't the funds for the mattresses, for the beds.

Similarly, we also see a lot of times where our clients have to move. We're talking infestations; we're talking bad landlords. I've seen landlords who are horrible people, yelling at our clients, especially our clients who have disabilities. The Community Start-up and Maintenance Benefit could cover moving expenses. There's no coverage for moving expenses now. If a client needs a new place, yes, they might get a bit of money for rent—first and last—but they won't have the money to rent a truck, furnish a new kitchen and start over, really.

Just in general—I'm not going to throw a lot of numbers or dollar signs at you—what we've been seeing is that a little bit of money issued under this benefit program could reduce a lot of money in the system in general—could save the provincial government more money from other programs.

An example I've heard lately was of a woman who received the Community Start-Up and Maintenance Benefit after she had a baby. She was given money to buy a crib and other necessities needed. If she did not have a crib, we're looking at possible CAS intervention. We could have a child going into the system and costing the government thousands of dollars.

Similarly, what we've seen is that there's a lot of impact that this benefit could have on people with disabilities. The Community Start-Up and Maintenance Benefit gives money for people moving out of institutions like hospitals or other facilities. It gives them money to start up on their own. If they can't move out of these institutions—if their doctors or whoever think they can't make it on their own—they're staying in the institutions or they're out on the street, really. So, by providing them with this money to start up and help them live on their own, we could save a lot of money in other places.

I'm sure you'll actually hear a bit more about this program with Pathway to Potential. I believe they're presenting next. But that's pretty much it from us. The main message is: Please restore this program.

The Chair (Mr. Kevin Daniel Flynn): That's great, Sarah; thank you very much. You've left about six minutes or so for questions, and it goes to the New Democrats.

Mr. Taras Natyshak: Thank you so much. Thanks for the work that you do in our community. Thank you for informing us about the detrimental effects that this decision has created for your clients and our community. I wonder if you could expand on the removal of the CSUMB on some of the service providers that we have in our community in terms of shelters, or folks that rely on this benefit being here, to be able to provide that service. Can you touch on that?

Ms. Sarah Charow: I'll be honest; no, I can't. Honestly, I am coming in just with the stories I've heard.

Mr. Taras Natyshak: This could be referred to or looked at as a program of last resort, when all else has failed and that person just simply can't access any other funds and there's no discretionary income anywhere. Tell me how that really small amount of money, \$799 once every two years, could positively affect somebody.

Ms. Sarah Charow: It makes a big difference. It helps them live, really. You see it put towards housing—

Mr. Taras Natyshak: For us here, you know, \$799—that's \$800. That's \$400 a year. That doesn't sound like a large amount of money. How is it that that minute amount of money can go such a long way under the auspices of this program?

Ms. Sarah Charow: It can because we're looking at providing the basics. We're looking at a new mattress if one of my clients has bedbugs. It's not a lot of money to

us. It just provides the basics. We're looking at paying the rent in case of emergencies. We're looking at fixing a roof if it needs to be fixed, if somebody is not renting; that's the maintenance side of this. It really is the basics. People with incomes other than OW and ODSP—it's easy for us to forget about the little things and how they add up.

I'm salaried now. I still would worry about replacing a mattress in case of bedbugs. For people who have a very limited income, it barely covers their needs as is. If something pops up, if something needs to be replaced or fixed, or if they really need to move, it costs them a lot.

1400

Mr. Taras Natyshak: Have you ever come across the utilization of this fund by people who were escaping negative circumstances, abusive relationships, in an emergency type of a setting?

Ms. Sarah Charow: Yes. My clients personally have not, but I have heard stories from other lawyers. Their clients have been fleeing domestic abuse. We see wives who are taking their children; they're fleeing from their husbands who have been abusing them. It's money that can be used to establish themselves again. It keeps them off the streets; it keeps them out of shelters.

The Chair (Mr. Kevin Daniel Flynn): Yes, Michael?

Mr. Michael Prue: A couple of questions, yes. I don't know, us asking the question—I'm hoping that the next group, Pathway to Potential, will ask the government why they've chosen to do this because we are a little nonplussed at this. You're not the first person—maybe at this committee, but you're not the first person to come forward and talk about this in a public way.

Has anybody ever given you any indication of how much the government intends to save doing this?

Ms. Sarah Charow: Again, I don't have the numbers. I'm very new to this. I have what my clients tell me. There is research—

Mr. Michael Prue: I wonder if I can just request if the researcher can tell us how much money this cutback, starting in January, is saving the government. Because in terms of the dollars, it's probably relatively small, but in terms of the loss to suffering and poor people, it is enormous.

You've said that these are your clients. Do you have any idea how many people, say, in this city or in this area have been cut off or told that they can't have start-up funds?

Ms. Sarah Charow: Again, I don't have numbers with me and this is a very new change. Technically, the benefits will be running towards the end of the month. I'm not sure if there are even numbers out there yet. So it's something that we'll be keeping an eye on. It's something that we're concerned about now.

Mr. Michael Prue: Okay. Do you have any idea, in terms of the overall budget, that money that's given to OW and ODSP recipients, how much of a percentage this is? I would imagine it's relatively small.

Ms. Sarah Charow: I'm sorry. I'm not sure—

Mr. Michael Prue: Well, you know, we give out money to people on ODSP. We give out money to families and people on OW. This \$800 every two years must be a relatively small amount of the total budget.

Ms. Sarah Charow: I would estimate that it is. Of course, when we say "small amount," we do mean to the program, definitely not to our clients.

Mr. Michael Prue: Yes.

Ms. Sarah Charow: Again, it is a mandatory fund, but it's not automatically granted. Each case is judged on its merits and only if it's denied can there be an appeal. It's not automatic.

Mr. Michael Prue: It terms of your client base, how many—what percentage of your clients would, every two years, avail themselves? Because it's been my experience that very few people on ODSP or OW actually apply for it, but when they do, it's usually extraordinary circumstances, as you have said: abuse, bedbugs—something totally beyond their control—a fire in their unit, something like that. What percentage of your clients, as an example, would access this every two years?

Ms. Sarah Charow: Again, I can't give you numbers, but we do see it occasionally. We see it a lot of the times with our landlord and tenant clients. Often you'll see overlap between a landlord and tenant and clients on OW, clients on ODSP. We get the denials, usually. We don't have clients coming in saying, "They gave it to me. I have no problem." We get the people coming in who have been denied. So, again, I can't talk about how many people in general have gotten it or have been denied.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Sarah. We appreciate your presentation.

Ms. Sarah Charow: Thank you.

PATHWAY TO POTENTIAL/VOICES AGAINST POVERTY

The Chair (Mr. Kevin Daniel Flynn): Our next delegation is from Pathway to Potential/Voices Against Poverty. Adam Vasey and Lorena Shepley, maybe you'd like to come forward. Make yourselves comfortable. Once you're settled, you get 15 minutes to make your presentation. Use that any way you see fit. If there's any time at the end for questions, that would be great. The questions this time will go to the government side.

If you would introduce yourselves early in your presentation, then Hansard will know which one of you is speaking.

Mr. Adam Vasey: Sure. Well, if it's okay with the committee, I'll start. Thank you, Mr. Chair, and everyone for having this opportunity for us to speak on the issues that are important.

My name is Adam Vasey, and I'm the director with Pathway to Potential. With me is Lorena Shepley from Voices Against Poverty. I'll just start by giving a very brief description of Pathway to Potential and what we do in the community. We are a collaborative initiative that focuses on reducing and preventing poverty in our community. We engage businesses, individuals and organiza-

tions in this collective effort to raise awareness, engage the community to identify barriers and to work on removing barriers that most affect people living in poverty—and to make the case that reducing poverty is a critical investment in our well-being and the prosperity of our region.

Pathway to Potential has been working in a number of areas, alongside networks across the province that are focused on the importance of ensuring that the commitment to poverty reduction—which was an all-party commitment back in 2009 to have five-year poverty reduction plans in place, to develop targets and meet those targets. We want to make sure that that does not become lost, that that priority does not go by the wayside despite some of the economic challenges. We would argue that, precisely because of the economic challenges that we're facing, this is the time that we have to double down and reinvest in these critical poverty reduction priorities.

