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• (1535)

[English]

The Chair (Ms. Yasmin Ratansi (Don Valley East, Lib.)): Committee members, welcome.

We are continuing our study on the economic security of women.

We have with us Dr. Janet Fast, who is the coordinator of research on aging policies and practices. We also have Sheila Konanur of the AWIC Community and Social Services and Cecilia Diocson from the National Alliance of Philippine Women in Canada.

We will start off with Sheila.

I've spoken to all of you. You have ten minutes to present, but if you wish to take less time, this will give the committee members more of an opportunity to question you.

We would like to finish off at five o'clock, because we have a report to go through.

Ms. Konanur, please start. Thank you.

Ms. Sheila Konanur (Settlement Counsellor, AWIC Community and Social Services): Good afternoon, everyone.

Your committee has recognized that immigrant women have been identified as a particularly vulnerable group with regard to economic security. I want to thank all of you for providing me and my fellow service providers the opportunity to speak about this issue. I will do my best to give these women the voice they so desperately need to achieve empowerment and greater mobilization toward success in Canada.

Let me begin by providing you with some context around AWIC. AWIC Community and Social Services began thirty years ago as an agency helping South Asian women. Since that time, it has evolved to render settlement, employment, and support services to women and their families regardless of culture, class, or creed. AWIC is a relatively small agency with only three front-line staff. Community and newcomer volunteers supplement our skeleton staff and enable us to provide the services and programs that we're able to.

AWIC's greatest strength is our ability to create a welcoming and familial environment for individuals accessing our services. In doing this, we are able to connect with immigrant women one-on-one and provide ongoing support. Many of the immigrant women we support come from cultures where it is atypical to seek advice outside of their family unit. This taboo mentality lends itself to a lot of suffering in silence. Therefore, a great deal of emphasis is placed on making women feel safe and comfortable enough to seek our help. By

fostering a trusting relationship with individual women, we are able to address their needs holistically.

I am employed at AWIC as a counsellor with the primary responsibility of assisting immigrants in the area of settlement and advocating on their behalf.

On a personal level, I am a Canadian-born child of immigrant parents who came here in the 1970s. As such, I work hard to really empathize with the experiences of immigrant women, and I even reflect upon the struggles that my own mother had to face when I was growing up. Although that was around twenty years ago, I see some of my mother's struggles mirrored in the lives of the immigrant women I help today, and I realize that there is still room for improvement.

Another key point I would like to convey is that immigrant women are not a homogenous group. For example, in a given week I may work with women who are refugee claimants, women experiencing a sponsorship breakdown, women who are needy seniors, women who have sought help due to an inability to navigate the Canadian system, women who are in abusive situations, or women who lack social support.

Conversely, there are a number of immigrant women who arrive in Canada with more than adequate qualifications and foreign credentials, and with good family support, but who are just unable to secure employment.

From our perspective, economic security cannot be resolved with one-stop solutions. It is essential that we employ a multi-dimensional approach in order to overcome barriers to economic security faced by immigrant women. One aspect of this approach must be to make the provision of culturally sensitive services a priority. What this means is that we may have to re-evaluate certain assumptions related to economic security upon which Canadian policy is based.

For example, two types of investments are RRSPs and RESPs. It is assumed that because we have these programs to help individuals, the individuals themselves will seek them out, but this is not the case. Many immigrant women are unable to grasp the benefits of these programs, because they're simply not aware of them. Immigrant women are more likely to work for low wages and are less likely to be high earners. Therefore, they are not able to participate in such programs, and when they do, they are not able to meet minimum payment levels to benefit from additional government grants towards RESPs. For example, if a family income is below approximately \$38,000, the family can receive a government grant of 40¢ for every dollar on the first \$500 saved in the child's RESP. However, many of the immigrant women we see are not even able to save \$500. If the initial payment were lower or even half that, they could perhaps just meet the minimum and receive some of the benefits of this program.

As service providers, it is vital that we hone our focus on a strategy to increase our visibility amongst this population of women and let them know how many services we have to help them.

● (1540)

Our meeting today must address two points. First, why are immigrant women not accessing the services currently available to them? Second, what inherent flaws exist in our current system, and how can they be modified to target this marginalized group?

The first we see is the language barrier. Many of the women I see have poor verbal and written English proficiency. This inability to communicate stunts their potential for financial success.

Upon arriving in Canada, it should be made clear that learning one of the national languages must be mandatory—not an option. Alternatively, an incentive could be given to those individuals who enroll in LINC. This could greatly resolve problems of exploitation, long-term dependency on social welfare, lack of participation in the labour market, and even social isolation. For example, Canadian citizens and refugee claimants are not eligible to attend LINC. Only some LINC centres provide child-minding services, but there are waiting lists for that.

Eligibility criteria restricting immigrant women's access to this program must be re-evaluated. All efforts should be made to encourage immigrant women to access and benefit from the acquisition of a national language. Communication with immigrant women can be maximized by ensuring that information is available in translation, as well as clear language and design formats. It could be beneficial to make services multilingual. For example, you could have on-site interpretation wherever it's possible.

Secondly, there's parental burden. The fact that parental burden most often falls on the shoulders of the woman has a great impact on her economic security. I have met with women who simply forgo attempts to find employment for lack of an ability to find cost-effective child care.

They may find that their move to Canada has required them to upgrade their qualifications, but they are unable to attend school because of waiting lists for a child care subsidy. Tax credits given to businesses to create licensed child care spaces for their employees will not help these women.

A national child care strategy that takes into consideration the unique needs of immigration women is necessary. The absence of a national child care strategy and the lack of affordable child care has its greatest impact on low- to middle-income families and affects female labour market participation.

Third is gender inequality. It is common for many immigrant families, upon arriving in Canada, to gravitate and settle in their cultural communities. The reason behind this is to help them maintain a sense of back home and build social networks. While choosing to live in these cultural enclaves can be beneficial, there are real disadvantages.

Among our clients, we have seen cultural pressures that often discourage immigrant women's economic autonomy. As a result, these women become financially dependent on their spouses, and they might also arrive in Canada lacking the skill sets that would assist them in securing employment. Our recommendation is that organizations that are working toward combating such intra-cultural pressures and equipping women with the tools to achieve financial independence must be recognized.

Fourth is labour market participation. The 2007 budget mentions efforts that will be put toward upgrading worker skills by measures under the Canada-Ontario labour market agreements. Training programs under the labour market development agreements are available only to those workers who can demonstrate their labour market attachment, as per the provisions of the Employment Insurance Act.

