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Community Services Benefits Trust

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CSBT Board of Trustees Spring 2017 Retreat



Just about the time you receive this newsletter, the Board of Trustees of CSBT will be meeting at our Annual Board Planning Retreat. We will be concentrating on three key areas this year.

First, we'll focus on what's happening with benefits. During this time, we will be reviewing a "state of the nation" report about benefits in Canada and particularly what is happening, and soon likely to happen, with CSBT.

This sets the scene for our retreat - it grounds us in the current realities of the benefits industry. This is important for two reasons:

- Our Board members all come from busy social service settings. We must shift gears to focus clearly on benefits, and our role in governing CSBT.
- This is a tough year for benefits in Canada. As I've been predicting in the last several newsletters, the realities of the use of Long Term Disability (LTD) and rising prescription drug costs are causing dramatic increases in prices. Renewal rates are hurting our members.

Second, we will be spending time with the CEO of GroupHEALTH, our Administrator. Matt Houghton is the CEO of GroupHEALTH, which is the organization the CSBT Board appoints to administer our program. You can understand that our Board members are social service professionals, not benefits experts. We needed a first-class organization that could understand our desires for our members, actualize our policies, and grow CSBT to the point that it's size brought true credibility. GroupHEALTH does a remarkable job. We launched in 2002 with a standard benefit offering and 8 member agencies. Our partnership with GroupHEALTH - relying on our policy direction, their innovative passion, and building on their amazing network of independent brokers (whom they call Partner Advisors) across Canada - has resulted in a unique and creative benefits offering. Today we service well over 760 member agencies and support over 78,000 employees and their families across Canada. Throughout the past 15 years, there has been continued development with GroupHEALTH and within the Canadian insurance sector.

And finally, we will have a refresher on the intricacies of the Policy Governance system developed by John Carver. The CSBT Board adopted the Policy Governance (PG) model early in our history. We recognized that we weren't insurance people and needed to govern through good policy direction and monitoring rather, than trying to interfere with how many nuts and bolts the organization would buy. The model serves us well.

For our readers who don't know, Policy Governance:

- Is based in the belief that a Board exists to represent and be accountable to the "owners" of the organization. While the legal owner of CSBT (under the terms of our trust) is the Board itself, we believe the "moral owners" of CSBT are the member agencies. Therefore, we think we must know what you want, listen to you, and be accountable to you;
- Says that the Board governs by developing a set of policies which are:
 - Ends Policies – what will be accomplished, for whom, and at what cost;
 - Governance Policies – essentially the Board's description of its own job and how it will manage itself and be accountable;
 - Executive Limitations – which tell the CEO what the limits are on his/her actions while she/he works to accomplish the Ends; and
 - Board/CEO Linkage Policies – which outline the way the Board and the CEO will be in relationship, how monitoring will occur, and so on.
- Believes that once those policies are developed (of course they're continually reviewed and refined) then the Board's primary jobs are:
 - To be linked to the "owners" in such a way that the Board knows the results the owners want delivered. This allows the Board to develop the correct policies; and
 - Engage the services of the right CEO, provide policy direction to the CEO (Ends Policies and Executive Limitations) and monitor that the CEO is accomplishing the Ends while not violating the Limitations.

This brief overview is provided to demonstrate how different Policy Governance is from traditional Board governance. Our Board knows that all of us are steeped in the traditional model of how an organization is governed. That is why we think it is necessary, on a regular basis, to renew our understanding of our model, to make sure we're on the right track.

I trust we'll come away from this Board Planning Retreat renewed and with good vision and plans for the future. I'll share these with all of you in our next newsletter.

Paul Wheeler, Chair, Board of Trustees, CSBT



Beyond Baby Steps: Planning for a National Child Care System



Dr. Susan Prentice, Professor of Sociology at the University of Manitoba, will join us at the CSBT Employee Benefit & Wellness Forum on May 10th in Winnipeg. Susan specializes in historical and contemporary childcare policy and advocacy, and will share her expertise and insight as our keynote speaker.

Families today need a well planned and properly financed child care system.

Justin Trudeau's government has made big promises to Canadian families. In the federal budget of 2016, it declared that "high-quality, affordable child care is more than a convenience—it's a necessity."

The government will be taking action, as the Minister of Families, Children and Social Development and the Minister of Indigenous and Northern Affairs develop agreements with provinces, territories and Indigenous communities to fulfill election commitments on child care.

It was back in 2005 that a Liberal government was last in a position to act on child care. Ken Dryden, Paul Martin's Minister of Social Development, promised \$5 billion over five years and finalized bilateral agreements with all provinces/territories. The Martin government came to the intergovernmental table with a child care policy based on four principles – quality, universality, accessibility, and developmental services (“QUAD”), but there were few implementation mechanisms in place when the new Conservative government canceled the agreements in 2006.

