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Chair

Mrs. Karen Vecchio

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● (0850)

[*English*]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): Good morning, and welcome to the 136th meeting of the standing committee on the status of women. Today's meeting is being televised.

Today, we'll continue our study on the challenges faced by senior women, with a focus on the factors contributing to their poverty and vulnerability. For this, we welcome on our first panel, from the Canadian Centre for Policy Alternatives, Katherine Scott, who is a senior researcher. From the International Longevity Centre Canada, we have Margaret Gillis, president, as well as Kiran Rabheru, who is the board chair.

We'll begin with testimony. We'll begin with seven minutes each, starting with Katherine Scott.

Ms. Katherine Scott (Senior Researcher, Canadian Centre for Policy Alternatives): Thank you to the committee.

As was said, my name is Katherine Scott, and I am a senior researcher with the Canadian Centre for Policy Alternatives here in Ottawa. I am also the proud mother of Charlotte, who was thrilled to attend the committee on Tuesday, as part of the delegation with Daughters of the Vote.

I can't promise to match the eloquence and passion of the young woman who spoke to you on Tuesday, but I am looking forward to talking about the economic challenges facing older women in Canada today.

Poverty and economic insecurity are unique hardships for older women, particularly when combined with the many overlapping challenges of aging, such as chronic illness, loss of mobility, providing care for a spouse, grandchildren, or both, or loss of community support. Given that Canada's population is aging, the gaps in our system of public supports for seniors will directly affect ever-widening numbers of people.

Today, I would argue, seniors are sometimes portrayed as a well-off generation that benefits overly much from generous government supports, at the expense of younger Canadians. This narrative ignores, I would argue, the realities of large inequalities in income and wealth in Canada, particularly among seniors, many of whom remain in poverty, despite the positive impact of CPP and OAS/GIS. It also ignores the very large reality of large disparities between men and women.

Age and gender are only two of the many intersecting factors, such as race, conjugal status, employment and sexual identity that impact economic security. It's the intersection of these experiences and identities that reveal the challenges women face, and what's needed by way of solutions.

In my short presentation, I'm going to point out what we know, and give you some thoughts about what we think is needed by way of building out supports for this important group.

Here's what we know. Seniors' poverty has increased since the mid-1990s, reaching 15.4% in 2017. That's according to the Canadian Income Survey. Rates of poverty are higher among senior women than among senior men. In Canada, in 2017, almost 600,000 older women lived in poverty, as compared to 340,000 men. Rates of poverty, again, among women, are higher in marginalized communities.

The census gives us great information about this. We know, for example, that one quarter of older indigenous women—those over age 65—live in poverty. The figure among women over age 65 who have just immigrated to Canada is 23%. Women in these communities face greater risks. We know, as well, that women who live alone are at particular risk. They are four times more likely to be poor than women living with a spouse or other relatives. Indeed, senior women make up over two-thirds of all seniors living in poverty. They make up over 70% of all singles living in poverty.

There's another large group we need to pay attention to. These are women, and seniors generally, who live with incomes just above the poverty line. More than half—that's 57%—of all older women had after-tax incomes of less than $25,000 a year in 2017, as compared to 38% of men. Of this group, two-thirds of women had incomes between $15,000 and $25,000 a year. We're talking about the majority of senior women in Canada living on very modest incomes. These are not the groups hightailing it down to Florida and the like. We're talking about people living on very modest incomes that are perhaps just above, but certainly not much higher than, the poverty line.

What this tells us is that many have little income above and beyond what's available through basic pensions. They have the basic OAS/GIS, and a modest CPP, depending on their work history. It also tells us why, for instance, core housing need is so acutely high among older women; in particular, women living on their own. It tells us why many face untenable choices each day of paying for the high cost of housing, medication, food or other basics.

