

**THE PROVINCIAL COUNCIL OF WOMEN OF ONTARIO
LE CONSEIL DES FEMMES DE LA PROVINCE D'ONTARIO**

ANNUAL BRIEF

**FOR PRESENTATION TO
THE GOVERNMENT OF ONTARIO
THE HONOURABLE DALTON MCGUINITY, PREMIER**



Mary Potter, President

Gracia Janes, Vice President Resolutions

**The Hon. David Onley
Lieutenant Governor of Ontario
Honorary President, Provincial Council of Women of Ontario
November 2012**

BRIEF TO THE GOVERNMENT OF ONTARIO

PROFILE OF COUNCIL

The Provincial Council of Women of Ontario (PCWO) was founded in 1923 as an affiliate of the National Council of Women of Canada, which was founded in 1893, and the International Council of Women established in 1888.

PCWO'S AFFILIATED MEMBERS

LOCAL COUNCILS

Hamilton & District Council of Women

London and Area Council of Women

Ottawa Council of Women

St. Catharines & District Council of Women

Toronto & Area Council of Women

PROVINCIALY ORGANIZED SOCIETIES

Association of Early Childhood Educators - Ontario

Business and Professional Women's Clubs of Ontario

Elementary Teachers Federation of Ontario

Ontario English Catholic Teachers' Association

Ontario Dental Hygienists' Association

Ontario Secondary School Teachers' Federation

Ontario Women's Liberal Commission

Polish Alliance Ladies Circle Central Executive

Polish Canadian Women's Federation

Salvation Army - Ontario Central Division

Ukrainian Women's Association of Canada – Eastern Executive

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PREAMBLE

The Provincial Council of Women of Ontario (PCWO) is pleased to present its 2011 Annual Brief to the Government of Ontario and looks forward to hearing of the actions planned by the Premier and the appropriate Government Ministries to address our concerns.

This is the 88th Brief presented to the Government of Ontario. Over the past decades the PCWO has been a leader in bringing the Government's attention to matters of concern to many Ontarians.

Established in 1923, as an affiliate of the National Council of Women (1893) the aim of the Council is to work for the betterment of conditions pertaining to family, community and society. PCWO is composed of 5 Local Councils and 11 Provincially Organized Societies.

This year, PCWO will be available on Monday, November 21 from 1:30 to 4:00 p.m. and Tuesday, November 22 from 12:30 to 3:00 p.m. in Room 2, main floor of the Legislative Building to present our Brief to the Government and our members. We look forward to a dialogue with the appropriate Ministers or their representatives, and the responses of other political parties, on the content of the resolutions, which are presented in full in this Brief.

THE RESOLUTIONS PROCESS

PCWO speaks only on policies approved by the membership through the resolutions process. Each year the Local Councils and the Provincially Organized Societies research areas of concern to them, such as economics, education, environment, health and safety, housing and land use, justice, mass media and culture, seniors and status of women. Based on their research findings they prepare resolutions which are then circulated to all PCWO affiliates for study and input.

Each resolution must include appropriate background material to substantiate the merits of what is proposed. For brevity, the background material is not included in this Brief. The resolutions are then discussed by the delegates from each affiliate present at the Annual General Meeting (AGM), possibly amended and voted on. Some resolutions are Updates of policies adopted in previous years, and are noted as such. There may also be Emergency Resolutions dealing with issues that require urgent attention. These are brought forward directly to the AGM by an expedited procedure. The grassroots process, following basic democratic principles, produces policies that PCWO can act upon.

The resolutions in this Brief were approved at the 2011 AGM which was held in Ottawa in April, for presentation to the Government of Ontario.