Since 2006, early childhood education and care (ECEC) has evolved to some degree; for example, by September 2016, 8 of the 13 provinces/territories will offer full-day kindergarten for all five-year-olds. As well, 2001 changes to parental leave enable some parents to take year-long partly remunerated maternity/parental leave.

Nevertheless, huge gaps remain in ECEC services. While kindergarten is welcomed by parents, it serves only five-year-olds and doesn't always match parents' work schedules, which means it doesn't function as child care. Fewer than half of all families are eligible for federally paid parental leave, which is paid at only 55 percent of wages or less. Child care spaces are scarce and expensive, and their quality is too often too low to be considered “developmental.”



While Canadian family policy is not very generous for most families, it is especially limited for Indigenous children. ECEC services for Indigenous children are chronically underdeveloped and underfunded. This led the Truth and Reconciliation Commission called for culturally appropriate Indigenous early childhood education as part of healing and reconciliation.

In the 2015 election, the Liberal government committed to take action on child care as part of “supporting economic security for middle class Canadian families, and those working hard to join them.” But child care is a complex issue that is ideologically contested — there are still a few voices who protest its very existence.

Constitutionally, the provinces have the main responsibility for child care. Since the 1970s, federal governments have made several attempts to advance child care, but a comprehensive national plan has never become a reality. Each province/territory has instead developed its own policies to address ECEC, in ways that are quite similar but often less than effective. Today, no province or territory has a comprehensive plan based on the best evidence, although they all recognize that more needs to be done to support children's development and families' needs for care.

The OECD has noted that in all provinces/territories except for Quebec, child care funding relies too heavily on parental fees and outdated “inefficient” fee subsidies. It also states that the funding is not adequate to ensure that affordable quality services are available when and where they're needed. The almost entirely female workforce of early childhood educators is exploited — their training, pay, and working conditions are insufficient everywhere in Canada. This compromises the quality for the children.

Finally, there is a general lack of planning. As a result, in many places there are no infant or school-age spaces; there are few services for families who work nonstandard hours, and for rural and northern families; there are too few programs designed for and by Indigenous communities; and inclusion of children with disabilities is unpredictable.

To read the complete article, please [click here](#).

Importance of A Return to

Work (RTW) Plan

As an employer working in Community Services you no doubt recognize the importance of supporting your employees on medical leave and bringing them back to work in a safe and timely fashion. The challenge is figuring out how to do it.

In an industry dedicated to serving people you can't simply ask your clients to change their everyday needs to accommodate an ill or injured employee. Nor do you have the funding to bring your employees back to work on a supernumerary basis for weeks and weeks on end. But just because return to work is challenging, doesn't mean it is impossible!

Here are five areas to consider to create a safe and effective plan:

1. Collaboration is essential – involve the employee, their manager, and healthcare professionals. All plans should be assembled with the buy-in of everyone to ensure success.
2. Define the actions and activities required to achieve the return to work goal – establish responsibilities for everyone, activities needed, and any work design changes to facilitate the return.
3. Define the plan start and end date – plans should have a definitive end date that concludes with the worker returning to his or her pre-injury position with full duties and completing full hours for most injuries.
4. Establish regular check-ins – use these milestones to evaluate the effectiveness of the plan and include regular follow up.
5. Identify any ongoing healthcare needs – ongoing treatments or medical visits should be coordinated with the requirements of the proposed plan.

Disability Management Institute (DMI) has worked with clients in the community services sector for many years and during this time, has developed innovative strategies to help return employees to work without costing a ton of money. From flexible scheduling to modified tasks, there are cost-effective ways of supporting employees as they recover from disability.

DMI has also been undertaking initiatives specifically focused on mitigating the impact of the increasing number of mental health claims seen throughout the sector. In partnership with CSBT, DMI has funded a pilot program with Walmsley, a boutique Canadian Employee and Family Assistance program. This pilot is designed with a focus on returning employees to work after mental illness. Eligible employees are referred into the program at no extra charge and will receive on average, 6 sessions of face to face counselling from a Walmsley counsellor to support their return to work.

Lisa Paterson, Regional Manager at DMI, will be speaking about return to work, the Walmsley pilot, and much more at the CSBT Employee Benefit & Wellness Forum in Winnipeg on May 10. If you can't make it to this conference, feel free to reach out to your DMI contact at any time and they can work with you to develop customized strategies that will work for your organization.

DMI Case Study:



A community support worker has been booked off work due to mental health issues related to a marital break-up. The worker was struggling with motivation to return to work because situations encountered in her job reminded her of the difficulties she was experiencing at home, thus worsening her symptoms.