I'll just highlight a few of them. I'm not going to touch a lot on CSUMB, because I think that was certainly addressed by Sarah, and I know Lorena is going to say some things about the impact of CSUMB and the changes on her life.

Just briefly, obviously, on CSUMB, that reduction, that change, removing it from social assistance and then deciding to provide municipalities with half of the funding—I know that there was one-time transition funding that came. It was well received on December 27 as a short-term reprieve for communities to be able to deal with some of the transitional issues, but clearly, when that decision on CSUMB happened, part of the reason why it took so many of the anti-poverty advocates by surprise—and municipalities, frankly—was that it came prior to us even having the final recommendations of the commission for the review of social assistance. That was concerning for that reason. We weren't having this conversation about transforming the system in a really meaningful way. This decision was made and really threw a lot of communities, individuals and families into upheaval and created a lot of problems. That's one piece.

Obviously, with social assistance reform, I know that the provincial government had really emphasized that that was one of the key pillars of its Poverty Reduction Strategy: to make bold changes to the system and reform the system in a meaningful way. A couple of things that really came through loud and clear—in addition to, yes, some of the “stupid rules” that the government has acknowledged create barriers for people—were changing some of the earnings exemptions. Surely, that's going to have a positive impact, but one of the things that came up more than anything was adequacy. Clearly, when we're talking about \$607 a month for an individual on Ontario Works, that's not even close to reaching a minimum level of adequacy.

The \$100-a-month healthy food supplement, which has been something that we've been pushing for for the last couple of years, is certainly one of the areas we think is very important as an initial down payment, if you will,

on ensuring that there's some measure of adequacy in the social assistance system.

The other parts of the policy that I would like to touch on, which actually proved to be quite successful—and also were pillars, at least in the case of the Ontario Child Benefit. The government had recognized that increasing the Ontario Child Benefit would be a really important way to lift families and children out of poverty, and that was one of the big features of trying to meet the target of 25% reduction of child poverty in five years. We're now at 2013. It being the last year of that first five-year plan, we really want to make sure that the Ontario Child Benefit increase is made, and accelerated, in fact, because it was largely responsible, along with increases in the minimum wage, for the reason why, despite the recession, we saw a 6% reduction in child poverty during the period of 2008-10, for which 2010 is the last date that we have data on poverty in our community.

I think that was a really encouraging sign, that that type of reduction in child poverty could happen in spite of the fact that there were a lot of other factors in the economy that were making it very difficult for others.

1410

Just to highlight the fact that policy choices do make a difference—and these are choices. We strongly would encourage you to consider making some really bold but important choices for the people who are the most vulnerable in our community.

With that, I will turn it over to Lorena.

Ms. Lorena Shepley: Hi. My name is Lorena, and as Adam mentioned, I'm with a group called Voices Against Poverty. We're a group of individuals with lived experience in poverty, some of us on assistance, some of us working poor. We try to bring awareness to the community on issues around poverty and policies that may affect people in poverty.

Anyways, I'm here to—excuse me for reading. I'm very nervous—

Interjections.

Ms. Lorena Shepley: I'm referring to my notes a lot here.

I'm here to urge you to consider reinstating CSUMB to the upcoming provincial budget. I'll be speaking from the perspective of one who has used the social assistance system in Ontario, specifically ODSP, and has had to deal with some of the issues that have occurred as a result of CSUMB being cut from the budget.

First of all, I'd like to gratefully acknowledge the allotment of funds that was recently downloaded to the municipalities to deal with the problems that have arisen from the cut to the CSUMB. This, however, as you all know, was one-time funding, and at the end of the day I believe these problems will still be there to deal with.

One of the problems that users of this funding are seeing in the current form and the way it's being dispersed is the lack of the right of an appeal, which Sarah from LAW spoke about. This is something that's very real and very important to the user, because it's

often very difficult to access these kinds of funds without the support of legal assistance.

Also, there are many of us who fall through the cracks, including those who need moving expenses for a variety of reasons, from fleeing an abusive relationship, to needing to move from substandard living conditions, to a person's life circumstances changing—this is something I personally experienced myself recently, and it necessitated a move. There are many, many thousands of people like me, I'm sure. People can need to move for medical reasons, or maybe they've stopped sharing accommodations with somebody and their rent has doubled all of a sudden, so they need to find someplace more affordable.

The last month's rent was also available under CSUMB benefits, as well as the ability to purchase large pieces of necessary furniture and appliances. With the bedbug crisis, this was a very important benefit to access, as one cannot simply purchase a used bed or sofa these days. I feel that without this option, the bedbug crisis will escalate even further. This benefit was, as you know, available every 24 months. Although I have heard, and I'm sure you guys have heard, many tales of those who have abused the system and abused the benefit, make no mistake: It was not really all that easy to access. Based on my experience and that of most of the people that I know who are on OW or ODSP, I believe that most recipients use it as a last resort and use it much less frequently than once every 24 months—maybe not even at all. In short, I urge you to strongly reinstate this very important benefit to OW and ODSP.

I just have one more thing to add, if it's okay. While you guys were questioning Sarah, it dawned on me—

The Chair (Mr. Kevin Daniel Flynn): Just take a break—

Ms. Lorena Shepley: The fact that people only use it as a last resort sticks out in my mind. I thought of my own circumstances. People don't run out every 24 months and buy a new bed. I got my bed used, from my mother. She bought it 20 years ago, and I've been using it for the last 10, and I just handed it down to my granddaughter. So, I think that I am probably the norm for most people on assistance. People aren't running out there and buying new furniture every 24 months. I really would urge you guys to really consider that point. People hear lies and stories about people abusing the benefit, and I don't see it. In my experience, I don't see it.

The Chair (Mr. Kevin Daniel Flynn): Thank you. There's a clean glass there and I know there's some water there. If you want to have a glass of water, help yourself. While you're doing that, we'll turn to—are you done too, Adam?

Mr. Adam Vasey: Yes.

The Chair (Mr. Kevin Daniel Flynn): The questions are coming from the Liberal side this time. Who's going to go first? Dipika?

Ms. Dipika Damerla: Thank you so much, Adam and Lorena, for your presentation, and particularly Lorena—very heartfelt. Thank you for sharing your story.

The recommendations that I see here: Are they joint recommendations or only from Pathway to Potential?

Mr. Adam Vasey: I won't speak for Lorena, but Voices has been involved in all this advocacy so I think it's safe to say that all the big policy recommendations are shared.

Ms. Dipika Damerla: The reason I asked is that I just wanted to know: Are they listed in your order of priority?

Mr. Adam Vasey: They're not listed in order of priority.

Ms. Dipika Damerla: So if there was an order of priority, would you be willing to share that with me?

Mr. Adam Vasey: Yes, I think so. I think, from our view, it has always been about social assistance—when I spoke about adequacy—ensuring that since this has been such a focus of the government to reform the system, that there are some key changes made within that system that truly are going to have a meaningful impact on people's lives, people who are affected, who are in receipt of Ontario Works or the Ontario Disability Support Program. So I would certainly say that that's a priority.

Ms. Dipika Damerla: You're talking about CSUMB?

Mr. Adam Vasey: Oh, for sure, CSUMB, yes, but as well as—see, I think that's part of the problem: That cut was made, and it wasn't even part of a discussion. If we're talking about priorities, I would say, yes, absolutely, the reinstatement of CSUMB because its importance as an essential benefit with a right of appeal within the social system is incredibly important. I know that municipalities have been asking for more flexibility to deliver programs in the way they see fit, but they weren't asking for more flexibility and to see less money; they were actually wanting to ensure that they were able to provide the services. Municipalities now have to provide services to a broader segment of the low-income population, not just people on assistance.

I think that's part of the thing that's troubling. Even in social assistance, a lot of the language, when the review process was being framed, was trying to make tradeoffs and pit the working poor against social assistance recipients. I don't want to accept the premise. I want to say: Reinstate CSUMB. Make meaningful reform to the social assistance system, such as the \$100 monthly increase for individuals on Ontario Works. That, to me, would show a real commitment to addressing the issues we've really been talking about for a few years now.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Adam; thank you, Lorena. We're all out of time—

Mr. Mike Colle: Oh, I can't ask a question about bedbugs?

The Chair (Mr. Kevin Daniel Flynn): We're all out of time, unfortunately. Thank you.

Mr. Adam Vasey: Thank you.

Interjection.