Most female immigrants working in the contingent non-standard sector are not eligible for these training programs. The labour market partnership agreements, which name immigrants as a priority target population, have not entered into force yet, as there are reportedly no funds assigned to implementation. We recommend that funding be available to begin implementation.

Fifth is survival jobs, or what we think of as “pay cheque to pay cheque reality”. AWIC believes that a soft loan facility should be made available for people to easily upgrade their skills, so they can become contributing members of the Canadian economy. Lower interest rates mean that people would not get trapped in low-paying survival jobs. It doesn't seem logical that people are given the opportunity to come to Canada based on their skills and then not afforded the means to enable them to use those skills.

● (1545)

In addition, the 2007 budget also stated that there would be a foreign credential recognition, now branded foreign credential referrals, which would complement the existing initiatives of the province. It is our understanding that there's been no movement in the creation of this agency.

In conclusion, I'd like to say that it is essential that we examine a method for better conversion of immigrant women's training and skills into actual use. They cannot contribute to economic growth unless this process is made easier.

In sum, I don't believe funding is the only answer. We also require a paradigm shift in the way that we approach this issue. It lies in a continuum of available integrated services that will recognize all the factors that will contribute to an immigrant woman's economic security.

The Chair: Thank you very much.

We'll now go for ten minutes to Ms. Cecilia Diocson.

Ms. Cecilia Diocson (Executive Director, National Alliance of Philippine Women in Canada): Thank you.

Good afternoon, everyone. Thanks again for inviting the National Alliance of Philippine Women in Canada to talk to you about our conditions as a member of Canadian society and as a member of the Filipino community here in Canada.

The National Alliance of Philippine Women in Canada, formed in March 2002, is a national alliance of Philippine Canadian community organizations in Canada. Through more than 16 years of community-organized education and community economic development work, our member organizations have raised the voices, experiences, and struggles of Filipino women in the community in Canada with helping hands, successful settlement integration, and economic security, to resist economic, social, and political marginalization and inequality.

Network members of the NAPWC include groups and organizations from major cities of Montreal, Toronto, Ottawa, Winnipeg, and Vancouver. These groups come from various sectors of the communities—women, youth and students, nurses' groups, immigrants and migrants and their temporary status. The NAPWC seeks to empower Filipino women in the community to understand the roots of the barriers they face as immigrants, visible minority women, and marginalized workers and to collectively assert their continuing efforts for human rights, genuine equality, peace, and development in Canadian society.

As a community of immigrant women and visible minority women, a key part of our work concerns immigration and other government policies that address our economic issues, settlement, and integration in a multicultural society. Aside from doing community-based and self-initiated studies into the impact of Canada's immigration policies on Filipino women and the community, we also conduct education toward empowerment and engagement in the public policy process. We also advocate and lobby for specific policy changes in immigration and other areas that aim to improve the collective situation of Filipino women and the community.

In the past, we have presented our analysis and position to various standing committees of Parliament, particularly the Standing Committee on Citizenship and Immigration, where we submitted the only brief on the live-in caregiver program, or LCP. We also have lobbied other government agencies and elected officials and submitted research papers to community-based and academic conferences and public forums. Through the effort of its network member, the Philippine Women Centre of B.C., NAPWC is making this presentation today before the Standing Committee on the Status of Women.

Since the late 1960s, there has been a dramatic increase in the numbers of Filipinos in Canada. It is estimated that the Filipinos in Canada now number over 400,000. The community has grown by more than 31% since the census of 1996. Overall, Filipinos are now the fourth-largest visible minority population in Canada. The census statistics also showed that the Philippines is the third source country of immigrants arriving in Canada in the last ten years. Until the early part of the 1970s, Canada directly recruited many Filipino women to work in health care, education, and other areas as teachers, nurses, and other professionals to meet its need for skilled labour shortage. As such, early Filipino women immigrants were an indispensable part of the growth of the Canadian economy.

To illustrate this, many Filipino women worked in remote areas, including many first nations reserves, because Canadian nurses and teachers would not work there. Later on, a large number of Filipino women were also directly recruited to work in Manitoba's garment industry. Many of these women have moved on to achieve a certain level of economic security. They are able to work in their profession of choice because at that time their foreign education and training were recognized upon arrival in Canada. A dramatic rise in the arrival of Filipino women into Canada occurred in the implementation of the foreign domestic movement in 1981 and its subsequent successor, the live-in caregiver program or LCP, in 1992. This program regulated and institutionalized the entry of women to work as foreign domestic workers under temporary working status for a period of several years.

● (1550)

Studies show that the majority—approximately 65%—of the Filipino community in Canada is made up of women. We call this disproportionality of women in relation to men in our community the feminization of Filipino migration. Unlike like past migration, where men usually came ahead of their families, today it is women who come first, and sponsor their families after they qualify to do so.

Close to one-third of the Filipino community in Canada has entered under the live-in caregiver program and its predecessor program, the FDM. In 2005, according to the statistics from the Canadian embassy in Manila, Filipino women made up 95.6% of live-in caregivers in Canada, even as they constituted only 2.2% of all Filipino domestic workers working outside the Philippines. This unusually large number of Filipino women in the LCP shows how much Canada benefits from the labour export program of the Philippines, and how effective Canada's live-in caregiver program is in providing relatively inexpensive childcare, care for the elderly and people with disabilities, and other domestic work.

This policy of importing live-in caregivers is the direct result of women in Canada moving into the workforce. When women in industrialized countries leave the home to work, hiring a nanny or live-in caregiver becomes an affordable option for most middle- and upper-class families. At the same time, Canada remains reluctant to implement a national child care policy, choosing instead to address the social responsibility of child care by providing this option for families who can afford live-in caregivers.

The implementation of FDM perfectly corresponded to the escalation of the Philippine government's labour export policy. The LCP replaced the FDM in 1992 and remains the official Canadian government program for live-in caregivers. Although live-in caregiver organizations, including Filipino women's groups, have publicly engaged for changes to the program that made it more difficult for women from developing countries to migrate—such as higher educational and training requirements—they also criticize the fundamental pillars of the programs that perpetuate the exploitation and economic insecurity of these women.

Many Filipino women live-in caregivers face long hours, low wages, physical and emotional abuse, deskilling, isolation, and low self-esteem. The program requires them to live in their employer's home 24 hours a day, which subjects them to work more than the mandated working hours; to come under temporary worker status, which makes them vulnerable to arbitrary deportation; and to have an employer-specific work permit that ties them down to a single employer at any time, making them vulnerable to abuse and arbitrary demands from their employer.