PROVINCIAL COUNCIL OF WOMEN OF ONTARIO RESOLUTIONS 2012

#1 AUTISM SPECTRUM DISORDER (ASD): EARLY DIAGNOSIS AND TREATMENT

- Whereas #1** research shows that early diagnosis is critical in achieving the best possible results in treating autism because intervention needs to begin while the child's brain is still pliable and the pathways are still open, ideally at the infant stage and definitely before the school years begin; and
- Whereas #2** waiting times in Ontario for an assessment and diagnosis are one to two years followed by a minimum two year wait for Intensive Behaviour Intervention (IBI) therapy which is government-funded; and
- Whereas #3** the number of school-aged children with Autism Spectrum Disorder is increasing and school boards across Ontario are struggling to meet their needs for special programs and personal teaching assistants; and
- Whereas #4** parents are losing their homes and grandparents are forced to delay retirement in order to help pay for private treatment for their children; and
- Whereas #5** the delay in early diagnosis and treatment results in increased costs in education programs that are started too late and extra medical expenses for families; therefore be it
- Resolved#1** that the Provincial Council of Women of Ontario (PCWO) adopt as policy support for immediate assessment and early intervention and treatment of Autism Spectrum Disorder (ASD); and
- Resolved #2** that the PCWO urge the Government of Ontario to fund early diagnosis of Autism Spectrum Disorder by assessing all infants and toddlers who display significant developmental delay or regression; and be it further
- Resolved #3** that PCWO urge the Government of Ontario to immediately implement programs for the early diagnosis and treatment of infants and toddlers with ASD including the education of family doctors, pediatricians, and other health professionals.

#2 ASSET TESTING FOR SOCIAL ASSISTANCE RECIPIENTS

Whereas #1 in Ontario, asset testing is part of establishing eligibility for four basic social programs: Ontario works, the Ontario Disability Support Program (ODSP), subsidized housing and the Legal Aid program; and

Whereas #2 other federal and provincial income and service programs no longer use asset testing in establishing eligibility, partly because of the administrative complexity of doing so, and the time spent in comparison with possible return; and

Whereas #3 there is some variation in how asset testing is defined and applied in the four basic programs, but for both Ontario Works and ODSP, asset testing is mandatory and asset limits are severe; and

Whereas #4 these regulations mean that those who have lost their source of income and must apply for any of these four programs will have to give up most of their assets and accumulated savings in order to be eligible for help, and as a result may find themselves in very straitened circumstances in later years; and

Whereas #5 regulations in some of the other provinces provide much greater flexibility in the amounts exempted; therefore be it

Resolved #1 that the Provincial Council of Women of Ontario (PCWO) adopt as policy that asset limits for social assistance recipients be at a level that helps them gain their independence; and

Resolved #2 that PCWO urge the Government of Ontario to increase asset limits to a level that will help recipients gain their independence.

#3 EQUITABLE COSTING OF MEDICAL TEST PROCEDURES

Whereas #1 for the past 40 years the Government of Ontario has been mandating the referral of medical laboratory tests for patients in the community to private-for-profit companies, while only in-patients and emergency patient medical laboratory tests may be processed by the public hospital laboratory; and

Whereas #2 the for-profit model has centralized laboratories in large urban centres which allows them to cut back services in rural and remote areas of the province, forcing delays in test results due to transportation delays, despite the fact that a publicly -funded hospital laboratory in the community could be available to perform the same test; and

Whereas #3 some private laboratory companies are increasing the cost to public health care by using out-dated technology because there is no incentive to improve efficiencies and invest in up-to-date technologies which would save costs to the public health care system; and

Whereas #4 private laboratory companies are charging the health care system >per test=, while public hospital laboratories are funded from a global budget which maximizes efficiencies and investment in latest technologies and these differences in funding make it difficult to track the real cost of the various tests done in public hospital laboratories; therefore be it

Resolved#1 that the Provincial Council of Women of Ontario (PCWO) adopt as policy support for accurate and timely test procedures and results and efficient and equitable costing of test procedures by public and private medical laboratories, and the use of non-profit and/or hospital-based laboratories as an option for all medical laboratory tests; and

Resolved#2 that PCWO urge the Government of Ontario to:

- a. ensure that all laboratory test results are available in a manner that is quick, accurate and cost effective to the tax payer,
- b. examine the relative cost per test of hospital-based laboratory testing and testing done by for-profit private laboratories,
- c. ensure transparency of costs and funding of medical laboratory testing in both public and private laboratories,
- d. consider the feasibility of expanding the use of hospital-based laboratories to allow community patients to have their tests processed in their own hospital laboratories; and further be it

Resolved#3 that PCWO urge the Government of Ontario fund only efficient testing technologies.