The Chair (Mr. Kevin Daniel Flynn): Unless you have a gluten intolerance, there's a trayload of pie over there. Please help yourself. And there's coffee and tea over here as well.

1420

VON ONTARIO

The Chair (Mr. Kevin Daniel Flynn): Okay, after the big pie announcement, we're going to hear from VON Ontario. Andrew Ward, would you come forward?

Okay Andrew, just make yourself at home there, make yourself comfortable. You've got 15 minutes; use that any way you see fit. If you want to leave some time at the end for questions, that's great, and if you do, those questions will be coming from the Progressive Conservative Party. If you'd just identify yourself early in the presentation so it gets on Hansard, that would be great.

Mr. Andrew Ward: Perfect. Can everybody hear me all right?

The Chair (Mr. Kevin Daniel Flynn): Yes.

Mr. Andrew Ward: Okay, great. There are some handouts being passed around now, two parts, with case studies and a little bit of our executive summary.

Good afternoon and thank you very much for having me here today. My name is Andrew Ward and I'm the district executive director for Erie St. Clair VON, a representative of VON Canada. I serve the Windsor-Essex, Chatham-Kent and Sarnia-Lambton regions. And thank you very much for inviting me to appear before the committee and allowing me to inform you of not only who VON is but also what we do and how we're working in collaboration with many community partners.

We assist those who wish to remain independent and healthy within their own homes and in their communities as long as possible. By working together with other community support agencies, hospitals, the CCAC, the LHIN, our residents and Erie St. Clair district—health and social health care in their homes versus being admitted to the hospital, thereby saving precious health care dollars.

Victoria Order of Nurses is Canada's largest national not-for-profit charitable home and community care organization. VON is dedicated to being a leader in the delivery of innovative, comprehensive health and social services and to influencing the development of health and social policy in Canada. I'm sure many of you have seen the opening of the Pelee Island nursing station just recently, the opening of chronic pain management programs. It's a real tribute to some of the great work that's happened in Windsor-Essex.

Our vision, which I won't go into to any great extent because you'll have it in front of you, is that we will be Canada's leading charitable organization addressing community health and social needs. This is really our business: home and community care.

Our rich experience and intimate knowledge of the sector and the health and social needs of Canadians—given our aging population and the preference of Canadians to age at home, the demand for home and community care will continue to grow. This is really the focus, and the demand is literally exponential over the next five years, so I appreciate the opportunity to share this with you.

Our organization is part of the Ontario Community Support Association, a network of agencies providing home and community care to over one million Ontarians per year, which is quite significant because even though we are a national entity, we recognize it's only through partnership that we're able to achieve this incredible demand and service need.

VON Windsor-Essex serves a population of 393,000 people. It is supported by a dedicated 10-member volunteer community board of directors, 80 staff members and 250 volunteers—this is just Windsor alone. In Erie St. Clair, we delivered over 10,000 hours of volunteer service. I believe there was a recent statistic: over one billion hours of volunteer service in Ontario alone in the last year. Our voluntary workforce is aging and so there's a heavy demand, as I'll go into later in this presentation. As that erodes away, the demand and the burden on the service sector is going to be exponential. That's a cost that we're not paying for within our health care system at present.

VON provides visiting nursing. Last year alone, we delivered over 32,000 nursing visits in Erie-St. Clair, Chatham, Windsor and Sarnia; 357 shift nursing visits. We have a Belle River nurse practitioner-led clinic for primary care which just expanded in the last year and a half and we're very appreciative of that; we have over 1,800 clients there.

Specific to our community support programs, our home help program provides in-home help to the frail, providing light housekeeping and services, which is a very minimal cost and it maintains patients within their homes. Last year, we served 531 clients, but we have a wait-list of over 58 clients waiting to come on to service, and these are clients who are bouncing into the ER, causing that frequent flyer into ER, and that's a heavy burden on our system. These patients could be served in their home.

We served over 279 foot care clients. If we had not done that, those clients would have deteriorated with infections and they would have gone into the ER.

Supportive housing: We served over 29 clients last year, which is essential homemaking in-house to an apartment building, but we have 21 clients who need that service and they're on a wait-list. So there's a huge demand, and those patients are either staying and becoming an alternative-level-of-care bed in the hospital, which is \$1,000 a day—and the cost is minimal to keep them in supportive housing, so shoring up that wait-list is a first priority.

In the package that you have, there are two case studies showing that if those patients had not received supportive housing, they would have been in long-term care or they would have been receiving an alternative-level-of-care bed, which is an exorbitant cost to the health care system which could be better met somewhere else.

Our Meals on Wheels program served over 678 patients last year who are dramatically isolated, many of them, and we are their only contact, literally, to service.

These patients, without that socialization, would deteriorate rapidly.

DETOUR, another program that opened up in the last two years, which is Deterring Emergency Time Offering Urgent Respite, is a very, very successful program which I'm eliciting your help to expand and to focus on. What we do with that program is we offer, out of the ER—patients who have a mild mental health diagnosis, who show up in the ER, who present in the ER, who would take up a hospital bed, can be offered emergency respite into a partnership with a residential care facility. That saves a bed day, which is about \$1,000 a day on average. The cost is literally about a fraction; we're talking about less than about \$80 to \$100 a day in this alternative, in that portion. We served 54 clients last year; we saved the system half a million dollars. Literally, it's over 600 hospital bed days we saved the system by serving those patients in this last year. These are the types of services that we can grow and expand, and reduce the hospital burden and the care costs to our system.

We have a weekend prenatal program offering instruction for couples. We offer a chronic pain management program that served over 450 clients last year, and our wait-list is growing dramatically.

Pelee Island nursing station is growing dramatically. A lot of patients within the Pelee Island area are isolated for their health care, so any investment into primary care right now, into those isolated geographies, is key, serving over 600 patients.

Just to boot, we served over 2,200 students last year in offering the Ontario Student Nutrition Program. We're feeding kids in their schools, kids who are isolated as well.

We are conscious of the government's health care objectives to efficiently deliver high-quality health care services and to help prevent people from getting sick or requiring more acute care. These are objectives of the home and community care sector as well.

All of us working in health care realize that with an aging population, chronic disease has become more prevalent in smaller families, often scattered across the country, making caregiving more challenging. We must be as innovative and effective as possible. A progressive and modern health care system keeps people healthy and connected in their homes and communities, not sick and alone in institutions. We believe home and community support works, because it offers flexible solutions and it's cost-effective.

I won't go into detail with the case studies. But it's dramatic, the impact, because many of these people have a hard time advocating for themselves, and that constituent base is definitely represented in the people that we serve. Really, there's a huge impact that we could have in serving these marginalized populations.

It is our position that a modest targeted funding for community-based health services in the 2013 budget is a justified long-term investment. We welcome Dr. Sinha's recommendation, in his landmark report on the future of seniors' care, that the government continue with at least a

4% increase in funding to the home and community support sector, which is very cost-effective.

Investments can be made to enhance our capacity to provide more service to people, thus helping to reduce hospital admissions and/or readmissions. These can include, but are not limited to, supporting family caregivers by investing in adult day programs; funding to increase services to people with physical and mental disabilities; Meals on Wheels; transportation—all the services I just mentioned—investing in health and human resources, pay equity and training.

1430

The difference between hospital and community pay is dramatic. This is where most people will receive their care in the next 25 years. You're not going to get the best people in the community unless we focus on this area, to be very, very clear.

Information communication technology—providing funding for agencies for technology upgrades, licensing and training: The migration is going into the community, and the infrastructure is not there.

Our challenge, for all Erie St. Clair LHIN-funded agencies providing community support service: We are doing our jobs well. We are keeping people at home and out of long-term care, at the agencies' expense. It's becoming more and more difficult to do the job that saves the system. Clients are returning home from hospital requiring more care. Clients are becoming more and more complex, and the pay or the service and the investments are not there. This is why increases do need to happen in the community. There's a requirement of increasing staff time to be spent on a client, with no funding increase for programs.

We're also seeing a large ramp-up of referrals for mental health and addictions patients, disabled patients—more complex patients. Our volunteer base, as I said earlier in the presentation, is getting older. To be blunt, everybody, I have Meals on Wheels volunteers who are 80 delivering to patients that are 60. They're not going to be there in 10 years. Caregiver burnout support needs to be in place for caregivers, emotionally and financially.