While championing itself as a defender of human rights, Canada ignores the numerous flagrant violations of these women's rights as workers and as women. In fact, Canada consistently ignores signing the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Studies on women and immigration have shown that at some point in their lives, immigrant women achieve a certain level of economic security and financial stability that helps facilitate successful settlement and integration into mainstream society. But this has eluded many Filipino women in Canada, who after toiling in mainly low-paying, domestic, and dead-end service-sector jobs at minimum wage, continue to live on the margins of society, trapped as a segregated pool of cheap labour, despite their relatively high levels of foreign education and training.

A major factor of this economic insecurity is that many of these women have come through the live-in caregiver program, where the temporary nature of their status and the other requirements of the program set the conditions for their continuing low economic status and marginalization. For instance, the first two years under the program prevent these women from acquiring new skills or upgrading themselves. By the time they finish the program they have already lost their past professional and skills training, and are then streamed into similarly low-paying, dead-end jobs. You see many of these women working as care aids, and in janitorial and cleaning services. They are doing multiple jobs to earn decent incomes and raise their families.

• (1555)

The other major factor is the non-recognition of foreign education and training. Whether they come—

The Chair: You'll have to wrap up, but you can conclude. Thank you.

Ms. Cecilia Diocson: I would like to mention a few things about the Filipino community. Filipino nurses also come under this live-in caregiver program. We know that Canada is in dire need of nurses right now, so I think it is really important to stream the Filipino nurses under this program. Those who are here and already working

under the program must be trained to go back to the nursing profession so we can alleviate the nursing crisis we have today and also for these women to achieve economic security in this country.

The Chair: Thank you.

We will go to Dr. Fast.

Ms. Janet Fast (Co-Director, Research on Aging, Policies and Practice Research Program, Department of Human Ecology, University of Alberta, As an Individual): Thank you very much for the opportunity to share with you what I know about how caregiving responsibilities are related to women's economic security.

As an applied economist who leads an international team that has grown to encompass some 70 researchers and policy and practice partners and who has devoted more than a decade to the study of the link between paid and unpaid work, it's become clear to me that care to family and friends in need can have profound implications for women's economic security.

In a few minutes all I can really do is leave you with a few key messages, and that probably is the key message, that in fact economic security absolutely can be threatened and is threatened by taking on care responsibilities. And that threat is greatest for women. But of course the full picture is much more complex than that.

The responsibilities we're talking about include care for children with and without disability and care for dependent adult family members and friends. The latter group includes both seniors and non-senior adults with chronic illness or disability, and that's where my major expertise lies, for the most part.

Consequences of taking on care responsibilities range fairly widely. They include social consequences—restrictions on social activities, holidays and vacations, and ultimately social isolation—health consequences, including sleep disruptions and deprivation, physical injury, fatigue, and burnout; and economic consequences deriving from out-of-pocket expenses and employment impacts.

Of course these categories of costs are not unrelated to one another either. Health consequences can affect the caregiver's ability to hold down a job or the person's performance on the job. Economic consequences can place additional stress on the caregiver and affect relationships with other family members and friends and the ability to participate in social and community activities, and so on.

There are more than 3.5 million Canadians providing care to someone with a long-term health or physical limitation. They provide in excess of 18 million hours of care to those individuals they are providing care to. It would take almost a half million full-time employed caregivers to do that work, at a cost in excess of \$6 billion, if it had to be purchased. They are the mainstay of the health care and continuum care systems.

The majority of these caregivers are women, although it is not as big a majority as you might expect. Estimates range from a 40:60 split to 45:55 split, depending on which group of caregivers we're talking about.

But that's only a small part of the story on gender. Once women become caregivers, they also spend a great deal more time, overall, providing care. They provide help with more of the hands-on and inflexible tasks, such as personal care and housekeeping, and they're more likely to report virtually every type of consequence I've mentioned, with the interesting exception of guilt.

With respect to economic costs specifically, the best estimates are that between 40% and 50% of women caregivers make out-of-pocket expenditures that they would not have made otherwise if they hadn't taken on care responsibilities. The main items on which they spend this money include transportation, prescription and non-prescription medications and medical supplies, and equipment and homemaking supplies. According to one survey, almost one-quarter spent \$300 or more per month on these extra items.

Between 30% and 50% of employed women caregivers change their work patterns, missing whole or part days of work, rescheduling or reducing their hours of work, working at home part time, and so on, specifically in order to accommodate their care responsibilities. Those providing end-of-life care are at the upper end of that 30% to 50%.

According to some estimates, as many as 22% of women caregivers quit work or retire early in order to provide care. In Britain, it was estimated that 25% of women stopped working to provide care. So this is an international phenomenon.

It is typically younger women with concurrent child care responsibilities and those caring for someone with a mental health problem who are most likely to quit a job to provide care and are most at risk.

● (1600)

Clearly these employment impacts affect women's economic security in both the short and long term in the form of reduced current wages, and we have estimated that the average loss of wealth from forgone earnings alone, at age 65, across all women in the labour force, ranges between \$4,300 and \$16,600 annually. As I said, this is across all women in the labour force, not just women caregivers, who are only 15% of all women. So the actual average is much higher than that. In one U.S. pilot study, lifetime wage losses for individual caregivers were estimated at in excess of \$566,000 U.S.

Forgone employment benefits are also part of the cost of employment consequences—extended medical benefits, and the like.

Forgone pension benefits are often ignored. One British study found that fewer women who stopped work as a result of caring had employment-related pensions than other groups, and those who did have such pensions had accumulated fewer years of contributions than their counterparts who continued working. Of course, these outcomes have direct implications for pension benefits, once retired.

Women who have employment adjustments also forgo personal retirement investment opportunities. If you don't have the income, you can't invest it.

Moreover, one third of caregivers who reported employment consequences also reported that their work arrangements did not

change once they finished caregiving. So the effects on employment are long term: they outlive the caregiving situation.

Another important part of this story is that more than 45% of women caregivers indicated that they had no choice but to provide the care that they were providing, either because they felt that it was a family responsibility, because there was no one else to do it, or significantly because home care services were unavailable or inadequate.

What does the future look like? It's likely to be both a good news and a bad news story. Medical, health promotion, and social advances mean that Canadians are living longer, and more are surviving what previously would have been fatal illness or injury and are reaching later life in better health, on average, than in previous generations. That said, we can expect the demand for care to continue to increase for some time yet, because it's the oldest old cohort that is increasing the fastest and this is the group that is most likely to require care.