#4 IMPROVE CONDITIONS IN ONTARIO JAILS

Whereas #1 the United Nations has adopted Standard Minimum Rules for the Humane Treatment of Prisoners that include such practices as one prisoner per cell and a limit to the number of prisoners being housed in any one facility, and the objectives of the Ministry of Correctional Services are to ensure the protection and security of society and to provide offenders with opportunities for successful personal and social adjustment in the community; and

Whereas #2 a 2006 study by the John Howard Society (JHS) revealed overcrowding, unhealthy conditions, and a climate of tension and hostility in prisons, and the Ontario Ombudsman announced in 2011 that his office is going to investigate complaints about the excessive use of force by Ontario jail guards; and

Whereas #3 there has been a dramatic growth in remand over the past decade with harsh conditions such as maximum security for everyone, three or four prisoners per cell and no services even though some are detained for up to two years; and

Whereas #4 prisons have become warehouses for the mentally ill with little treatment or supports; and

Whereas #5 the recommendations of respected bodies such as the JHS, the Canadian Mental Health Association and Ontario's Attorney General that address mandatory sentencing and sound rehabilitative practice have been ignored; and

Whereas #6 the passing of Federal Bill C-10, the Omnibus Crime Bill, will result in the elimination of conditional sentencing for some crimes, and the decrease in the number of conditional releases, and this will ultimately lead to the need for larger and increased number of jails and have a negative impact on the provision of Provincial Correctional Services; and

Whereas #7 existing super jails have not resulted in less crowding or better rehabilitative services and have created the added problem of access to transportation for families and service providers, which will be exacerbated by the building of more super jails; therefore be it

Resolved # 1 that the Provincial Council of Women of Ontario establish as policy that inmates in Ontario correctional Institutions be subject to humane conditions as outlined by the United Nations Standard Minimum Rules (UNSMR) and in keeping with the mandate of the Ontario Ministry of Corrections; and be it further

Resolved #2 that the Provincial Council of Women of Ontario urge the Government of Ontario to improve conditions in Ontario Correctional Institutions without delay by:

- a) following the UNSMR for the Treatment of Prisoners and implementing the recommendations of respected Canadian bodies, including the Attorney General of Ontario, the John Howard Society and the Canadian Mental Health Association; and
- b) reducing the need for overcrowding, and using programming and treatment based on credible research that reinforces the mandate of the

Ministry of Corrections and addresses the crime-reducing potential of the program; and

- c) ensuring that the physical and mental health needs of all inmates are met expeditiously in both jails and detention centres; and
- d) working towards building smaller local prisons with the aim of closing super jails in the near future.

UPDATE #1 IMPROVING MENTAL HEALTH SERVICES

- Whereas #1** in Resolution 1998.12, the Provincial Council of Women of Ontario urged the Government of Ontario to a) take steps to see that an adequate continuum of services is in place for those with mental health illnesses, b) provide sufficient institutional beds and locate acute care beds within reasonable distance of community services, c) provide supportive housing accommodation, d) improve level of out-reach, case management and after-care services so that there are no gaps in coverage, e) fund community-based programs and drop-in centres which can support a safe, secure and supportive environment, f) under the Drug Benefit Formulary, consider those most effective and that have the least side effects; and
- Whereas #2** the Select Committee on Mental Health and Addictions of the Legislative Assembly of Ontario, comprising representatives of all three political parties, published its final report on *“Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Action Plan for Ontarians”* in August, 2010; and
- Whereas #3** the Government of Ontario published, in June 2011, its *“Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addictions Strategy”* in response to the needs of the people of Ontario to have a transformed mental health system; therefore be it
- Resolved #1** that the Provincial Council of Women of Ontario adopt as further policy that a range of core institutional, residential and community services be available in every region for all those with mental health problems and addictions; and further be it,
- Resolved #2** that the Provincial Council of Women of Ontario urge the Government of Ontario to implement its new strategy on mental health and addictions without delay and with the full collaboration of all parts of the Ministry of Health and Long Term Care, and associated Ministries responsible for critical elements of the strategy; and be it further
- Resolved #3** that the Provincial Council of Women of Ontario urge the Government of Ontario to ensure that a range of core institutional, residential and community services be available and accessible, in every region for clients of all ages and genders, with concurrent disorders and that these services be sensitive to diverse cultural and linguistic backgrounds; and
- Resolved #4** that the Provincial Council of Women of Ontario urge the Government of Ontario to ensure that mental health and addictions services, as laid out in the strategy, are adequately funded within the budget of the Government of Ontario.