With even a small increase to our base funding, our organization could enhance its quality. They could ramp up their services and implement a wider distribution of those care services, helping seniors who want to age at home and retain their independence but cannot because they may lack supports in their area that they require to remain safe and healthy within their homes—for example, PSW services for housecleaning. Many of you do know this: that the community support services could receive funding so that they could offer personal support to maintain clients within their home.

Those home help programs, and the personal support, supportive housing—those are the programs that save the system money. They need to grow, and we can reduce hospital admissions by maintaining people within their homes. We also would like to continue to expand the DETOUR program that I spoke of, chronic pain programming—which are high users of health care services; these

patients consume over 65% of our dollars in the health service. If we are able to focus in intently on serving those patients and providing the right care at the right time at the right place, we can bring down the costs of care. That's basically what I'm looking for here.

I'm open to any questions based on those services and those needs.

The Chair (Mr. Kevin Daniel Flynn): Okay. Thank you, Andrew. The questioning comes from the PCs this time. Peter?

Mr. Peter Shurman: How long have we got?

The Chair (Mr. Kevin Daniel Flynn): About three minutes.

Mr. Peter Shurman: Okay. You speak very well extemporaneously. You spent most of your time—I think very adequately—informing the committee on this incredible range of services that you provide and, further, that obviously you need to provide. It strikes me that there's a huge disconnect, and this is what I'd like you to speak to us on. Those guys—that's the government—want more home care. We're the opposition; we want more home care. That's the third party; they want more home care. We've all said that.

You say, "This is the best way we can possibly treat an aging population—a population that's not as mobile, a population that doesn't have a central ability to handle the kind of load and so forth. We're doing it catch-as-catch-can; we're doing a great job, but we've got 250 volunteers and 80 full-time"—I heard all of that, and I made copious notes. What has to happen for all of this "I want, I wish" to translate into reality? Where's the business plan? Not the business case; that's there. Where's the plan? Who has to create it?

Mr. Andrew Ward: In partnership, as I said earlier; identifying the needs. Some of that question, for VON, is that we are not alone in this effort. As I said earlier, the Ontario Community Support Association has been advocating for a base funding increase to community supports and home care. It's not something that we, as one agency, can define or make a business plan for. It has to be with integrated service models and in partnership with primary care and hospitals, because if we're seeing a migration of acute care services into the community, we need to understand that demand with hospitals, so that we can better care for those patients.

Mr. Peter Shurman: So your expectation, then, in coming here—much as others have done, but I think you've done a really great job at it—is to say, "Look, this is the shift in the way things are working. It's here and it's staying and it's growing," and I think everybody gets that. You want not just an allocation of money, albeit that's important; you want the Ministry of Health and, through funding, the Ministry of Finance to sit down and say, "We have a problem. Here's what it's going to cost. Let's do it, and let's do it in a way where we understand that, if we do that, we will commensurately reduce the incredible strain on the rest of the system." Am I being correct here?

Mr. Andrew Ward: You're absolutely right. That's exactly it. I mean, ultimately, investments in the right place will reduce the overall burden on the health care system, and community and supportive housing—support services—make a huge difference. Let's face it: Volunteers are cheaper than nurses and personal support workers, so it's where we need to focus.

Mr. Peter Shurman: Thank you, Andrew.

The Chair (Mr. Kevin Daniel Flynn): Time is just about up there. Thank you very much, Andrew.

MS. CATHY CHAUVIN

The Chair (Mr. Kevin Daniel Flynn): Our next delegation today is Cathy Chauvin. Cathy, did I pronounce that wrong or right?

Ms. Cathy Chauvin: You're correct.

The Chair (Mr. Kevin Daniel Flynn): Very good. Okay. If you'd take a seat and make yourself comfortable. You get 15 minutes to make your presentation any way you see fit. If you would leave some time at the end, that would be great. We've got your handout. If you would introduce yourself for Hansard somewhere in the early part of your presentation, that would be wonderful, too. The questioning, if there is any time for questions, will come from the NDP.

Ms. Cathy Chauvin: Thank you for allowing me to come today to present our case. I'm here representing our son, Joseph Chauvin, who is one of the many young people—specials-needs child, developmentally delayed, however you want to word it—becoming 18 and losing all his supports.

If I can just kind of summarize the first part, just about Joseph, the pictures at the front really show you our son. He's a joy. He is a wonderful young man who we're proud to call son, brother, grandson and friend. He'll soon be 18 and begin living his life officially as an adult citizen of this great province and country. Certainly, when he was born and through his younger years, he was not expected to see this, so we've had great accomplishments and milestones which we've celebrated.

I'm just going to summarize the background. More than a year ago, it became clear to us that to continue to support him at home the way he needed and wanted, he required more funding and support, because as he ages, he becomes more fragile. His needs were increasing and our family unit was changing. He's the youngest of four. My other three adult children are transitioning. They are in postsecondary education and they're beginning to leave the home, as is the norm. We're also finding our own energy depleting with age. My husband isn't thrilled when I say this, but it's reality: We're not getting any younger.

Not long after realizing this, we learned that the Special Services at Home program would no longer be available for adults starting April 1, 2013, so not very long off. So we thought about what we would do. We had hoped, originally, to ask for more funding because, truthfully, we didn't have enough funding. This really sent us

into a tailspin and honestly caused a lot of stress and anxiety. By the summer of 2012, in August, we had run out of special services at home. Every year it seemed we'd make them last less and less time.

We were told to call Help Link and ask for extra funding. Well, being stressed and overburdened, we just kept on trudging along as we always have and didn't think about it. We really didn't know what that meant. Help Link wasn't a lot of communication. By the time we got around to asking for it, we were told, "Well, oh, so sad; it's gone. There's no more for this year," which I understand with constraints. Not only that, but later we found out that at 17 years of age, the government has mandated that you can't even apply for it. So for that last year that you're under the Ministry of Children and Youth Services, you can't even apply for money for complex needs. That was quite disheartening.

So where are we today? Today, we've got one month and Joe will be 18. His supports will be completely cut off, and that includes the special services at home, which I've already spoken about. Also, any respite services that you get are done at 18 as well. So any services we had through respite—we knew that was coming. You prepare for that. But when you come across that you don't have the funding that you thought would always be there—it really threw us for a loop. So we began planning in a different direction, but I'll come back to that.

What I wanted to do—I know I'm kind of all over the place, and I'm sorry. But I want you to look at the picture and I want you to visualize, because if you don't visualize, you're not going to understand who Joe is. Imagine you're a teenager who's severely disabled, medically fragile, developmentally delayed and legally blind. You're in a chair. You're quadriplegic. You can't even lift your hand to scratch your nose. Yes, he moves, but there's no—like, you go right here to point to your nose, but Joe's hands just kind of go all over. He also has seizures several times a day.

I'm just going to describe a typical school day, because that was easiest to describe, for Joe. He's usually up between 5 and 5:30 in the morning. When he wakes up, we change his diaper; we reposition him; we give him a glass of water. Then I'm starting my routine for the day, all the things I have to get done to get him to the school. That includes getting him dressed totally, preparing his meds—I crush them and I give them through his G-tube—flush his feeding pump, get that all ready for school, get his school bag ready, get his lunch ready. You do everything. His oral intake is very minimal at all really. It wouldn't give him nutrition or calories, so we give everything through the feeding pump, for the feeding tube into the stomach.

1440

During the school year, he is picked up by the bus and taken to L'Essor high school. He has a worker with him on the bus at all times, and that is something we really had to fight for. With the amount of seizures he has, we've almost lost him several times, so there has to be someone there on the bus with him. He participates in his

specialized program at school, which includes physiotherapy exercises twice a day. He has to have rest periods. He has reading, and other crafts and art opportunities. A full-time specially trained aide is with him one-on-one the entire day. He also has a nurse come in to do his G-tube feeds throughout the day. He also goes to woodworking, music and sports activities. Joe is very sociable and very involved, with assistance.

When he returns home from school by the bus, with his worker, either a nurse or a nursing student is there to get him off the bus. For the next three hours they assist Joe with his bath, going for a walk, engaging in activities, a snack, administering medications; they're doing everything for him one-on-one. This support is paid for from a few sources and includes emergency transition fiscal funding that we've received from a children's agency twice now so far this year. We ran out of our SSAH, like I said, way back—I think it was August.