How are these needs going to be met? Families are smaller and more geographically mobile, we're marrying and having children later in life, divorce and remarriage rates remain high, more women—the traditional carers—are holding down paid jobs, and more than ever these women are needed in the labour force. The current evidence suggests that this does not mean that we'll be less likely to engage as caregivers. Caregivers do not back away when the other demands in their lives go up, and they don't back away when supports are provided by the formal system. The evidence in fact suggests that most family and friend carers do so willingly, but it does mean that more of us will experience increasingly complex sets of competing demands and that we'll be more likely to encounter the kinds of consequences I've been describing, so finding the means to deal with them effectively is becoming even more critical.

There are presently very few public policies or programs that explicitly address the consequences of caregiving, in particular the economic consequences, and in particular for care other than child care. The few that do exist, notably the caregiver tax credit, and especially the compassionate care benefit, have had extremely limited success. Of particular concern is the lack of effort to address the longer term consequences, and the longer term economic consequences in particular, the loss of pension benefits, both public and private, and the ability to invest for one's own retirement. Also of concern is the fact that women caring for younger adults with chronic illness and disability are largely ignored in both research and policy. There's just a big black hole when it comes to caregivers to persons with disability between the ages of 18 and 65.

● (1605)

At the moment the stage is set for today's caregivers to become tomorrow's sick and poor seniors.

The Chair: Thank you very much.

We will go to the first round of questions, with Maria Minna. It's seven minutes for questions and answers, so in total it will be seven minutes.

Ms. Minna.

Hon. Maria Minna (Beaches—East York, Lib.): Thank you, Madam Chair.

That was a fabulous presentation from all of you. I'm really very impressed, although I have to say that while it was a terrific presentation, I'm actually quite disheartened and depressed about it all. I was doing immigrant service programs for immigrant women—I started that in 1974 and stopped in 1992—and I don't hear a whole lot of change, not tremendously. That's really depressing in that context. We've changed, but we seem to be standing still in many ways when it comes to the issue of immigrant women.

With respect to the caregiver issue, I agree with Ms. Fast. What you have said is phenomenal, and of course, we are just beginning to deal with that issue. We haven't even acknowledged it properly.

I have a couple of questions for Ms. Konanur first.

You mentioned a couple of things. One was that no funds had been allocated yet for the immigrant training program. I presume you are talking about employment insurance, where if you're not part of the labour force you don't get training. The other portion has to do with the immigrant program, and no funds have yet been allocated to that, to the partnership program.

Ms. Sheila Konanur: What we know is that many immigrant women are employed in contingent or temporary seasonal types of work, so they're not eligible for the benefits and the training that are outlined in the employment insurance program. Additionally, I have come across this labour market partnership agreement that named immigrant women as a priority, but to my understanding, currently there are no funds assigned to support that.

•(1610)

Hon. Maria Minna: So immigrant women are still on hold. That's something this committee should really take into consideration.

Ms. Sheila Konanur: That's right.

Hon. Maria Minna: I agree with you.

The other thing is, I understand the LINC program reasonably well, but there are some limitations. Can you explain to me again what they are, because I'm not quite sure I caught that.

Ms. Sheila Konanur: What I was trying to get across was that there are many faces of immigrant women. Some are citizens. Some are refugees. Some are permanent residents. The LINC program restricts access for the participation of some portion of the immigrant women population, so that's something that needs to be re-evaluated. Why are citizens and refugee claimants not given an opportunity to learn English in that way?

Hon. Maria Minna: That makes sense. Again, thank you. That's something that we should look at very carefully.

Also, I don't think that all of the LINC programs provide child minding, which is actually a major part of the success of that program, if I'm not mistaken.

Ms. Sheila Konanur: Right, and there are waiting lists as well, because it's in such high demand.

Hon. Maria Minna: Again, we shouldn't have waiting lists. If we bring immigrants to Canada we should make sure that they have the best possible start, because that benefits all of us. That's very true.

On the mandatory training for language, I agree with you. I've said this for some time. You wouldn't expect there to be any negative reaction towards that, would you?

Ms. Sheila Konanur: In my brief I go into an example of immigrant senior women who are coming here to help their families. Many people say, well, in that case, why do they need to learn language? They're just among their families; they're not really integrated into the society. But we come across a lot of these women who initially came here to help their families, and once their families realized they no longer needed their services, they kicked them out. Now they're here; they don't know the language. How are they able to do anything? They're not able to be economically secure in that sense.

The other thing I was really trying to convey is that just based on our experience, this is not an isolated problem. If you are you feeling isolated, if you're feeling depressed because you can't communicate with people, that's going to stunt your financial success.

Hon. Maria Minna: Sure. It makes sense. I understand that makes sense.

I'd like to go on to a few other things, but I also want to go to Ms. Diocson for a moment, if I could, with respect to the live-in caregivers.

I know the issue very well, and I understand it. I'm going to ask you some things to see whether you think they would work. I think you also made some of the same suggestions.

First of all, a lot of them are nurses. There is now a demand for nurses in our society. We have a shortage of professional nurses. First of all, could we not make sure that women coming from the Philippines no longer have to go through the live-in caregiver program? They should be able to apply through professional nursing. Those who are here could find a way to upgrade. Have you looked at some of that? It seems to me those are two solutions or two ways of looking at it.

On the third solution, if I can throw this at you, I think you alluded to it or mentioned it. The live-in program is a major problem because they're isolated. They don't get to take English as a second language. They can't do training.

Perhaps we could open up the box and have them not as live-in caregivers but as live-out caregivers. In other words, they're caregivers, but they'd actually go home to their apartments, to their sister's, or to whomever they're with at the end of the day. They wouldn't actually be trapped, and the employers wouldn't have that much power over them. It would seem to me that some of that might help tremendously. Would it be something that you would recommend to us?

Ms. Cecilia Diocson: Yes. I presented that the program started in 1981 and was changed in 1992. There are four pillars in this program that we really have to look at.

The first one is the mandatory live-in. You have a specific employer, and you have to work 24 months within a three-year period.

Another pillar is the temporary status. I think it's really important to look at this issue and, if they are important, the economic activities here in Canada, the labour market, and why the income is not the same as the income for those with permanent resident status.

Those nurses who are under this program should also be qualified as nurses instead of being recruited through the live-in caregiver program. They should come as nurses. In 1993 nurses were no longer given occupational points, meaning it's not an important profession for coming into Canada. That was taken away.