It's perhaps not surprising that we've seen an uptick in employment among seniors. One in 10 women over age 65, in 2018, according to the Labour Force Survey, was engaged in the paid labour market. That's up from 3.2% in the year 2000. That's quite significant. We've also seen quite a startling increase in the employment rates of women aged 55 to 64. Indeed, employment was up 18 percentage points among women aged 55 to 59, between 2000 and 2018. It's up 22 percentage points among women aged 60-64, so it's quite a significant increase of labour market for this particular group.

● (0855)

I would argue that it won't be enough. Increased rates of employment certainly won't be enough to offset inadequate pension coverage, and won't be enough to offset woefully low levels of retirement savings.

The difference between income at retirement among those who have a pension and those who do not is stark. Thirty per cent, for instance, of Canadians between the age of 50 and 64 have no RRSPs or other similar assets, and 18% have no savings or private pensions at all. Women, in particular, struggle on incomes that are considerably low for potentially very long periods of time.

Women are doubly disadvantaged in this regard, first because of their work histories and secondly because of the sizable and persistent and damaging gender pay gap.

Women are still more likely to take time out of paid work to care for young children, ill or disabled family members or elderly parents, and they are more likely to work fewer hours at lower wages for the same reason.

Recent research—and you'll have seen any number of studies in the papers of late talking about it—looks at the motherhood wage penalty, and it paints a grim picture. Women's earnings fall steeply after having a child, and they never fully recover. And this, of course, influences their pension coverage and benefit levels much further, through their entire life, down the road.

What would it take then to enhance the economic security of older women? Promoting labour market participation has certainly garnered some attention at the OECD and the like. There was actually a federal-provincial-territorial committee not too long ago that was looking at this.

Let's cut to the three...and then we can come back to it in discussions.

I would argue that's a quixotic. I don't think that trying to increase labour market participation will necessarily deliver the bang, given the scale of the need. What really we need is a strong public infrastructure of public supports such as affordable housing and pharmacare, as well as strategies to address the working conditions in the low wage labour market and the like in order to achieve a foundation to provide greater security.

I will stop there. We can talk about the other things later.

The Chair: Excellent. Thank you very much.

We're now going to move onto Margaret Gillis for seven minutes.

Ms. Margaret Gillis (President, International Longevity Centre Canada): Thank you.

“Old bag”, “geezer”, “old maid”, “little old lady”, “babushka”, “old crone”....

It's depressing to google synonyms for older women and try to grasp the rampant ageism embedded in our society against our mothers, daughters, sisters, partners and ourselves. It's a sad reality, as older women are often stereotyped and overlooked, here in Canada and around the world.

That was clearly evident a few weeks ago at the 63rd session of the United Nations Commission on the Status of Women, where older women were blatantly ignored, even at the international epicentre of human rights.

Thus, I'm delighted to be here today to learn that the standing committee has taken the time to look at the issues faced by older women in Canada. Thanks to all of you for your important work.

I should begin by explaining that the International Longevity Centre is a human rights-based organization focused on the needs of older persons, and as such, all our interventions today will be viewed through a human rights lens.

ILC Canada is partnered with the LIFE Research Institute at the University of Ottawa and is part of a global alliance of 16 countries that was the brainchild of the famous geriatrician Dr. Robert Butler, who coined the term “ageism” back in 1969.

Ageism is defined as a combination of prejudicial attitudes towards older people, old age and aging itself. Like all “-isms”, ageism penetrates and destroys. It belittles and patronizes and it results in the loss of autonomy and dignity. Ageism creates barriers to health, financial resources, education, employment and social and economic justice. In fact, all the issues that you have listed for today's discussion are negatively impacted by ageism.

Older women face the double jeopardy of ageism and sexism, and this can become triple or quadruple jeopardy when racism, homophobia, disability and indigenous identity are added to the mix.

My first recommendation is that today's discussion result in a strategic plan to counter ageism and for Canada to lead a United Nations convention on the rights of older persons.