We both work full-time, having three other children to support, as well as other equipment and things that aren't covered or that we don't have assistance for, so we both have to work full-time. When we return from work we take over for the remainder of the day and night. Nobody else is there; it's just the family, and that's my husband and I doing this role. This includes administering his meds—all of which he gets through the G-tube—changing his diapers, repositioning him, doing his physio and setting up and initiating his nighttime feed. These feeds run throughout the night; it's usually about eight hours. One of us sleeps—I say "sleeps" loosely—in the La-Z-Boy chair beside his bed all night long. We alternate, seven days a week.

During the night—like I said, with the feed going through, because he's so unstable—he has to be repositioned. He's very tiny; he's like 65 pounds. His skin condition right now is in very good shape because we're meticulous. He may also have a seizure or get sick in his bed, so someone always has to be there. I do want to note that he's only had one admission to a hospital in the last five years that wasn't a surgery; we are doing our part to keep the costs down across the board.

Originally, our plans for Joe—because we know he can stay in school until he's 21, we sat down with the family and with the caregivers who work with him. We made goals and goal statements; we had everything all started out for Joe's journey, starting in 2016 when he's done school. If I get weepy, I'm sorry. Anyway, we looked at what he liked to do, and he enjoys being around children. He loves listening to them talk and laugh, so we were looking at a volunteer role at his old elementary school in Stoney Point. He comes from a French-speaking community and he loves going to the school, so we were going to create a role with an assistant, with a volunteer. We'd actually started that process, talking to the school and school board. I might add, the French Catholic school board is amazing. They listen and they do as much as they can.

Another interest of Joe's is being outdoors and planting flowers or vegetables, so we thought, "Let's

look at how we can get him a greenhouse, get him growing flowers and selling them locally.” Again, we know the area. We know everybody. We’ve talked to the Country Depot; we’ve talked to different people to see where he could, with his aide, sell these flowers. The money was just—we looked at it, and the plan was for him to give back to various charities in the area, again, just continuing his role in the community that knows and loves him, getting him out there and giving back something, because that’s who Joe is. He knows when you’ve had a bad day and, seriously, he smiles, he laughs, he talks to you; he does whatever he can to help you in the way that he can.

He also loves music, and we’ve already talked with our choir director about having Joe come to practices at our church and gradually introducing him into the choir and allowing him to participate. In the last two years at school, he actually—I’m going to cry—started singing. His singing isn’t what we do; he can’t verbalize. He starts going “Ah, ah,” and it’s monotone, but it’s the entire song. There’s a delayed reaction, and then the music will stop. It’s hilarious at church, because even the priest laughs. He’ll start trying to do a prayer and my son is still singing on the side. But that’s Joe. We just treasure everything that he can do.

These were our goals: the transition out of school and into the French-Canadian community he grew up in. We believed he wanted to live at home—he’s very much family-oriented and he’s got friends in the area—just to leave him in his home, with this community that he’s attached to and is an important part of. We envisioned Joe having assistance with planning his life and being able to apply for additional funds and supports. However, for this to be implemented, we knew we had to have a full-time worker with him. Every activity is hand-over-hand assistance and direction from another person.

The supports that we had always expected to be there—that would be your Special Services at Home and, later, Passport, for more community participation—would have enabled us to do this. We thought that was there. Now, our hopes are pretty much stamped on and we know that has changed, so our plan has changed.

Like I said, he already loses all of his respite as well. At 18, he loses everything. In addition, Passport funding is not available until you’re 21 years of age. Even if that guideline was to change to 18, since it started, there’s like a seven-year waiting list. The families I talked to are still on the waiting list and their kids are almost 30. So, I don’t have a lot of hope, and that’s my reason, basically—that there are wait-lists everywhere.

We need to be able to count on both Special Services at Home and Passport funding to make this life work for Joe. We as a family have had to make very tough decisions, and we’ve been doing months of lobbying, advocating for Joe at a provincial level. I’m sure my name is known because I haven’t left any stone unturned. Taras can attest to that. I have gone after everybody—in a professional and polite way—telling our story and getting it out there.

We have an online petition that’s going to be closed soon. It’s over 700 signatures. We’ve been interviewed by multiple newspapers provincially, and television stations, both in French and English, and have been involved in a local rally. We also went to the Ombudsman because we were instructed that, “You know what? They’re looking into the Ministry of Community and Social Services. Present your case.” So we did that to investigate our situation and the Special Services at Home.

However, we have not been successful to date for Joe to receive anything. So my husband—we’ve sat down; he’s going to quit his job come May 1 to provide care for Joe in the spring. In three years, when his school is done, I’m probably looking at quitting my job as well. We’re not sure how we’re going to do this. We’re still working that part out. Therefore, our goals for Joe’s future will be drastically adjusted and reduced.

My thing here is that we’re just imploring you to invest in direct funding options—yes, Special Services at Home, yes, Passport, and other types—because we want individualized home support funding for Joe. We want an individualized plan that we can address.

Truthfully, it’s fiscally responsible; parents are very frugal and very cost-effective when it comes to the things they spend their money on for their children. We go through everything. We put in our own money. We don’t sit there and just expect everybody to hand money to us. But we implore you to review the changes made to cut the teenagers off. His lifelong disability doesn’t stop at 18. When he’s 18 years old, he’s still going to be complex care—instead of being a complex-care child, he’s going to be a complex-care adult.

So, he’s in the system. We’ve kept him out of the hospitals. We saved hundreds of thousands of dollars over 18 years. Working in health care, I can attest to that. Through our diligence, we’ve saved money and this is our reward. I don’t feel it’s appropriate. That’s my sidebar.

It’s more beneficial for Joe—and, like I said, cost-effective—to keep them in their communities and their homes, because people help us. They support him; they volunteer to do things with him. It’s saving money.

So, I’d just ask that you consider what I’ve said and look at the beautiful picture of him at the front. He has changed many lives and affected so many people, and he doesn’t deserve to have the right to be supported in his home taken away from him.

The Chair (Mr. Kevin Daniel Flynn): Thank you—

Ms. Cathy Chauvin: Sorry, did I take the whole time?

The Chair (Mr. Kevin Daniel Flynn): No, you did a very good job of time management. You’ve left just over two minutes for—Taras, I’m assuming this will be you.

Mr. Taras Natyshak: Cathy, thank you so much. Joe is beautiful; look at him. He’s a good-looking guy.

Ms. Cathy Chauvin: Yes, that too, but he’s a joy.

Mr. Taras Natyshak: We are in the province of Ontario, in the country of Canada, one of the richest nations on the planet, and we, at this very moment in the history

of this province, are unable to take care of the most vulnerable and the most marginalized? Yet, let's be certain that the budget that was presented, that made these cuts, is not regarded by some as austere enough, okay? Where do we find the money? There are lots of sources for revenue and lots of ways we can help Joe, the Chauvins and the other Chauvins around this province. It's absolutely inexcusable that this scenario would happen.

My brother is a quadriplegic, was injured five years ago—maybe six, actually—in Nelson, British Columbia. He receives a yearly fund where he can direct his own service. He's productive, he works, but he has someone come in, help him do his catheter, help him change, and then he goes along his day and actually works and is a physical trainer. That's good investment; that's good social policy. That's being a human and being compassionate.

But yet, a government that is digging for more pennies on the backs of the most marginalized in this country, in this province, is unacceptable. I get so, so frustrated that we need more cuts, that we're looking for more cuts. I'll tell you, Joe does not deserve a cut. Joe deserves absolutely everything that we can offer, and we can certainly do more. Those are my comments.

1450

The Chair (Mr. Kevin Daniel Flynn): Thank you, Taras. Thank you, Cathy, for coming today. I'm sure that everybody heard your message very, very clearly.

Ms. Cathy Chauvin: And we'll just continue. Like I said, people will get sick of me, and that's fine.

Mr. Taras Natyshak: They're not getting sick of you.

Ms. Cathy Chauvin: Thank you.

WORKFORCE WINDSORESSEX

The Chair (Mr. Kevin Daniel Flynn): Okay, our next delegation is from Workforce WindsorEssex: Donna Marentette and somebody else. If you would introduce your colleague, that would be great.