Because they're here working as live-in caregivers, they should be streamed away from this program and provided with training. Those who are able to go back to their professions should be given the opportunity to go back to their professions.

•(1615)

The Chair: Thank you.

Madam Demers, *sept minutes*.

[Translation]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

Ms. Diocson, I have been listening to you, and I am a bit confused. Until 1992, nurses from the Philippines who wanted to emigrate to Canada could work here as nurses. Is that what you said?

Ms. Cecilia Diocson: Yes.

Ms. Nicole Demers: In 1993, the government changed its policy, and even nurses could not come here and work in this capacity. Did the women who migrated here before 1992 to work as nurses integrate well in their community? Could they lead a normal life, own assets and hope to get a pension and enjoy the usual benefits of being a worker?

[English]

Ms. Cecilia Diocson: Before 1993, they could come as independent immigrants and practise their professions. In fact, in the seventies a lot of Filipino women nurses came to Canada or were recruited to come and work. At this particular time, without any points, it is the only way for them to come.

But of course they're able to integrate into the community and practise their professions. I don't think practising professions is the problem. I think the problem is there are many barriers for these women to go back to their professions.

[Translation]

Ms. Nicole Demers: Do you know why this program was changed in 1993? Was any reason given to Filipino women as to why they could not work as nurses anymore?

[English]

Ms. Cecilia Diocson: As far as our studies have shown, these women have come under the live-in caregiver program because of cheap labour. For example, Filipino nurses work for 24 hours as home support workers.

[Translation]

Ms. Nicole Demers: It is some kind of hidden slavery.

[English]

Ms. Cecilia Diocson: Yes. When we look at their work, they're only earning \$1.50 to \$2 an hour.

[Translation]

Ms. Nicole Demers: There are about 400,000 people from the Philippines in Canada right now. How many are—

[English]

Ms. Cecilia Diocson: There are over 400,000 Filipinos in Canada today.

[Translation]

Ms. Nicole Demers: Do they do this work? How many work as live-in caregivers?

[English]

Ms. Cecilia Diocson: There are over 100,000 women who have come under this program since it was started in 1981. It means the domestic workers make up about one-third of the community.

[Translation]

Ms. Nicole Demers: Since these women have limited means, I suppose there is a lot of fraud with this program. Do we find jobs for these women? How do they arrive in Canada from the Philippines? Is it agencies or the government? How is it done?

[English]

Ms. Cecilia Diocson: I'm sorry. I need translation.

The Chair: The question was how do these women come under the live-in caregiver program? Is there an agency to facilitate it?

Ms. Cecilia Diocson: There are a lot of employment agencies right now catering to the recruitment of these Filipino women.

Through studies in our community, we have also seen a lot of scams happening within this program. For example, they'll sign a paper stating they have an employer here in Canada, but when they arrive, there's no employer. They're immediately terminated from their employment without even starting to work. If they only have 24 months to complete their work here in Canada, within three years, a lot of time is wasted looking for other employment, plus it's very expensive because they have to pay about \$4,000 to \$5,000 to get employment here in Canada.

We see this as a legislative property in terms of the condition of these women. Without even receiving any salary, they already have debt.

•(1620)

[Translation]

Ms. Nicole Demers: Thank you Ms. Diocson.

I would like to talk to Ms. Fast about another issue I am deeply concerned about, and that is the seniors. Do you think it would be possible to have an inverted maternity leave? I am using this phrase because it is said that, when our parents grow older, they become like children. Could a maternity leave at the other end of one's professional life, and not at the beginning, make it easier to care for elderly parents or handicapped children who also grow older? Leave for compassionate reasons and family related responsibilities is not enough, since it is restricted to cases when death will certainly occur. If we had a program of this kind, could we make sure women do not lose their pension fund, and so on?

[English]

Ms. Janet Fast: Yes, I think theoretically at least it is possible, and it has been discussed among researchers and with various policy departments. It is somewhat more difficult to implement in terms of establishing eligibility criteria, but it would certainly go a long way towards dealing with some of the long-term consequences.

The other policy measure that has been discussed is something equivalent to the child care drop-out provision for the Canada Pension Plan. At the moment, there is no equivalent for circumstances when you take care of an adult person. You have to leave the labour force to drop that period out of your Canada Pension Plan calculations.

[Translation]

The Chair: Thank you.

Mrs. Smith, you have seven minutes.

[English]

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Madam Chair, I would like to share my time with Ms. Davidson. Both of us, then, will have an opportunity to ask a question.

Thank you for coming today. Your presentations were very insightful. I would like to go straight to a question for Ms. Diocson. You gave a very compelling presentation. At this committee we have talked about just centring on migrant workers and about having a whole study just in that area, because we find that the intensive studies we have done have been very helpful. Do you think this would be a valuable thing for the status of women committee to do?

Ms. Cecilia Diocson: I think it's really important to continue to fund policy research. We have done this for over ten years now.

Mrs. Joy Smith: Excuse me for interrupting you, but I'm talking about a complete study. We're not talking about policy. We're talking about studies, getting witnesses like you in.

Ms. Cecilia Diocson: Yes, I think it's really important. I think we need to have more stories and more testimonies, to actually have more women come and really tell their stories about their experiences.

Mrs. Joy Smith: Then that does really help in developing policy, when you hear a variety of people with the same kind of—

Ms. Cecilia Diocson: There are many—

Mrs. Joy Smith: How much time do I have, Madam Chair?

The Chair: You have five and a half minutes.

Mrs. Joy Smith: Having said that, in terms of a study such as that, would you be a resource to bring more people in to help us hear these stories?

Ms. Cecilia Diocson: Yes, I think it would really be good, and we can also encourage our community to start speaking out about their experiences, especially the women. We now have women who have been criminalized under this program.

● (1625)

Mrs. Joy Smith: Yes, I know that.

Ms. Cecilia Diocson: Many have been deported back to the Philippines with their Canadian-born children, and there are many more who are actually working as prostitutes and are being trafficked because they need more income. Some who are no longer in the program and have no more legal papers have to resort to any kind of work in order to survive. The number of undocumented migrant workers in our community is increasing.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): I'd like to thank all three presenters. It is certainly very good information we're receiving here this afternoon. I'm sure we'll get a lot of very good suggestions from this.

Sheila, you talked about some different things, some of the challenges and some of the things that might help, and I thought that was very good. You talked about mandatory language training and so on. You talked about services in a multilingual setting, child care, and training dollars.

