

Inner City Advisory Committee Meeting Minutes
 Wednesday May 8th, 2013
 9:30 am – 12:30 pm

5050 Yonge St

In attendance	Trustee Sheila Cary–Meagher, Aim Mujib, , Laurie Green, Bob Spencer, Sejal Patel, Cheryl Skrovronek, Alejandra Bravo, Sharlene Bourjot, Lesley Johnston, David Clandfield, Michael Griez,
Regrets	Monica Etzler, Ellie Avishai, Nathan Gilbert, Graham Hollings, George Martell, Marjolien Winterlink, Kendra Kerr, Donna Quan,
Staff	Vicky Branco, Manon Gardner, Briony Glassco, Sandy Spyropoulos, Nancy Spencer, David Johnston, Maria Yau,
Guests	Vincenza Pietropaolo

Motions and Action Items from this meeting

Motion: The ICAC requests that the two Maria Yau PowerPoint presentations, presented to ICAC in February and in May, be made available to the members of the Inner City Advisory Committee before the June 5th meeting.

Motion: In response to the recent report from Social Planning Toronto on the Demographic Allocation of the Learning Opportunities Grant and the ESL/ ELD Allocation of the Language Grant, we recommend that The Director provide a report showing which lines of the budget are not being fully funded by Ministry of Education grants, and that the chart submitted to the Budget Committee on June 6, 2012 concerning the 2011–2012 budget year be updated for 2013/14 and communicated to the ICAC before its next meeting on June 5th 2013.

1. Welcome and Introductions

1. Member announcements / Events /New ICAC Members

Sandy Spyropoulos: Children's mental health week is being celebrated this Friday morning (May 10) at 5050 Yonge Street. Everyone is invited to join the Director's walk at 10 am. It will be a walk around the block, a culminating activity after a full week. We've had the largest response from schools that will be joining in. Also, it is education week. The theme this year is Engaging voices through caring relationships. The Director has asked us to pay particular attention to how we engage our students, our staff and the members of our community.

1. Agenda Approval

L. Johnston moved. A. Bravo, Seconded, all in favour, approved.

4. Previous Meeting Minutes (March 8, 2013) Approval

D. Clandfield, moved as amended. J. Houston seconded, all in favour, approved.

1. Presentation: Sandy Spyropoulos presentation on the Social, Emotional and Physical health component of the Model schools

The Social Emotional and Physical Health components in the Model School program are covered by a number of programs, both internally and externally run. But it is probably best to focus on the programs we collect data on: our Pediatric clinics, the Beyond 3:30 program, and Telepsychiatry.

To discuss the impact of these programs on our students, Maria Yau will take over to present. One thing that makes these programs so unique is that they are being tracked by the research department.

Programs that address physical health:

[VISION SCREENING](#)

Started in 2008/2009.

In 2009/10 we started collecting data on the program as it was expanded to more schools in tandem with the Model School program increasing in size. In 2009/10 over 11,000 students in 91 schools were assessed. Among those students at least 29% needed further assessment. All these students had undetected visual problems when they started school. In 2010/11, with 104 schools almost 16,000 students were assessed and 26% were referred. The next year there were even more (32% of 16,398 students). If we compare this to the census for 2008 and 2012, only 61% of parents who earned less than \$30,000 a year were getting their children's vision assessed. By 2012, that number had risen to 73% and that is primarily down to the success and reach of the vision clinics. To compare: in the higher income brackets the number in 2008 went from 80% to 85% in 2012.

The results and the success of the screening meant that we needed to get many pairs of free glasses. We've been able to broker a partnership with a company in Vancouver that recycles and reconditions glasses to make this happen.

In 2009, 333 pairs of glasses were handed out and 1,901 pairs in 2010. In 2011 we were able to provide 2,331 students with glasses.

There are many moving stories from our students.

This is a successful outcome in itself; all students have a right to have clear vision. It has an impact in every area of that child's life.

HEARING ASSESSMENT

Of the 7000 students assessed in 2009, 13% were referred. That number went up to 15% in 2010 and by 2011, when many of the hearing problems had been caught in earlier assessments, only 10% were referred.

These assessments are expensive. The program is now run from within the pediatric clinic. That data is folded into the clinic data, now that it is covered by OHIP and not by public philanthropy. Again, there are so many positive stories.

The 2008 parent census revealed a huge gap, by income, as to whether the students got their hearing assessed. Now that gap is closing.

We discovered a lot of problems with students not receiving follow-up after referrals. 74% of those referred in 2009 had not been followed up. By 2010 the number had dipped slightly to 72% and finally by 2011 it was down to 40%. Still high. The drop is due to our staff's ~~to~~ directly support ensuring these students get to their follow-up appointments; support from community support workers and our clinics in the schools to make sure these referrals happen.

PEDIATRIC HEALTH INITIATIVE-

Started in November 2010.

The aim was to set up in-school health clinics to serve students in priority neighbourhoods. There are now 6 pediatric in-school clinics over the city: Sprucecourt PS, George Webster, Brookview M.S, Gosford Park, North Albion and Willow Park SS. Over 2000 students have been served.-6,014 students are now registered, 1/3 from the home schools and 2/3 from their cluster schools, serving students and their siblings, from babies to older siblings.