Ms. Donna Marentette: Yes, I'd be pleased to.

The Chair (Mr. Kevin Daniel Flynn): Everybody gets 15 minutes.

Ms. Donna Marentette: Sure.

The Chair (Mr. Kevin Daniel Flynn): Use that any way you see fit. The questions this time will come from the government side, and I'll let you know when you've got about two minutes left. If you would introduce yourself as well for Hansard, that would be great.

Ms. Donna Marentette: I'm happy to. My name is Donna Marentette. I'm the executive director of Workforce WindsorEssex. With me is my colleague Tanya Antoniwi. Tanya is our director of project management.

I'm here today to, first of all, ask you to continue to value your local board program. I've passed around a little brochure, a little handout that we have. You may know that Ontario is divided into 25 areas, most of which have similar boards to Workforce WindsorEssex. We do workforce planning and development. For anyone who's not absolutely sure what that is, basically we work to

ensure that the workforce has the training needed to take the jobs. So in each of your home ridings, there's a workforce development board hard at work connecting with local industry.

Tanya was the author last year of our Promising Sectors and Occupations report. How we do our reports is we start by looking at the data. What does Statistics Canada say about our economic sectors? What does Statistics Canada and other statistical information say about our workforce? Then we take that information out and we interview our local employers. In this case, Tanya spoke with 60 employers in the different sectors that are important to the economy in Windsor and Essex county—agri-business sector, manufacturing sector, construction sector.

We're so grateful to have the construction occurring on our Windsor-Essex Parkway and eventually our bridge.

So we're connecting with your local employers, finding out what they see are the jobs of the future. Then it's our job to make sure the community knows that information. We publish publications; we go on media. We've even been featured on a billboard, which was a high occasion for us. Then we also do a yearly labour market update. So in each of your home ridings, a workforce planning board is getting ready to issue their annual labour market update. This is really important information for you.

I had the pleasure of meeting with Mr. Natyshak and providing him with the information last year, and I think each of you would find this really important information, to understand your constituency, to understand what is happening with the workforce.

We have some issues in Windsor-Essex. One of our issues is that we're losing population, and I know that's the case in other sectors. Peterborough is one that I'm aware of, where there's an outflux of people because people are going elsewhere for opportunities.

We have the information that you need, on which to base your understanding of your area, and this is also very important to the business community. They're very anxious to hear the information about what is happening in our region with our economy, what's happening in our region with our workforce.

As part of how we do our work of getting the information out and making sure we have a trained workforce, we work with collaboratives. You had a presentation before, from Pathway to Potential. We're very involved in their work to ensure that we do whatever we can to bring along the workforce that currently is finding themselves in poverty but hopefully will become more productive members of society.

Government took a step last year with the social assistance review, and that was a very important step because we are well aware that the current income security system acts as a barrier to people moving on to paid and productive employment. So we're really looking ahead to changes that will make that system better for the

clients so that there's not a clawback of their income if they take the initiative to go out and get a part-time job.

We also are very involved with newcomers in our community. We worked with five other local boards to publish *Winning Strategies for Immigrant Entrepreneurs*. The Wise 5—Brantford was one of the other areas; Elgin-Middlesex-Oxford, Niagara, Wellington and Waterloo. Those are some of the boards that worked with us to understand what communities need to do in order to make newcomer entrepreneurs successful. And we work with our local immigration partnership council, funded through Citizenship and Immigration Canada, looking at: What do communities need to do to make the most of the internationally trained workforce that Canada and Ontario have attracted but that we are not making the most of? We all hear about doctors driving taxis. Unfortunately, it's not just an urban legend; it's the truth.

Also, in Windsor-Essex, we're very proud of the fact that we have a WE Prosper collaborative—Waterloo region also has one of these—basically looking at what the issues are right now in our community that are holding us back from achieving economic prosperity, and how we can bring together, around one table, the community members who will help to solve those issues and take steps.

Tanya is the head of the available skilled trades task force, which brings industry, education and other community stakeholders to the table to talk about how we are going to address the skills gap that we currently have. We will be releasing in the near future a survey that was done of manufacturers in our region that shows an appalling loss of income and loss of prosperity that's occurring because we don't have the skilled workforce.

All of which brings me to my main point, which is to say: Please continue to fund education. In Windsor-Essex, besides our out-migration, we are above the provincial average in workforce that stopped after high school graduation—people who didn't go on to college, didn't go on to any kind of post-secondary education. Why not? Because they could get a good job on the line. But unfortunately, those days are done. Instead of being a person who's going to put a bolt through a nut to attach a door to a frame, you're going to be designing, building, programming, operating or repairing and maintaining a robot. So, in Windsor-Essex, our workforce has to up its game. We've got to up our game. High school graduation is not going to be enough for the skills that are needed in the future.

Dr. Rick Miner, who has written the report *People Without Jobs, Jobs Without People*, has stated that the knowledge economy requires a more educated workforce. So we are counting on you, as the decision-makers for the people of Ontario, to keep that message in mind. You did a great job last year in terms of no cuts to education. You've got to keep that up; not to say the system can't be improved, not to say the system can't be fine-tuned, but promoting apprenticeship, college, university education and lifelong learning, early literacy—

those are going to be extremely important to the future of our province.

Those are my comments.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Donna. We've got quite a bit of time left for questions. It goes to the government side. We'll start with Soo, then Dipika.

Ms. Soo Wong: Thank you very much for your presentation. I listened attentively to your presentation. I just have a comment, then I'm going to ask a question.

You know that the federal government is looking at cutting the funding for training and supporting Ontarians in terms of skill development. So my question to you is: Which jurisdiction, provincially or federally or locally, is the best level of government to do this kind of skill development training that you could provide because you're on the front line?

1500

Ms. Donna Marentette: One of the things that I eschew—and I love using that word—is either/or thinking. This can't be either/or. Windsor-Essex has a huge, huge investment in making sure that the skills gap is successfully bridged—so does Ontario, so does Canada.

Of course, the Honourable Diane Finley has been in Windsor more than once. We've had the opportunity to sit with her and to chat with her. She's well aware of the skills gap that we have and issues around manufacturing. That's not just in Windsor and Essex county. I know that throughout Ontario, wherever manufacturing is occurring, people are finding it very difficult to find the skilled trades that they need in order to ramp up their business. I mean, machines are sitting idle, contracts are being turned down, people are paying penalties because they can't get the work done on time. It makes sense. I mean, in the downturn, that happened.

But I would say that every level of government has a vested interest in ensuring that this problem is solved. It would be really great to have a national job strategy. Ontario needs one, and the *Advantage Ontario* report is a pretty good start in terms of a guideline toward which the government can work. I think some aspects of it are already being implemented.

The Ministry of Education is just in the midst of changing their careers protocol. That's a great step forward. We were very impressed with what is happening, and I think that the other members of the opposition would also see real progress in that taking a kindergarten—and we do this, too. We say we take a birth-to-post-retirement approach to workforce development because what are the books that little children are reading? Is it talking about the greenhouses? Is it talking about manufacturing and how much fun it is to design a robot or whatever? Right up to post-retirement, we talk about grepreneurs, right? So I think that all levels of government really have to work together.

We talk about collaboration. The Premier talks about conversations. Let's get that conversation going, and let's do the actions that will have an impact.

Ms. Dipika Damerla: I just want to thank you so much. Some of the things you talked about are very close to my heart, and you're absolutely right about the education fees going past grade 10, investment in early education—these are some things we are really proud of. I think we've put it out there that we'll balance the budget but without sacrificing the gains we've made, particularly in education. So we've got you on that.

I was very curious about the skills gap analysis for Windsor, because I thought I heard you say you've done that as part of your report. I just wanted to know—and you hinted at it; it's the machining trades. I just wanted to know the extent of it, because I read the report as well—People Without Jobs, Jobs Without People—and I'm always surprised why that is the case. I just wanted to get your sense.

Ms. Donna Marentette: It's partly the case because when the downturn started in 2007-08, who were the first to go? The apprentices, the interns. It was the people with the high seniority and the most knowledge that the companies had to keep in order to keep operating. So then the whole industry started to get—and you can understand this—kind of a black eye from the point of view of parents who were themselves in that industry saying, “Oh, don't you think about being a mould, tool and die maker because look at what has happened. People are leaving that industry.” I mean, the whole Second Career approach was all about taking people who were shed from manufacturing—24,000 people—and turning them into something else: PSW, hospitality, whatever. To the credit of—I mean, those people were pretty desperate, right?