My colleague has been talking about poverty, which also has a huge detrimental impact on older women. We know that 16% of older women live in poverty and that the median income for older men is 1.3 times higher than for older women. This disparity leads to significant financial stress for older women. We know that women live longer than men, yet they have earned and saved less than men over their careers. Many have worked in lower-paid service jobs with fewer hours and have had leave periods to raise children and to care for aging family members.

To mitigate that, we recommend action on pay equity, including policy and investments that support educational training for women and provide support for caregivers. We must ensure GIS and OAS policies do not negatively impact older women and that every effort be made to find and register those who are eligible for programs.

Cardiovascular disease, strokes, malignancies, osteoporosis, and cognitive and psychiatric illnesses are the most frequent and often most devastating health issues in older age. Older women, as I mentioned, live longer than men and consequently are more likely to develop chronic illness.

As a case in point, 7.1% of Canadians suffer from dementia, but two-thirds of those are older women. The burden of caring for dementia largely falls on women, which may result in significant mental, physical and financial stress. Policies that enhance caregivers' quality of life must be a vital part of our health care system.

Older women often fail to receive the same quality or amount of health care as men. For instance, women with heart disease receive fewer diagnostic procedures and fewer treatments, and women with kidney disease receive dialysis later than men and get fewer transplants. This gender disparity can literally be fatal for women. Understanding the differences in disease frequencies, presentations and response is vital for optimal health for older women.

There is also a paucity of research on mental, as well as physical, health for aging women and this needs to change. The Mental Health Commission of Canada notes three key factors for effective health: prevention, health promotion and early detection. These are essential components of a sustainable, effective and equitable health care system.

Finally, we realize that the cost to society of not acting on these recommendations is dire.

● (0900)

Appropriate housing is a basic human right for all Canadians. For older people, that means clean, accessible housing that meets their needs for independence, dignity, safety and social participation, yet here is the reality for older women in Canada: 27% are in core housing need, meaning after housing costs they don't have enough money for food, medication and transportation.

Women make up seven out of 10 Canadians living in residential care, which can lead to the loss of social and community connections, self-esteem, autonomy and choice.

Lastly, to our national shame, we are witnessing an increase in first-time homelessness among older women. While we applaud the national housing strategy, it needs to better address the housing needs of older women.

ILC Canada and other like-minded organizations are vigorously advocating for a United Nations convention on the rights of older persons. We believe a UN convention would be transformative, because research-based evidence is clear: Conventions work because they better the lives of rights recipients.

A UN convention would see older people as rights holders and codify those rights in a single document. A convention would act as an anti-discriminatory tool to challenge negative stereotypes. Rights conventions improve government accountability and transparency and require the active participation of older persons. They raise public awareness and create better, healthier societies where older people prosper.

Canada has a long and proud history of leading and supporting conventions. There is no reason for our country not to work to better the lives of older Canadians, the vast majority of whom are women, along with the lives of other people around the globe.

I am going to leave you with some thoughts to ponder.

At what age does a person lose his or her rights?

At what age should a person be without preventative health care or access to education or training?

At what age should a person lose autonomy, self-determination and choice?

At what age should a person be less protected from discrimination, violence and abuse?

The answer is never. As we grow older, our rights should be enhanced, not diminished or lost.

Thank you.

● (0905)

The Chair: Excellent. Thank you very much.

We're now going to start our first round of questioning, for up to seven minutes each.

Salma, you have the floor.

Mrs. Salma Zahid (Scarborough Centre, Lib.): Thank you, Chair; and thanks to the witnesses for important insights and the data you have collected.

My first question is for Ms. Scott.

In the data and research you have gathered, have you developed any data on differing outcomes and challenges faced specifically by minority senior women; and how much is the intersectionality considered when it comes to making decisions on seniors' issues?

Ms. Katherine Scott: That's a great question and certainly something that, as a researcher, I have been looking at quite closely.

The fact of the matter is that we have extraordinarily great resources and information in Canada, but too often they are actually provided at the national level and they don't provide the depth and granularity needed to really paint a nuanced picture of groups such as racialized women, newcomers to Canada or indigenous women. That's certainly something that StatsCan has on its radar.