The west side of the city also has some clinics. Black Creek is served by what will be York Woods, and Gosford (they are in transition).

In York they are opening up Nurse Practitioner clinics in the Local Health Integration Network (LHINS), in Chris Tonks' ward, there is one at Eglinton and Keel. We are trying to assessing the needs of all our communities in an effort to provide pediatric health care where it is lacking.-Through the Toronto Foundation for Student Success (TFSS), medical practitioners trained out of the country, (International medical graduates or IMG's) have been able to use their experience running the clinics to help them get jobs elsewhere.

QUESTIONS AND ANSWERS

Q: How do foreign doctors learn about these opportunities?

A: They need to find Rosalee Bender at the TFSS (rosalee.bender@tdsb.on.ca) .

Q: Remember, Poverty by postal code? We ought to have a relationship with them and a picture should be coming back to us about whether that is working and who it is serving. We need a map.

A: Family Health Teams are being formed. Some of those areas are very well served.

Q: Are families asked in the census if they already have a family physician?

A: Yes, and some do but what is clear is that the community wants to come to the hub, to be served in the school. Access Alliance are already in the hubs and the community is trusting the school hub rather than the community hub. They want to come to Sprucecourt hub rather than to their own G.P.

Also, Parents don't want their students to miss school, and to have the clinic on site means the students miss less school. Approximately 60-70% parents don't have health card. These families have no other option but the school.

Q: A quarter of our neighbourhood's students (Catholic) are not in our TDSB schools, where do they go?

A: The Catholic school board is very interested in the model school approach, they haven't moved to this level, they know we are doing it, they are asking a lot of questions, but they have to take the initiative and we are open to sharing and helping-

Q: Even though you are doing so much what else is coming up?

A: What we really need to try to do with these clinics is make them sustainable, right now we are relying on good will and commitment, and philanthropy but we need sustainable funding. We have to appeal to the Ministry of Health and other members of government, provincial and federal to help us sustain these clinics. The space in the schools is space that the principals have accommodated for. Sprucecourt has requested that the clinic stay open through the summer, without the International Medical Graduates (IMG) to arrange the appointments. The school is being permitted by other programs, so the principal has allowed it without a permit fee. We now also have a developmental pediatrician on our team to help us expand and enrich the program.

We have had a proposal from St Michael's Hospital to move and incorporate St Joseph's hospital to do something in the west.

We have a model that works and can be sustained.

We don't have a central body that is handling requests from funders or benefactors who might want to start a clinic.

We need a more formal process however, with a needs assessment, to help us really determine who most needs our services. Pediatric clinics don't replace primary health care which is much more inclusive. If we partner with local medical people then make connections with other primary care providers it would mean a parent can be directed to the local care that can serve them.

The Board needs to meet with all four Local Health Integration Networks that cover the GTA.

The biggest challenge is funding, everyone is impressed but no one is offering money. We are trying to coordinate a large program, but where we are challenged is working with all the external partners, agencies and governments.

Q. Where does our research go?

A. It goes to the Ministry of Education and they have told us they reported it in Halifax at the National Health Report. They are very interested in what we are doing.

Number of students served by Pediatric Clinics: 2,300.

There is a higher number in JK–grade 3. There will be more in high schools with the latest clinics.

52% has to do with physical health.

25% vaccination

25% mental health/developmental

These clinics also serve the needs of mental and developmental health

Q: Sexual and reproductive health in secondary students, is that dealt with?

A. North Albion Collegiate Institute is the first clinic in a secondary school; it is underway but just starting. Information about Sexual and reproductive health is tackled within the curriculum, but we really try to serve all the needs of our students.

Comment. A secondary school in Hamilton had a clinic and their workload was divided between sexual health and mental health.

Comment. Toronto Public health would like to work with you more around a lot of these programs, they have free condoms, many materials to share, we can help to identify more supports with you.

Model schools is connecting Vincenza Pietropaolo from Toronto Public Health (TPH) and Model Schools. We've done a survey of all the schools to find out how they are using TPH and how that is working, we invited them to present workshops at the parent conference to introduce them more to the parents.

We need research to study this very closely. What exactly is improving student health and well-being? We need to continue to strive to reduce barriers for marginalized groups to access primary health care. And continue to Strengthen the school–parent– community relationships.

BEYOND 3:30 PROGRAM

This program serves our middle schools students;

It runs from 3:30–8 pm, funded from external sources. The students concentrate on healthy living, learn to cook, and receive life skills development, We would have more programs if we have more funds.

When we started the program in 2009, we had 180 students. In 2010 we had 316 and in 2012 we had 380.

Phase 1 evaluation shows gains among adolescents in social, and emotional health, school attendance and learning.

Here is The Beyond 3:30 phase one [report](#).