UPDATE #2 PESTICIDE SAFETY

- Whereas #1** in 1997, PCWO urged the Government of Ontario to phase out the use of pesticides; in 2000, to pass legislation to enable municipalities to restrict or ban the use of pesticides on private property; and in 2005, to enact legislation to ban the use of pesticides for cosmetic purposes and regulate the use of pesticides for infestations and to educate the public as to alternatives; and
- Whereas #2** in 2008 the Provincial Government passed the Ontario Cosmetic Pesticide Ban Act, and in 2009 it approved the accompanying Regulations 63 which bans the use of pesticides for cosmetic purposes on private property, but not on golf courses; and
- Whereas #3** the pesticide ban does not extend to house plants, which is a loophole that allows the continued sale of indoor/outdoor pesticides, and will make a ban on the outdoor use of these products difficult to enforce; and
- Whereas #4** an exemption for the use of pesticides on poisonous plants is unconstrained, making it difficult to enforce the ban on these pesticides for other purposes; and
- Whereas #5** in 2010 the Ministry of Environment, based on approvals from Health Canada, approved the use of two alternative Class 11 bio-pesticides, iron-based compounds, which if used improperly can cause burning to the skin, eyes, throat and lungs; and
- Whereas #6** despite provincial requirements that the products have warning labels regarding their proper use so as to avoid harm to children, pets, applicators and other residents, there is no requirement for a strong visual warning on lawns after application, and to date small signs fail to give adequate warning; therefore be it
- Resolved #1** that the Provincial Council of Women of Ontario adopt as additional policy the need for bans on homeowner indoor use of all pesticides, homeowner use of pesticides on poisonous plants outdoors, and, for easy-to-understand pictorial warning signs to be applied for an appropriate time after the use of Class 11 bio-pesticides; and
- Resolved #2** that the Provincial Council of Women of Ontario urge the Government of Ontario to enhance its protection of the environment through:
- a. a ban on the use of pesticides on golf courses and on indoor plants
 - b. a restriction on the use of pesticides on poisonous plants to licensed experts
 - c. a legislative requirement that easy-to-understand pictorial warning signs be posted for at least 12 hours after the application of alternative Class 11 bio-pesticides, whose product labels warn of harm to applicators, children, pets and other persons.

UPDATE #3 CHILD DEVELOPMENT TO MAXIMIZE POTENTIAL

- Whereas #1** in 2002 the Provincial Council of Women of Ontario adopted as policy the recommendations of the Early Years Study and urged the Government of Ontario to : a) adopt its recommendations, b) commit resources to carry out all recommendations in co-operation with other sectors, c) take an ongoing leadership role in carrying out the recommendations, d) review and revise government policies, legislation and regulations to be consistent with the findings of the study; and
- Whereas #2** research into early childhood development shows that a child's brain and gene expression are affected by his/her early experiences and environment, as well as by early treatment of inherited conditions; and
- Whereas #3** children at all levels of society are being deprived of the critical nurturing experiences necessary for optimal brain development; and
- Whereas #4** rates of child obesity (now 20%), increased youth suicide, school dropout rate of Aboriginal youth reaching 70%, dramatic incidence of mental disorders e.g. autism manifested in regular classrooms, increasing numbers of immigrant children who are neither English or French speaking (Ottawa 2011 census shows non-Canadian born at 25%) are examples of problems to be addressed so that all Ontario children can develop into healthy contributing adults; and
- Whereas #5** some parents require community resources to help them meet the emotional, physical and nutritional needs of their children; and
- Whereas #6** in response to the recommendations of the Early Years Study, the Government of Ontario has set up Early Learning Centres in many communities, and in response to the recommendations of the 2009 Pascal report, has begun to introduce full day kindergarten for children ages 4 and 5 and before and after school care with qualified Early childhood caregivers, both excellent initiatives, it has reduced the Healthy Babies program for new mothers regardless of income, and certain outreach programs in the Early Years Centres such as pregnant teens' support groups; therefore be it
- Resolved #1** that the Provincial Council of women of Ontario (PCWO) further adopt as policy that the Government of Ontario continue to provide a leadership role in early childhood development; and be it further
- Resolved #2** that the PCWO urge the Government of Ontario to direct the Ministers responsible for childhood development to report on the deficiencies in services addressing the needs of Ontario's children and youth (to age 21), to maximize the potential to grow a healthy, capable and engaged adult who can contribute to the success of Ontario's civil society in a social and economic sense; and be it further

Resolved #3 that the PCWO urge the Government of Ontario to improve collaboration and coordination between and possibly consolidate the Ministries which have objectives that concern the welfare of Ontario's children, and be it further

Resolved #4 that the Government of Ontario address important issues such as:

- a. reviewing programs in Ontario's Early Years Centres to ensure that parents can receive help to provide for the emotional, physical and nutritional needs of their child, if requested ; and
- b. reviewing and updating parenting and child development courses in Ontario's schools to reflect current research, including that of the Institute of Child Study; and
- c. ensuring that resources are made available to help parents, caregivers, health professionals, Children's Aid Society staff, childcare workers and teachers identify and address the needs of a child who is "falling behind".