Approach:

DMI sought out medical information to confirm the severity of the medical condition and then proceeded with a referral to DMI's pilot program with Walmsley, a Canadian company that provides employee and family assistance program (EFAP) services. The employee had 4 sessions with the Counselor after which she returned to full hours and duties with her employer.

Result:

Because of the support from the counselor, the employee returned to work earlier than her doctor had predicted and did not require a claim for LTD benefits.

Cost savings:

If the employee had required an LTD claim she would have received almost \$2000/month from the carrier, which would have had a significant impact on the employer's premiums, in addition to the money spent covering the employee's position during her absence. The Walmsley intervention cost only \$520 – the equivalent of only 1 week of LTD benefits, and saved at least 35 days on the file.

[Click here for more information](#)

Solving Ontario's Child Care Crisis

Written by Carolyn Ferns, Public Policy & Government Relations Coordinator for the Ontario Coalition for Better Child Care and member of the CSBT Ontario Advisory Committee.

Parent fees in Ontario are the highest in Canada. Early Childhood Educators struggle with low wages and precarious work. There are not enough quality programs for families that need them.

This International Women's Day, child care should be everyone's issue — no longer just an issue for mothers and early childhood educators, but a critical matter of gender justice for our province and for Minister of the Status of Women and Minister Responsible for Early Years and Child Care Indira Naidoo-Harris.

When Toronto Mayor John Tory wrote to Ontario Premier Kathleen Wynne last month about funding for child care, he described the city's child care situation as a "crisis."

For those not in the depths of the city's child care woes, that wording may have come as a surprise, but it is not hyperbole. We have a child care crisis in Ontario — a silent crisis borne by parents and educators — that is now at its tipping point.

Parent fees in Ontario are the highest in Canada. Early Childhood Educators struggle with low wages and precarious work. There are not enough quality programs for families that need them.

The Star's recent coverage of west Toronto parents' struggles with unregulated home child care shone a light on this crisis. For new parents, finding a quality child care space and then to paying for it is often an impossible puzzle, as too few spaces exist and they are unaffordable for most families. Even those qualifying for the financial support of a fee subsidy could end up on a waiting list thousands of names long. For those paying the full fee, it is well over \$1,000 a month.

Meanwhile, early childhood educators work for low wages, often in part-time, split shift jobs. Despite specialized training in the care and education of our youngest learners, nearly a quarter of ECEs in Ontario make less than \$15 an hour. Child care centres will tell you that recruiting and retaining qualified educators is a growing challenge. Educators will tell you their struggles to pay the rent, or how they can't afford to start their own family.



We find ourselves in this crisis because of government underinvestment in child care. There have been decades of research showing the benefits of good child care to children, families and the economy, but still Ontario, like most of Canada has failed to grapple with the need to change our approach to child care.

Stepping into the fray last September, the Ontario government promised to expand child care by 100,000 spaces over five years — doubling spots for 0-4 year olds. It's a big commitment and a good one.

But given the child care affordability crisis we need to ask: if there are 100,000 new spaces, who will be able to afford them? And in the midst of a workforce recruitment and retention crisis who will work in them?

Naidoo-Harris has promised that this expansion will “transform” early learning and child care for families in the province, but for that to truly happen we need more than just new spaces. We need a new system.

To solve the child care crisis, we need direct funding of a child care system and government action on three transformative ideas:

- 1) Affordable fees for parents. We should replace individual fee subsidies with a more modern approach. Ontario should fund child care programs directly and set a sliding fee scale that makes child care affordable for every family.
- 2) Decent work for educators. To hire and keep the best staff we need Ontario to make fair wages and good working conditions a priority. Funding programs based on fair wages for educators will help us build good, stable programs for our children.



- 3) Expand in the public and non-profit sectors. We need every dollar of this child care expansion going to our kids. There is simply no room for profit. Ontario should ensure that none of the new 100,000 spaces be in profit-making operations.

With a provincial election next year, every political party should be looking for bold ideas that make a difference to Ontario's families. Finally solving Ontario's child care crisis would be a good place to start.

Feeling Good: 100 Ways to Feel Better Every Day

“You can be happier at work if you **smile** more, even if you have to fake it,” according to an article in the Harvard University Gazette. Putting on a happy face has positive benefits both for you and the people around you. That's true in personal and work relationships. Smiling makes everyone feel good.



Women smile more than men, according to a Yale University study published in Psychological Bulletin

- Smile at your manager and co-workers.
- Smile when you walk in the door and greet your partner.
- Smile when you talk on the phone with your mother.
- Try it right now! Smile and notice how it makes you feel more relaxed and cheerful.

Like CSBT?

Do you like CSBT? Do you know anyone who would benefit from CSBT? If so, please let us know!

We would certainly appreciate the referral and the opportunity to help your friend!

Contact CSBT at 1.844.542.4195 to refer a friend!