So Tanya can say she has been working in real detail with the manufacturing industry. In fact, this morning the Premier had a meeting with some of the captains of industry, and we were very thrilled to be invited to attend. Basically they were saying, “We can't solve this on our own.” The Valiant Corp., which is a multinational corporation, has their Earn While You Learn program, which is very innovative and to their credit, but they can't solve it on their own. They're at the point where they don't need more people for their own business, so who's going to pick that up and run with it?

Now we're hoping to pull together some people to do some innovative things in Windsor-Essex that could start to address that. But really it's a matter of the timing of it and the numbers of people who had to leave the industry. And really, this is a worldwide issue. This is not only in Windsor-Essex, Ontario; it's a worldwide issue. The shipbuilding contracts in Victoria and Halifax are in doubt because they can't get the skilled workers. We all know the extent that the prairies and Alberta are going to try to attract our workers to go out there. So it's a worldwide issue, and it's going to take a concerted effort on the part of all the stakeholders to address it successfully.

The other thing I say is, I have a message that I'm starting to give to the young people in Windsor-Essex: You've got to up your game, folks. You've got to up

your game. You've got to be good at math. We know Mike Ouellette, who is the principal at Earn While You Learn. He said they were working with some young people, and one of the kids said, “Oh, so math really does matter?” And he said, “Yeah, math matters, right?” So it's multifaceted.

The Chair (Mr. Kevin Daniel Flynn): Time for one short one. We've got about 40 seconds.

Ms. Dipika Damerla: Anybody else?

Mr. Mike Colle: What if you aren't good in math and you don't have mathematical aptitude? What do you do?

Ms. Donna Marentette: You know what? What if you're not good at reading? Guess what? Everybody can do the sort of math that's required. We're not talking a PhD in trigonometry here. We're talking about shop math, which is understanding angles, understanding volume. Can you balance your chequebook? You can do the kind of math they need.

You know what else about math? Math is just like reading. What is reading? You break it down into—I want to say pheromones, but no. You break it down.

Ms. Dipika Damerla: Syllables.

Ms. Donna Marentette: You start with “cat,” “at” and “bat,” and you build up. So is math—

Ms. Dipika Damerla: It's another language.

Ms. Donna Marentette: We learn a math phobia. We have to overcome that.

Mr. Mike Colle: Well, I've tried to do my granddaughter's grade 3 math and I can't get it done.

Ms. Donna Marentette: Good for her.

Interjections.

The Chair (Mr. Kevin Daniel Flynn): Thank you.

Ms. Donna Marentette: You're welcome.

The Chair (Mr. Kevin Daniel Flynn): You've stimulated a discussion already here.

ASSOCIATION OF NON-PROFIT CHILD CARE PROVIDERS IN WINDSOR-ESSEX COUNTY

The Chair (Mr. Kevin Daniel Flynn): Okay. Our last delegation of the day is the Association of Non-Profit Child Care Providers in Windsor-Essex. I'm assuming it's the people at the back. We've got Faith, Barb and Cheryl. If you'd come forward and introduce your fourth member. Make yourselves comfortable.

It's especially important, if you're all going to speak, that you introduce yourselves, because the people who are doing the recording won't know which one of you it is. So are you doing all the speaking, pretty much?

Ms. Cheryl Sprague: Yes.

The Chair (Mr. Kevin Daniel Flynn): Good. Okay. You've got 15 minutes, the same as everybody else. Use that any way you see fit. If you'd leave some time at the end for questions, that would be great. The questions this time will be from the Conservative Party.

Ms. Cheryl Sprague: Good afternoon. My name is Cheryl Sprague. A few of my colleagues who are executive directors of child care centres in the community are

with me today. I have Faith Hale, who's the executive director of Ska:na Family Learning Centre; Barb McConnell, who is executive director of Great Beginnings; and Sue Lalonde, who is the executive director of Franco-Sol.

I am the executive director of Delta Chi Early Childhood Centres. We operate five centres in the city of Windsor. We have been providing high-quality child care for over 26 years, and thousands of children and families have gone through our centres.

Delta Chi has been a very healthy, viable business, but I and the several colleagues I represent today, who have formed the Association of Non-Profit Child Care Providers in Windsor-Essex County, are now extremely concerned about the future of child care in Ontario.

You had an economist, Don Drummond, a year ago recommend that the government stop the implementation of full-day kindergarten. The Premier, for whatever reason, decided to move forward with spending money you do not have. Even with the additional teachers created by the full-day JK/SK program, you have labour unrest in your education system, as you have had to implement a salary freeze. This makes no sense to us. Child care would have been a better investment.

1510

The current plan of incorporating four- and five-year-old children into the full-day school system was done without any forethought of the remainder of the children needing child care in our province. Child care centres are not viable without four- and five-year-olds in their programs, and parents with one-, two- and three-year-olds cannot function without child care centres. Many child care centres are closing, and the availability of day care is getting scarcer and will continue to do so. In short, the plan has made a mess of child care in Ontario.

With the incredible deficit in Ontario, it seems foolhardy to be adding to this deficit with a program that leaves so many families stranded. We do not want you to go forward with full-day kindergarten. It has already destabilized the child care sector in Ontario. If you continue to move forward this September, when 50% of all schools will have full-day kindergarten, our child care system will collapse.

Ontario cannot afford this. It is adding billions to the already \$12-billion deficit and it is bankrupting a necessary industry that is needed by families in Ontario.

It is clear that inequity has always existed between child care providers and school boards, while both are funded using provincial dollars. This inequity is unacceptable. It is time for change in how care is funded now that the responsibility for early learning and child care is under the authority of the Ministry of Education.

Child care workers are paid very differently than teachers and their registered early childhood educator counterparts under the same ministry. In many cases, they are working with the same group of children in the same classroom environment. How can this continue when it is evident that there is a steady exodus of early

childhood educators leaving child care for full-day kindergarten?

We currently are struggling to find registered early childhood educators to meet our basic licensing requirements. The city of Windsor needs \$6 million just to increase salaries that will still be below the school board's, and on top of that, the city of Windsor did not get an increase to help but rather got a decrease in funding allocation of approximately \$1 million. This is clearly not a level playing field.

The Ministry of Education talks about the revolutionary teaching program that these four- and five-year-olds are engaged in. This program simply mirrors the system that child care operators have been teaching for decades. It's called play-based learning.

To date, there is no research that demonstrates that children who attend full-day kindergarten in schools are doing any better as compared to when they were attending high-quality child care.

There are horror stories of parents in Toronto driving half an hour in one direction to get care for their one-year-old and then half an hour in another direction to get care for their two-year-old because their neighbourhood daycare is now closed. And those are the families lucky enough to even find licensed care. Twenty-one thousand children are currently on a waiting list in Toronto alone. We are forcing thousands of families to choose informal care. This is completely unacceptable.

Our province has a \$12-billion deficit. You cannot afford to implement full-day JK/SK. You have a child care industry that has successfully provided quality licensed care for children and families for several decades. It makes absolutely no sense to continue to invest in this program.

You have choices to make. Make the smart, fiscally responsible choice. Choose to invest in the child care system so that children receive high-quality learning and parents continue to have a choice.

Thank you very much.

The Chair (Mr. Kevin Daniel Flynn): Thank you, Cheryl. You've left a lot of time for questions.

Who's kicking it off? Go ahead, Monte.

Mr. Monte McNaughton: I actually don't have a lot of questions. I agree with a lot of the things that you do say here. We've been on the record many times as a party saying that the debt in the province of Ontario in 2003 was somewhere in the \$125-billion range, and a report came out two weeks ago saying that in fiscal year 2019-20, the debt in the province is going to be \$550 billion.

We do see the government ignoring and shelving a lot of the Don Drummond report. I think it takes conviction and bold leadership to say that you are going to implement the Drummond report and a lot of the things that Don Drummond called for.

I really don't have any questions for you myself. I just want to say that I do agree with a lot of the things that you've said, and thank you for your presentation.

Peter?

Mr. Peter Shurman: I've got a couple.