UPDATE #4: YOUTH EMPLOYMENT

- Whereas #1** in 1991 the Provincial Council of Women of Ontario urged the Government of Ontario to organize a system of Training and Adjustment Boards to be responsible for on-the-job skills training in Ontario; and in 1996 to involve businesses in the development of skilled labour training programs in conjunction with the appropriate educational programs, providing on-site apprenticeship and recognized accreditation; and in 2003 to provide a classroom technical training program, including an on-the-job apprenticeship program beginning in Grade 7 or 9; and
- Whereas #2** following the 2008 economic crisis, youth unemployment in Ontario is considerably higher than adult unemployment; and
- Whereas #3** long term unemployment in young people is often associated with vulnerability to ill health, anti-social behaviour, loss of self-confidence and coping skills ; and
- Whereas #4** there have been significant outbreaks of vandalism among youth in many countries, the instigators of which are mostly unemployed youth, although they have sometimes been joined by more prosperous youth; and
- Whereas #5** close relationships with a supportive family protect unemployed youth from indulging in anti-social behaviour, vulnerability to physical and mental ill health, loss of self confidence and coping skills and keeps alive the hope that they will secure employment; therefore be it
- Resolved #1** that the Provincial Council of Women of Ontario (PCWO) adopt as further policy that the government facilitate job opportunities, guidance, support and other training opportunities, for unemployed youth; and be it further
- Resolved #2** that PCWO urge the Government of Ontario to address the issue of youth unemployment by:
- a. developing and funding programs that provide guidance, support and other training opportunities to unemployed youth,
 - b. facilitating the creation of suitable jobs, guidance and support and other training opportunities for young people especially for youth who have been unemployed for some time; and be it further
- Resolved #3** that PCWO urge the Government of Ontario to promote, publicize, fund and expand existing apprenticeship programs for jobs in the trades that offer alternatives for youth.

ONGOING ISSUES

HEALTH AND SAFETY

The Council of Women is curious about Provincial Government's strategy as we approach the re-negotiations of the Canada Health Act to take place in 2014. We, along with the majority of Canadians, are certainly concerned that the Conservative Federal Government will sell out Canadian Universal Medicare to the highest bidder in the private sector and we wonder what our Ontario Government is willing to negotiate in order to protect OHIP. In the long run, whatever is left in provincial control after 2014 negotiations, this Council hopes that the Provincial Government will act with the utmost caution and oversight in monitoring all private for-profit companies which take over medical care and services for Ontario citizens. As research has shown, in areas such as private medical laboratory monopolies and private Long Term Care Facilities, downloading to the private sector results in poorer services at little or no cost savings to tax payers.

The Council of Women has already expressed concern about the negative impact on the rehabilitation of women prisoners caused by overcrowding of prisons and cut-backs to programs which could diminish the barriers faced by these women when they are discharged back to society. Council feels it is a false saving to decrease the standard of care for women prisoners. If they do not have the tools to make a life for themselves they will re-offend or end up costing the health care system much more than the initial outlay for excellent rehabilitation programming in the penal system.

SENIORS

The Retirement Homes Act of 2010 has moved medical care of its residents under provincial legislation, though the Act is not yet fully in force. The Immediate Protection Measures of May 2011 allow the Retirement Homes Regulatory Authority (RHRA) to act in some cases of abuse and neglect. The PCWO Update resolution in last year's Brief asks that the protection of residents with medical problems be expanded and made more effective, and that residents be protected from retaliation should they make any complaints. We await further action.

Many seniors live healthy and active lives and contribute greatly to their community. But just as young people are constantly encouraged to remain active, seniors should be pushed to do the same, and social activity is just as important as physical. Friends and relatives disappear, and loneliness can take over.

In spite of our best efforts, some seniors develop chronic illnesses that require a system of care different from that of acute care - whether they are at home, in a retirement or long term care facility, or with family. Those who end up in the Emergency Room are usually there because they have not been monitored properly. Each chronic illness should be followed by a detailed therapeutic plan of care, with regular evaluation of the results. Involving the patient and/or caregiver in the management of the illness will lead to a more positive outcome. Keeping seniors out of hospital not only saves money, but also adds to happier and more satisfied individuals.

**PROVINCIAL COUNCIL OF WOMEN OF ONTARIO
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