RESILIENCY

The Heroes program, an initiative from Alberta has just started. Here is a [report](#) from the Calgary Board of Education that explains it quite well. Another way we address social emotional health of our students is through the permits that are offered free to those youth and community in model schools. We have facilitators who do outreach who find community partners and bring them in and offer programs for our community and students. After schools, March breaks, Summer schools, activities that also include parents. We have had over 2000 programs in the 77 sites.

TELE-PSYCHIATRY

There are 6 sites across the TDSB in partnership with Sick Children's Hospital. 4 at Model schools: George Webster, Chester, Le, Queen Alexandra, John Polanyi and 2 central locations, 140 Borough Drive in Scarborough and † 1 Civic Centre in Etobicoke.

The idea came from the program that had been develop to better serve northern communities. There were some costs associated with setting up the video conferencing rooms (equipment was provided). The program has been slow to develop; we had some challenges in the Fall with the labour situation. Because staff could not participate, we have been able to reschedule some of the initiatives and we are along a better path. The central sites are the most well used sites and George Webster is the leading model school site. We also didn't go with the Tele health network but with the university one which allows us to go internally. Something they are working on is how the program works and how parents and principals can access it.

6. Action Items Update and Committee Housekeeping plus discussion

(It was agreed to defer reports from Special Education and International Languages.)

Presentation by Dr. Clandfield:

Demographic Allocation of the Learning Opportunities Grant (DA-LOG) and the English as a Second Language Allocation Grant (ESL grant).

In the last few days a campaign has begun, spearheaded by Social Planning Toronto from a report that was released last Monday. There was an article on the front page of The Star, and the TDSB answered in the press yesterday as well as posting a Q&A on the directors web site. We're now beginning to put together the comments to respond to that Q&A. The initial answers are less than adequate. When you give a quick answer to a complicated question things get distorted and more confusing.

Our information is from a budget report from June of last year referring to the 2011/12 budget.

Monday evening there was a campaign launch to begin the process and we are not alone. Other school boards are also struggling , Ottawa is having similar difficulties spending their DA-LOG money on other things. People for Education is going to work this into their recommendations going forward that this money from the ministry be sweated.

It would a good idea if instead of the Board feeling they must instantly produce a rebuttal report, they could take a bit more time and care. We still would like to know, how many lines are short funded by the ministry?

Motion to budget meeting on May 21st: In response to the recent report from Social Planning Toronto on the Demographic Allocation of the Learning Opportunities Grant and the ESL ELD Allocation of the Language Grant, we recommend that The Director provide a report showing which lines of the budget are not being fully funded by Ministry of Education grants and that the chart submitted to the Budget Committee on June 6, 2012 concerning the 2011-2012 budget year be updated for 2013/14 and communicated to the ICAC before its next meeting on June 5th 2013.

D. Clandfield moved. B. Spencer, Seconded, all in favour, approved.

The Subcommittee is tasked with sending the content of this motion in the form of an open letter to The Director of Education of the TDSB.

There was some discussion around the frustration of not having access to hard copies of presentation after we have asked for them.

Motion: The ICAC requests that the two Maria Yau PowerPoint presentations, presented to ICAC in February and in May, be made available to the members of the Inner City Advisory Committee before the June 5th meeting.

D. Clandfield moved. B. Spencer, Seconded, all in favour, approved.

7. Model Schools for Inner Cities information and Update, Learning classrooms

Presentation by Manon Gardner:

The Parent Academy Conference was held at three different sites, John Polanyi., Cedrebrea, and Queen Alexandra, we collected 700 parents, and provided childcare for 400 children. We had a parent start us off every eloquently along with Trustee Goodman. We Skyped in the director to all three sites. All the parents were bussed in, children were directed to childcare, we had many student volunteers. Everyone had from 10 am – to 3 pm to be amongst parents and adults. The children ate with the carers not the parents so the parents had even more time to spend with adults. It was extremely successful. We watched a short film about how the conference was developed. Agencies and Toronto Public Health were thanked. The film will be posted on the SharePoint and on the model schools web site. We will bring the final film to the next ICAC meeting.

8. Motion to adjourn

B. Spencer moved, A.Bravo, Seconded, all in favour, approved.

ICAC SUB-COMMITTEES:

Special Education: David Clandfield, Laurie Green, Nathan Gilbert, Marjolien Winterlink, Sharlene Bourjot, Bob Spencer, Janis Jaffe-White,

International Languages: Bob Spencer, David Clandfield, Jim Cummins,

Overall Funding for Equity/Ways and Means: Lesley Johnston, Bob Spencer, David Clandfield, Chris Penrose, Alejandra Bravo, Chris Glover, Sheila Cary-Maegher, Laurie Green, Michael Greisz, Paul Martin, Nadia Heyd, Diane Dyson, Max Wallace, Kate Wallis, George Martell, Tam Goossen, Cutty Duncan, Sharma Queiser, John Campey

Evaluation of Learning: George Martel, Bob Spencer, David Clandfield, Shayan Edalti, Michael Kerr

Governance: Briony Glassco, Alejandra Bravo, Lesley Johnston, Ellie Avishai

Next Meeting

Wednesday, June 5th, 2013

9:30 am – 12:30 pm

5050 Yonge Street, Committee Room A