One thing I always wonder about, and I haven't been able to get that answer from people, is what the expectations are when people do immigrate. Is there a breakdown in what happens between the time they leave their country and the time they are here? Are they expecting more than they're getting?

Ms. Sheila Konanur: Based on my experience of being a front-line worker and seeing people who have come into my centre requiring help, yes, there is definitely a feeling of being disheartened. Many of them come here as skilled workers, so they really do have the expectation that they're going to be able to put their skills to use. They come and realize that the foreign credential process is very lengthy or that the fees associated with doing that are very high, and it becomes very depressing and very debilitating. And if you cannot maintain a certain emotional stability, there is no way you can progress further.

Based on my clientele, I would say yes.

Mrs. Patricia Davidson: Ideally, it would be nice if we could overnight change the foreign credential policy and those things, but we've been working on this for a long time, and we're still not anywhere near being there.

Is there an avenue to at least have more realistic expectations for the immigrant? I don't mean to stop working on things from this end. We have to do that, and there are a lot of things we need to do, but is there an avenue to at least have things be more realistic for immigrants before they get here, or when they get here?

Ms. Sheila Konanur: Upon getting here? Broadly speaking, people who come to our centre are unaware of the training that's available. They're unaware, so when we connect them with that—I don't want to paint a grim picture that there are no services available; there are some services, but I think the problem is that people don't know about them. It becomes a situation where there's no hope.

Mrs. Patricia Davidson: Is it difficult to get the client to you, to explain what the services are?

Ms. Sheila Konanur: That's exactly it.

Mrs. Patricia Davidson: So how do we reach them?

Ms. Sheila Konanur: I don't know. Perhaps information could be provided when they get here. I don't mean all the information on everything they'll need, but information about the settlement agencies. Then they would flow to us first and we can assess them.

The problem is that they come here and there's no flow to the help they need. I see them when they're desperate.

● (1630)

Mrs. Patricia Davidson: So we need to have an agency—a group or a branch of something that is going to explain the services they may need, so if they do need them they know where to access them.

Ms. Sheila Konanur: That's right. Even simple things, such as in the airports—It's having more awareness as to what services are available. Again, I don't want to say there is nothing available for people.

Mrs. Patricia Davidson: Right.

Ms. Sheila Konanur: There is a lot of help available. I think the immigrant women community is a hidden community. Somehow, they're not accessing the services we have.

The Chair: Thank you.

Ms. Mathysen, for seven minutes.

Mrs. Irene Mathysen (London—Fanshawe, NDP): Thank you, Madam Chair.

I want to thank you. The expertise you bring here today is obvious and I want to thank you very much for sharing that with us.

I want to start with Ms. Diocson. You began to talk about the research that has gone into the work you do. I was wondering how your research is funded and how you go about doing that research.

Ms. Cecilia Diocson: When there was funding to do research, we received funding from the Status of Women Canada, both at the federal and regional levels.

We also collaborate with academics such as University of British Columbia Professor Geraldine Pratt. We have also worked with Habiba Zaman, who has looked at the economic security of Filipino women. We have just concluded one collaborative research. She came out with a book a few months ago entitled *Breaking the Iron Wall*. It's about immigrant women from the Philippines and from South Asian communities.

These are two areas where we can have more credible research by collaborating with the academics, and also other research institutions such as the Centre for Policy Alternatives in British Columbia. So this is what we have been doing.

As a community, we also continue to do research on our own. We organize our youth to do the community-based research. It is an important method for us to know what is happening in our community and to connect the issues so we can empower the community.

Mrs. Irene Mathysen: We know this research component of Status of Women Canada has been eliminated. You started to say how very important it is to have research. Has it caused problems? Are you concerned about the loss of opportunity to be funded by Status of Women Canada?

Ms. Cecilia Diocson: Yes. I think it's a very important component of our work; it is also part of our development strategies. We have a lot of second-generation Filipino Canadians who have the knowledge and the skills to benefit the community, and we do have self-reliant initiatives to raise funds, but having the funding—even a little funding—to do the research is really important, because we do not have any core funding.

So having this is important. At the same time there is an opportunity for Status of Women Canada to know what is happening in our community, because we submit our report.

Mrs. Irene Mathysen: Okay, thank you.

Ms. Konanur, you were talking about the importance of a national child care strategy and—Well, we don't have one; what we have is \$100 per child per month.

I'm wondering, does this help immigrant women? Are they able to get the kind of child care they need on what's available?

Ms. Sheila Konanur: On the basis of the clients I'm seeing, no. There is still a problem accessing child care. I don't believe an additional \$100 a month solves the problem. There may need to be more spots created so there's not as long a waiting list. There may need to be more of an allowance given. But as it stands now, no.

I believe the lack of child care, as I said before, really prevents people from going out there and working sometimes, and that's a huge problem. That may be why this group is so vulnerable.

● (1635)

Mrs. Irene Mathysen: Ms. Fast, you were talking about health care services. You made reference to the fact that so many caregivers end up looking after relatives because there is just not adequate home care. I'm wondering, would you support incorporating home care and pharmacare as part of the Canada Health Act? Should that be part and parcel of the services provided to facilitate women who are caught in this trap?

Dr. Janet Fast: I'm not sure I can answer the question about whether it should be incorporated under the Canada Health Act. That certainly would secure the availability of services, or theoretically could secure the availability of those services, for those who need them.

I can say that the lack of adequate home care is a serious problem. And I should say that this has evolved over time into a problem, in part because the home care that is available has been shifted from what had historically been primarily targeted at chronic care, which is primarily the problems of old age, to post-acute care. People are being discharged from hospital earlier than in the past, and with fairly high levels of need, including intravenous therapy, catheterization, various medication needs, and other sorts of high-level personal care requirements.

So home care has now been shifted to serve that population, away from serving the population it historically served, which was the chronic care needs. What we have now is a situation where a group who had been previously serviced are no longer being serviced adequately.

The Chair: Thank you, Ms. Mathysen.

We now go to a five-minute round. We'll start off with Ms. Neville.

Hon. Anita Neville (Winnipeg South Centre, Lib.): Thank you very much.

I thank you all very much for coming. Those were all very solid presentations.

I'm going to focus my questions to you, Ms. Fast. Your information was probably more new to me than the information from the other presenters today. You gave detail to much of what we know anecdotally or what we hear out there. Those hard figures were really quite startling.