There is lots more to do and more investment needed to enhance the information that we have, certainly to provide not only at the national policy level, but actually to support community decision-makers as well. It's vital to think about the information and the sources that we need in order to support informed public policy.

I was able to generate some information from the census. As you know, the census is done once every five years. That really is probably not enough. There is a lot of great administrative data often that provides some information, but it's not publicly available. We really have a challenge in front of us to think through what's needed to support informed policy and reform in this matter.

Mrs. Salma Zahid: Ms. Gillis, would you like to add something to that?

Ms. Margaret Gillis: No, you've covered it well.

Mrs. Salma Zahid: I was looking into the May 2017 report from the Wellesley Institute that looked at diversity, aging and intersectionality in Ontario home care. We know that home care is going to be an increasingly important part of the seniors care metrics. As we know, in centres such as Toronto, minority seniors account for an increasing proportion of the seniors population.

I represent one of the Toronto ridings. According to the report, Toronto experienced a 131% increase in the number of visible minority seniors between 2006 and 2011. For Canada, it was 31% overall, but specifically for Toronto, it was 131%.

The report found that minority seniors have cultural, language and other barriers to accessing publicly funded home care. They were less likely to access publicly funded home care, more likely to rely on private care or family, and more likely to have unmet home care needs.

Are we doing what we need to do in order to address the intersectionality needs in seniors care delivery? What do we need to be doing that we are not doing?

Ms. Gillis, maybe you would like to start.

Ms. Margaret Gillis: I'm happy to start with that; and Kiran, you might want to add to it.

You have put your finger on a big problem, and there are a couple of issues that we need to unpack within the comments you've made.

First of all, in terms of getting information out and unpacking the availability of the public system for people who are not accessing it, there is a lot of history in different government programs of going out to actually find those people and bring them in so that they're getting access to it.

GIS and OAS are one example. Right now, HRSDC is looking at innovative ways to access people who aren't getting GIS and OAS, so there are models. We should be thinking about that for the folks you're talking about, particularly if 131% are not getting access in Toronto. That's just crazy.

Second, that's an area where we really need to look at funding and at how the system works, so that it covers people's needs. Research needs to be done on that and we need to start looking at better programming.

That's my two cents' worth.

Kiran, do you want to add anything more?

● (0910)

Dr. Kiran Rabheru (Board Chair, International Longevity Centre Canada): Ms. Zahid, that is such an important question. Let me just take it one notch above where you started.

Every single person in this world needs three things to have a good quality of life: We need a good place to live; we need something useful, purposeful to do; and someone to love. If we don't have one of those three things, our quality of life suffers.

There are lots of models in this world that do better than Canada. Japan has a really good model for community care. Even the United Kingdom, amongst the western world, actually has some good models where especially minority groups are served better.

Building on what Margaret just said, we do need to look at those and improve our system of social housing and supports in the community closer to home.

Mrs. Salma Zahid: Ms. Scott, would you like to add something?

Ms. Katherine Scott: I was listening to that. I grew up outside the GTA, and it is so true that in our large urban centres we are really facing a home care crisis. Partly it's aging, but the extraordinary diversity, certainly of the GTA community, is putting pressures on a system that simply has not been designed or adequately equipped to deal with the need of either providing support to all diversity families in their homes or providing institutional support.

It's interesting that, in terms of response, the beds in home care or nursing homes, for instance, actually might be arguably even less accessible today with the rising pressures on them than they were 20 years ago. We have not kept pace.

Investments here are critical, because certainly women's unpaid labour continues to be drawn upon. Caregivers are on the front lines of this crisis. Their own health suffers. That has certainly been my experience in my family.

To do nothing is to continue to exploit the labour of women. This is a very concrete, black-and-white example of where failures of public supports, and certainly of imagination and vision, leave families across the country hanging. It's acute in communities where institutionally or historically there have not been services to those communities that reflect cultural needs or their languages, particularly in seniors' care.