I'd like to continue the conversation, because I consider what you brought us to be the opening salvo of a conversation. You stated your case, and I think you stated it well, and my colleague talked about where our party is coming from. Our position has been that we are not against full-day kindergarten per se. We don't think it's a terrible thing. We think early childhood education seems to make sense. We happen to have taken the position before Don Drummond did—and we still do—that you can't spend money you don't have. Now you've added to that equation, and this is where I'm looking for the amplification.

Where you've added is you have said that not only can we not afford it, per the Drummond report, but you're really—I almost used a bad word there. You're really messing up a system that had its roots in a pretty well-grounded, well rolled out, province-wide—maybe not uniform—opportunity for parents who had children under five and wanted them cared for during the day.

Explain the difference between that and what you, at a proper level—not the sort of underground level—are providing to children that you think deserves to be maintained.

Ms. Cheryl Sprague: I'm going to let Faith take that.

Ms. Faith Hale: First of all, I'm an aboriginal operator in this city, which is very rare in a lot of our cities and urban areas. Because of culture and language and the retention, we see the benefit to our families and children, and other families and children who utilize our child care centre as well.

Also, what we're seeing is that children with special needs are falling through the cracks. They're not getting the services that they get in the child care industry, and I mean the individual child. We know this because child care is receiving children now that aren't ready for JK/SK, which makes no sense to me, because if we're going to implement a school that's JK/SK, children should go regardless of what is happening in their lives.

We operate across the street from a school, in very close proximity. We've done it for a number of years. Again, as I said, we're an aboriginal school, but we've benefited this school as well. We're in that school with our JK/SK program. It's a half-day program—well, it's full-day this year. But I think for the most part we have done that fluidly. It's seamless for our families.

When I look at the northern communities, I still see a disparity within our population. We're not able to meet all of the needs within schools. When children are bused sometimes an hour and a half—in the city of Windsor not as much, but I see parents having difficulty getting from one side of the city to their child care centre and taking other children to the JK/SK, because we are not allowed to have what they call open borders in the schools. Once you have full-day kindergarten, if you're in that neighbourhood, your child has to go there. If a parent lives on the east side and works on the west side or central, they are putting a child in their school where they work or where they live, they're driving their child to a child care

centre which could be in the other part or in the middle of the city, and it's just not matching. It's a mess.

Mr. Peter Shurman: You're kind of describing a mix-and-match that isn't mixed and matched properly. You've got some stuff well rolled out in FK/SK and other stuff that works better at the child care level.

I'm trying to draw a conclusion, so help me. Maybe I'm looking to draw a conclusion like—the government might tell me when we have FK/SK fully rolled out and everybody can avail themselves of it, we won't need the child care industry anymore, maybe. I'm not putting words in anybody's mouth here.

Ms. Faith Hale: With Schools First policy.

Mr. Peter Shurman: Would that be accurate?

Ms. Faith Hale: Oh, yes. It's Schools First policy. That's what we're talking about.

Ms. Cheryl Sprague: But you will need the child care.

Mr. Peter Shurman: Okay. Then explain for me—

Ms. Cheryl Sprague: Who is going to take care of infants, toddlers and preschoolers?

Mr. Peter Shurman: All right. Explain to me where the child care stops and where you see it stopping. Give me ages and some parameters.

Ms. Cheryl Sprague: Well, right now, it's starting with newborns and going up to 3.8 years old, and now the four- and five-year-olds are going over into the school system. Some of our schools still have before- and after-school care for school-aged children, so that would be six to 12 years old.

Mr. Peter Shurman: So in a perfect world that would work seamlessly, and where we have money to do it, it might just be fine, but right now what you're saying is that you're being starved at the expense of the full-day rollout.

Ms. Cheryl Sprague: Yes, absolutely. We're collapsing across the province.

Ms. Faith Hale: I mean, we have other issues too. The school day, in some cases, ends by 3:30. Parents are working until 5. If we don't exist, what happens? The school's not staying open until 5. It's not happening. Child care providers are going in and we're providing that child care as well, but to a younger age, and again, at a lower cost to society at this point. But it's going to get larger.

Mr. Peter Shurman: Then the conclusion that you force me to draw is: Pick the one you want or find the money for both, but don't put us through this. That's what you're saying.

Ms. Cheryl Sprague: Exactly. Well, we're not going to be here.

Mr. Peter Shurman: When I say "us," I'm talking about all of us, because this is societal.

Ms. Cheryl Sprague: Of course. You have to think about, too, that the Liberal government is spending about \$1.5 billion annually to implement full-day JK kindergarten; \$1.5 billion for four- and five-year-old children in our province. When you think about it in terms of a taxpayer, I bet there are a lot of taxpayers that would not

support that. Our answer to you is to stop full-day kindergarten. We provide excellent-quality care—we have, for decades and decades in our province—and we want to continue to do that.

Mr. Peter Shurman: Jane?

Mrs. Jane McKenna: When Dalton decided to do this, no one asked him what the cost was going to be. It was rah-rah; everybody thought it was exciting. It was going to be great. But even when Don Drummond came out to say that we wouldn't—like, zero-zero; there isn't any money. Now, again, we're throwing band-aids out at things because there isn't anything that's going to be implemented properly. At the end, it will be at the expense of our kids and parents, because everybody will be running around like chickens with their heads cut off.

So, sadly, here's another program that's going out that was a feel-good for people, when people didn't know what it was going to cost. Now that we do—I can speak for us over at this end. We're called constantly with how things can't be implemented. There isn't the monies to add on to the schools that need the schools, that need to be done. Now parents are shipping their kids in another direction, another place, because they want their kids to have it. This is an absolute travesty at the expense of our

hard-earning taxpayers, because there's absolutely no way you can facilitate it, the way it has been presented to everybody.

Ms. Cheryl Sprague: I'm sure—I shouldn't say I'm sure, but perhaps the past Premier had good intentions. But there was no forethought for all the rest of the children and families. How was this going to be implemented? As I said in my presentation, it's an absolute mess. In Windsor-Essex county alone, I think we've now closed 13 child care centres, some that have been open for 20 or 25 years. Our CAW licensed child care centre, a really big school, closed. It's just a tragedy. We have parents that are just struggling. They want choices for their children, and they should have choices.

Mrs. Jane McKenna: Yes, you're right.

The Chair (Mr. Kevin Daniel Flynn): Thank you very much for coming today. We appreciate it.

Okay, ladies and gentlemen. That's the end of the meeting today. We've heard from all the delegations. We're adjourning to Timmins. The bus is leaving very shortly.

The committee adjourned at 1522.

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CONTENTS

Monday 11 March 2013

Subcommittee report	F-3
Pre-budget consultations	F-3
Community Living Tillsonburg	F-3
Mr. Marty Graf	
Ms. Della Derrough	
Mr. Michael Kadey	
Grain Farmers of Ontario	F-6
Mr. Leo Guilbeault	
Ontario Professional Fire Fighters Association.....	F-8
Mr. Mark McKinnon	
Canadian Doctors for Medicare	F-11
Mr. Ryan Herriot	
Ontario Home Respiratory Services Association.....	F-13
Mr. Michael Pohanka	
Windsor Essex Family Network	F-16
Ms. Michelle Friesen	
Windsor Essex Health Coalition	F-18
Dr. David Wonham	
United Way/Centraide Windsor-Essex County.....	F-21
Ms. Penelope Marrett	
Mr. Bernie Campbell.....	F-24
Greater Essex Elementary Teachers' Federation of Ontario.....	F-27
Ms. Adelina Ceccin	
Mr. Mario Spagnuolo	
Conceivable Dreams	F-31
Ms. Paula Schuck	
Windsor-Essex County Association of Realtors	F-33
Ms. Julie Green	
Windsor Essex Community Health Centre	F-36
Ms. Lynda Monik	
Legal Assistance of Windsor.....	F-38
Ms. Sarah Charow	
Pathway to Potential/Voices Against Poverty	F-40
Mr. Adam Vasey	
Ms. Lorena Shepley	
VON Ontario.....	F-43
Mr. Andrew Ward	
Ms. Cathy Chauvin.....	F-45
Workforce WindsorEssex	F-48
Ms. Donna Marentette	
Association of Non-Profit Child Care Providers in Windsor-Essex County.....	F-50
Ms. Cheryl Sprague	
Ms. Faith Hale	