You talked about the dropout provision in the Canada Pension Plan for women who have children. I understand you're recommending it for caregivers as well. I have a number of questions. I'm just going to put them out there and let you answer.

What would you also think of a voluntary contribution to the Canada Pension Plan for women when they are forced to leave or choose not to enter the workforce, often for the kinds of reasons we've been talking about today? That's one question.

Second, I know that you do work on the economic consequences to workplaces when women have to leave the workplace or adjust their hours or whatever. I wonder if you could speak very briefly to that.

I wonder as well if you could speak to models of workplaces that, either on their own or in partnership with government programs, work to facilitate leaves for the care of family members. I guess I'm focusing on care of adult family members, but if you have time and are interested, perhaps you could add child care as well. Then I'll come back, if we have any time.

Ms. Janet Fast: Starting at the top, I think anything that will facilitate women's economic security later in life is worth considering. Obviously the problem with a voluntary program—one that would allow voluntary contributions to the Canada Pension Plan for women who either leave work or do not enter the labour force because of care responsibilities—is that you need to have some source of income or money to invest in that. That may or may not come from a spouse. So it has potential, but it will be a limited

potential because there has to be some income there to invest in the first place.

In terms of economic consequences for workplaces or employers, yes, those certainly have been documented. We know turnover in the workplace is higher and absenteeism is higher among employees who have family care responsibilities, and obviously those things will increase employers' costs. In fact, I think that evidence is partly responsible for some of the more family-friendly workplaces that we are starting to see.

• (1640)

Hon. Anita Neville: As you're speaking, something is twiggling me.

Have you done work as well with self-employed women and the impact on them?

Ms. Janet Fast: Not to any great degree. Self-employed women, of course, don't have access to some of those even limited things that women who work for employers have access to, including the compassionate care benefit and so on. We know they are at greater risk because of those conditions, but we don't really understand very well how much greater the risk is. It is difficult to find those populations to study.

To return to workplaces and employers, we have seen some employers implement programs and benefits that are helpful to employees with family care responsibilities. There are some exemplary employers out there who are offering a great deal of flexibility, for example, and some services for employees who have adult dependent care responsibilities. The services, however, tend to be primarily information and referral ones. There are a few limited examples of adult day care kinds of programs that are employer sponsored, but they tend to be limited to information and referral kinds of programs.

The Chair: Thank you, Ms. Neville.

Mr. Stanton, for five minutes.

Mr. Bruce Stanton (Simcoe North, CPC): Thank you, Madam Chair. I think Mr. Norlock is going to take a bit of my time as well.

I will just quickly follow up on a couple of items. For the purposes of our committee, perhaps we can do this later, but that labour market partnership agreement is something we should follow up on. It seems to me there was an announcement on that. I wasn't able to get it that quickly, but thank you for that.

I must say that the presentations this afternoon were terrific. You have a story that has been touched on by previous witnesses, but yours is very good indeed—and I'm being particular to Madame Fast and Ms. Diocson.

The story that you gave us today is very compelling. I know we'll have the testimony in the transcript from today's meeting, but will you ultimately be giving us a written brief on your presentation today? What I was hoping is for you to sum up, and perhaps you could do so just very briefly. While this was a very compelling and interesting text that you gave us in your message today, I couldn't really catch exactly what it is that you would like to see.

Madame Diocson, you had some very specific things to say about the live-in care program, for example, and there were some problems with that. What are you looking to see done with that?

Madame Fast, in the same way, on the kinds of issues that are facing caregivers, if you were to come up with two points that you would really like to see, what would they be?

We may run out of time here, but could you just give me thirty seconds each on those, and then we'll go to Mr. Norlock—and I didn't mean to leave you out, but this was very well done.

Thank you.

●(1645)

Ms. Cecilia Diocson: As to the live-in caregiver program, our community is actually calling for the scrapping of this program because it sets the context for the economic vulnerability of the community and so many other problems. Instead, we would like them to come with permanent residency status so that they can also bring their families over. The problem is not only for the women but also for the families who were left behind in the Philippines. We are now experiencing the impact in our second generation.

Mr. Bruce Stanton: Thank you.

Madame Fast.

Ms. Janet Fast: I think the caregiver tax credit and the compassionate care benefits program are good starts in terms of acknowledging and beginning in very small ways to address the economic consequences. I think both of those programs should be revisited in terms of their comprehensiveness and inclusiveness, level of benefit provided, and some of those kinds of things. It would be easier to speak to this if we had the results of the comprehensive evaluation that has been done of the compassionate care benefit program, at the moment, but we don't.

Beyond that, though, I think one of the most important pieces that we have not yet addressed in any way, shape, or form is the long-term pension consequences. That's where we need to turn our attention next. That's probably the most profound consequence that caregivers will face.

Mr. Bruce Stanton: Well done and on time.

Do we have some time for Mr. Norlock?

The Chair: You have one minute.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Just quickly, Ms. Diocson, I was surprised when you said to scrap the live-in caregiver program. The reason I say that is that I was approached by a person in my community who was quite anxious. His wife is quite ill. She's Filipino, and they wanted a family member to come over, but a year wouldn't be sufficient. The new change to three years seemed to be of benefit. You're still quite certain that's a bad thing? They seemed to think it was a good thing.

Ms. Cecilia Diocson: The fundamental pillars of this program really have to be re-examined, because this is the context also of human rights violations, of this pillar. With the mandatory live-in, the temporary status, they're working under one employer, and there are many other factors that put them into very vulnerable situations.

If they're needed here, why is it that they cannot come in with their landed status, or upon arrival they can't even bring their families if they're really needed? I think that will also resolve some of the problems they're going to face when they're here.

The Chair: Thank you.

We will now go to Madame Deschamps.

[Translation]

Ms. Johanne Deschamps (Laurentides—Labelle, BQ): Thank you, Mrs. Chair.

I will address you in French.

Statistics Canada tells us that 50% of Canadians are female and that more than 50% of immigrants are female. Ms. Konanur and Ms. Diocson, in the last ten years, did you notice in your organization an increase in the number of women who need your services, of women who are more in need and experience a greater economic insecurity? Can you say that, with an increase in immigration, the women you are helping also have more problems?

[English]

Ms. Sheila Konanur: Unfortunately, I have not been with my organization long enough to really speak to whether there has been an increase in the number of women we're seeing in the last ten-year period, but I can say that we are extremely busy. There is never a dull, open moment. We have a huge influx of people accessing our services. As to whether that's attributable to what you were saying, the growing numbers of immigrants over the past ten years, I would say that would be a fair assumption to make.