There is going to be a period of catch-up, but putting our heads in the sand is simply not the answer here. We have to really make a commitment to understanding the role of public supports and services to families as they go through this transition and try to enhance the quality of life of seniors. As Kiran was saying, Canada has fallen back and is behind.

It is complicated by the federal-provincial jurisdiction. Home care and many of these supports are clearly in the provincial domain, but certainly we have transfers here from the federal government.

The Chair: I completely agree. Thank you so much.

We're now going to move over to Kellie Leitch for her seven minutes.

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much, Chair; and thank you all for taking the time to come and present to us today.

I represent a riding that has become essentially the Victoria of Ontario. I have Collingwood, Wasaga Beach.... Three of the 10 oldest demographic postal codes in the country are within my riding, so I am acutely aware of some of the issues.

The thing that comes up the most and I hear about, possibly because I am a physician myself, is access to health care, the wait times, the idea of waiting 24 months to have a hip replacement and the impact of that on quality of life. The issue is that the governments, whether they be provincial or federal, don't seem to be accountable for their care, even though they take responsibility for it.

Could you comment on that and what you think might be some of the solutions around creating that accountability? Maybe it should be something in the act, or maybe it should be something with respect to how the provinces or the federal government should be approaching this.

When we had health transfers in the past, we put accountability around what it would be for. Do you have some comments on that for seniors?

● (0915)

Dr. Kiran Rabheru: Thank you for that fantastic question.

I really think that this is such an important point that we need to spend more time discussing, but just in the short time we have here.... Margie and I actually wrote to the minister when the health accord was being rolled out, about a year and a half or two years ago, with some recommendations on how we can make our health care system better moving forward.

We divided the recommendations into several parts, but the main one was about looking at primary prevention to help people who are healthy to stay well; looking at how we can help people who are at risk by providing them supports, care and wellness in their own communities so that they don't fall into that third category, the ones who are actually sick; and, providing good supports for people with mental and physical illness closer to their homes, within their community of supports and health, but not as much in the hospitals.

I think we need to keep people away from hospitals as much as possible by providing communities of care and support—social, transportation, poverty, all of these social determinants of health—closer to their homes, because that is where the money is being spent at the moment. For every dollar that we put into the health care system, we're only getting about 20 cents at the bottom.

Hon. K. Kellie Leitch: Right.

Dr. Kiran Rabheru: That is the bigger issue, but we need more time to talk about the details.

Hon. K. Kellie Leitch: Yes, I'd be delighted to hear about the details.

Dr. Kiran Rabheru: Yes, absolutely. We would be happy to talk to you about them.

Hon. K. Kellie Leitch: I have a second question for all of you with regard to the point that I think you made, Mr. Rabheru, about purposefulness in one's life. I don't know if each of you have a comment on a specific program or a specific idea that you would recommend to the government. I've sat on both sides of the House, and it's much more helpful when we know specifically what you're asking for, as opposed to the broad generalities of trying to boil the ocean. If you have something very specific that you know already exists and that maybe should be augmented, or something specific that you think would be valuable, that would be helpful.

Maybe you could start, Katherine, because you had an answer to a question for me. That would be great. By the way, your daughter was fabulous on Tuesday.

Ms. Katherine Scott: Thank you so much.

I'm happy to do that with some specific recommendations. I'll start with this. We were talking about home care. I would encourage the government to increase the amount of monies available to the provinces and territories for home care through the established transfer and to look at establishing a national care strategy that ensures—including conditionality, which is what you're talking about—the equitable provision of supports and services across the country.

We've moved away from that. We seem to be in an era where the federal government no longer directs its cash to the provinces. Certainly, the CCPA has always taken the position that it's wholly appropriate to attach conditions for the expenditure of the monies to promote equitable outcomes.

Hon. K. Kellie Leitch: Margaret.