●(1650)

Ms. Cecilia Diocson: Our community is made up of a majority of women. Some 65% to 70% are women because of that live-in caregiver program, for the last 20 years. In terms of services, we do not have any core funding and we also do not have the same services that other immigrant service societies are delivering. We do our services through volunteer efforts of the community. We have several organizations in our community doing this, and they are supporting the women who are victims of human rights violations, of exploitation. Even for legal services, we have to look for lawyers who are giving us pro bono services in order for the community to help their members who are in this situation.

We have women who have been imprisoned here in Ottawa, so we have to look for lawyers. There are also increasing numbers of women in Toronto who are being criminalized. A few months ago we supported a woman who was charged with theft by her employer. There was no way for her to pay for a lawyer, so we had to go to the legal aid services. Also, because of the lack of legal aid funding right now and because these women are not able to get services from legal aid, it was really difficult for this woman to get the lawyer. We were able to get another pro bono service from a young lawyer who supported her, and her case was discharged. So she is still here and continuing to work as a domestic worker.

So there are a lot of cases right now. This is the reason that the community, especially the women in our community, are calling for the scrapping of this program, because it is us who are really hard hit by the situation. We are very, very much affected by the experiences of these women because we're the first ones to hear their stories.

The Chair: Merci.

Ms. Mathysen, for five minutes.

Mrs. Irene Mathysen: Thank you, Madam Chair.

I'll throw this question out to all three of you, and answer as you feel you'd like to.

Many women arrive in Canada as a family-class relative sponsored by spouses or partners, and many of them don't know their rights. They don't understand the laws and they simply don't understand their rights. As a result, if they're abused or put into a violent situation, they can't see an escape. They don't understand what is there for them.

I'm wondering what the federal government should be doing to protect these women. How should the federal government be responding to this kind of situation?

Ms. Sheila Konanur: I'm not familiar with how the federal government prioritizes this problem, but I know in my organization abused women account for a large number of the immigrant women we see. Actually, in almost all of the cases they're coming because they have absolutely no idea how they're going to get on their feet, because they never had financial independence when they were in their relationship. It's a huge problem; it's a huge crisis.

As I was saying before, a lot of parental burden falls on these women, so it's not just the women, it's the children who are suffering as well. It's something that needs to really be looked at, again, in a culturally sensitive way. We cannot take a western approach to dealing with these women. There are many women who would never go to a shelter, but they'll come to us because we're able to really sit with them and explain their rights—as you were saying, a lot of them don't know their rights—in a way that they're able to understand, whether it's through language or just that we have the time to do that and we're able to offer this ongoing support.

I hope that answers your question in some way.

• (1655)

Ms. Cecilia Diocson: I also would like to say that their skills and knowledge and also their education must be recognized. I think that's really very important for women in this country. This is what we want for our women: to achieve economic security, to achieve the kind of equality and also independence that we all would like to see in our country as women, as feminists. Without answering their economic issues first, we could not have a society that is also sensitive to the needs of the women.

Concretely, we would also like the Filipino nurses to be recognized, because we have a legacy in this country. In the seventies, I came as a nurse. There was a reciprocity agreement between the Philippines and Canada, and I practised my nursing profession. I must say that I had better economic opportunities than do the nurses who have come recently and who are in live-in caregiver programs.

So, clearly, this is creating division among the women and among the professionals, because we're coming from a third world country, and this is what we face. So we need to look at that.

We need to look at the conditions of the next generation of our community. They are already vulnerable. We have the highest high school dropout rate in Vancouver and the second highest high school dropout rate in Montreal. So you can just imagine the suffering of this community. But we also have a lot to contribute to Canadian society, being a community of professionals. I think it is really important to say this.

Again, the rights of these women must also be respected. We would like Canada to sign the UN convention for the protection of the rights and welfare of the migrant workers and their families. The community-based programs that we have must be supported, and we should be able to access resources, because we also contribute to the economy of Canada.

The Chair: Thank you very much. Unfortunately, our time is up.

I'd like to thank you personally and from the committee members for your very well-thought-out presentation. Your presentation confirms our belief that our study on the economic security of women is very timely.

You've touched upon a lot of inter-jurisdictional interdependency disciplines, and it's a complex issue. You've made some wonderful recommendations, and we will see, as we proceed with our study, how they fit in. Being an MP in an area where there are a lot of live-in caregiver programs, a lot of nannies, I fully understand what you're talking about.

There was a request made by Mr. Stanton for briefs. We do not demand briefs, but if you are in a position to give one to us, we would really appreciate it. It would enhance our work as well.

What I'd like to do is to give you a minute—please take only one minute—to sum up what you thought you had missed. I'll start with Dr. Fast first.

• (1700)

Ms. Janet Fast: I didn't know I was going to have this opportunity.

I grossly oversimplified the situation, I think. If you're going to be looking into these issues further, I think I would encourage you to look at some of the diversity within the situations I've talked about. The situations are different for immigrant women. They're different for different cultural groups. They're different for women of different ages. They're different for women in different kinds of caregiving situations.

There are some huge knowledge gaps as well. When I do research, that's part of what I pay attention to. We know very little about some things like the situations of people who are caring for adult children or other relatives with mental health conditions, for example. So there are some huge knowledge gaps, and there are some huge policy gaps because of that.

The Chair: Thank you.

Cecilia.

Ms. Cecilia Diocson: Again, we need to continue to further our studies and research in our community, with your support, of course. We also need to model the type of work we do in our community-based nursing review, which has helped over 250 live-in caregivers back to the their profession, without any government funding.

I urge the status of women committee to support us, in terms of providing access to resources. This is a fundamental issue for women.

All I would like is very concrete support for Filipino women in this country.

The Chair: Thank you.

Ms. Konanur.

Ms. Sheila Konanur: I want to thank all of you for this opportunity, and I commend you for taking the time to listen to our experiences here today.

What I want to stress is that on the economic security of immigrant women, you cannot just look at it from a financial or even an employment standpoint. There are many other factors to consider that factor into a woman's ability to sustain economic stability.

That said, I concur with my fellow speakers here, in that more research needs to be done, and any measures we can take to fund the research geared toward this needs to continue.

Maybe more outreach can be done, in terms of delivering information to these women in a way they can understand. Perhaps this is a sort of end-to-end type of service delivery that we offer at our organization.

The Chair: Thank you all.

I'll suspend the meeting for a couple of minutes, and then we'll go in camera.

[Proceedings continue in camera]

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