Ms. Margaret Gillis: My suggestion would be that we do something specific on social isolation and look at the impact on older people. What kinds of programs work? They have some great ones in the U.K. and other places in the world that we can mimic.

In the U.K., the doctors are now writing prescriptions for you to go out and join poetry groups or go to the art gallery. There are specific things. I think that's a huge one. It has huge health outcomes. You'll know, as a doctor, how important that is. Being socially isolated is like smoking cigarettes. We really need to get at that.

Dr. Kiran Rabheru: I'm a physician as well. I'm a family doctor and a geriatric psychiatrist. I co-chair the Canadian Coalition for Seniors' Mental Health. We've just put out program that we call the Fountain of Health. We focus on basically three things: brain health and wellness, which have to do with social isolation; physical health; and, keeping your mind and brain active. Those are the three areas that we need to focus on to keep people well.

Hon. K. Kellie Leitch: The one thing that I would also like to ask you about is along the lines of what are those barriers to the integration. I have literally tens of thousands of seniors in my riding. I hear about things as simple as transportation costs, but I'm confident in saying that there is probably a laundry list of other issues.

I live in a large rural riding. We have particular challenges with regard to seniors being able to integrate into social programming. Outside of transportation costs, do you have other recommendations for those of us here at committee and for the government on how that can be overcome?

You're going to have about 15 seconds.

● (0920)

Ms. Margaret Gillis: I'll do this very quickly.

I come from government, and when I was in government I was involved in creating something called the age-friendly communities program. There's a checklist that exists for that. Some of the issues you've just talked about are on that checklist.

I'll give you an example. On social participation, you need to make sure that venues for events and activities are conveniently located, accessible and well lit and, also, easily reached by public transportation. That might be a problem in a rural area, but there are ways around that if you look at community support.

If you think about something like transportation, there's a whole list here, including making sure first off that the costs are accessible, particularly when you think about older women and the poverty levels that we're talking about. I can leave you with that list if that's helpful.

Hon. K. Kellie Leitch: Yes.

Ms. Margaret Gillis: There are a lot of great examples there for all levels of government.

Hon. K. Kellie Leitch: That would be very helpful. Those are the things that we're looking at in the committee. Thank you very much.

The Chair: That's excellent. Thank you very much. We're now going to pass the floor over to Anne Minh.

You have seven minutes.

[*Translation*]

Ms. Anne Minh-Thu Quach: Thank you, Madam Chair.

I want to thank the three witnesses for being here.

I have a question for Ms. Scott, from the CCPA.

You mentioned the issue of access to medication. I participated in the Beauharnois-Salaberry seniors round table in my constituency. People were saying that seniors had trouble accessing medication, which can be quite expensive. Even though we're in Quebec, certain medication is difficult for some seniors to afford. As you were saying, the salaries and pensions aren't very high.

It's also a very rural area. Seniors don't necessarily have a car or access to transportation to travel to the hospital or to run errands, as my colleague said.

You spoke briefly about the universal public drug coverage system. What can you tell us about this type of system? Is there a model elsewhere that could be applied in Canada? Do you know of any studies that support this model?

[*English*]

Ms. Katherine Scott: The cost of medication certainly is a pressing concern for many seniors, just in reviewing their histories.... They may or may not have private coverage. There are huge gaps in terms of what the public system covers. As a consequence, seniors who are facing high rents or transportation challenges and the like have precious few dollars to devote to medication. It remains a paralyzing concern for many.

I believe you're talking about a national pharmacare program. It's a critical piece of infrastructure and is really a huge gap in the Canadian health care system. Proportionately, it does detrimentally impact seniors to a greater extent. Our organization has been advocating for a universal single-payer health care model.

We understand that there's an interim report out from Dr. Hoskins and that the government itself is looking at a model and putting it forward. We would encourage, from our own research, support of a single-payer universal system in order to provide a foundation for everyone, as opposed to a “fill in the gaps” system, which was I guess another proposed model. I'm happy to follow up with our particular recommendations around the financing of that and put you in touch with my colleague who did that economic modelling.

[*Translation*]

Ms. Anne Minh-Thu Quach: Can you describe the economic benefits of this model?

[*English*]

Ms. Katherine Scott: I'm sorry that I don't have all the details at hand, but certainly the proposal we put forward suggests that, in terms of economic costs, it delivers the largest number of benefits to the largest number of people. It certainly is a more efficient model and obviously takes advantage of steps to create a national formulary and the like.

There are many studies. Certainly, some of my colleagues in our provincial offices are looking at the increasing cost of medication as it disproportionately affects older women. We really strongly recommend that action in this area would have a profound impact on seniors' quality of life.

● (0925)

[*Translation*]

Ms. Anne Minh-Thu Quach: Thank you.

My next question is for Ms. Gillis.

Let me tell you about an organization in my constituency. The Haut-Saint-Laurent regional county municipality is the second poorest municipality in Canada. There's an organization in the municipality that helps seniors in particular. The organization is called the Un coin chez nous multi-service community centre and is headed by Guy-Julien Mayné. As he explained, the main issue in rural areas is isolation. You also mentioned isolation. It's often caused by a lack of transportation.

You mentioned a list of recommendations for transportation, and I want to hear them. In rural areas, seniors often have contact only with the people from meals on wheels, a service that provides food once a day and a few days a week. Transportation is extremely expensive, and there's no public transportation, apart from taxis. Most people who use these services are senior women. In fact, 75% of food services are used by women who live alone and in housing on which they spend over 30% of their income.

Do you have any recommendations or ideas for the federal government?

There isn't a range of federal programs, apart from the new horizons program. The new horizons program supports projects, but there isn't necessarily funding to ensure that community organizations can carry out their mandates.

[*English*]

Ms. Margaret Gillis: I think there would be a number of programs.

Again, I would start by suggesting that we look at options in other countries, because it's always best to see what has worked.

That said, we have some interesting federal programming for children in our country that came out of Canada's signing of the United Nations Convention on the Rights of the Child back in the early nineties. At that time, the government put together programs for at-risk children, and those exist all across the country in resource centres. I think there's a possibility of looking at how older people perhaps could be serviced by some of those programs that already exist. Now, again, it's a cost issue. As you know, you have to fund it.

One of the things those children's programs do in rural areas is that they look at ways to get children into their centres. Some of them have vans, for example, so there are models that exist in the country, and there's a model that exists internationally. I think there are ways that you could build on that.

[*Translation*]

Ms. Anne Minh-Thu Quach: You said that there are international examples. Can you name any of them? Do you have concrete examples?

[*English*]

Ms. Margaret Gillis: For international examples, you always look to the Nordic countries and to England, and to some programming in Australia. We could get back to you with some of those examples.

[*Translation*]

Ms. Anne Minh-Thu Quach: Yes, please.

You both mentioned federal transfers. We know that the transfers have been reduced from 6% to 3%.

Do you think that the transfers should be restored to 6% or to any other level needed to fill the gaps in home care, such as mental health care?

We're told that an increasing number of women aren't getting a dementia or Alzheimer's diagnosis, for example.

[*English*]

The Chair: Anne Minh, we're quite a bit over.

Could I have about a five-second answer?

Ms. Katherine Scott: Spending as a percentage of GDP in Canada is at relatively historic lows. I think there is fiscal capacity to increase support and spending for Canadian seniors—women in particular.

The Chair: Thank you very much.

Now, Rachel, you will have the floor for seven minutes.

[*Translation*]

Ms. Rachel Bendayan (Outremont, Lib.): Thank you, Madam Chair.

I want to thank the witnesses for their excellent presentations.

I have a question for Ms. Gillis regarding access to justice.

Given that your presentation was in English, I'll ask the question in that language.

[*English*]

As a lawyer, I wonder if you can comment a bit on the increased incidence of fraud, in particular with regard to older women, and how the judicial system is able to support older women in accessing judicial recourse. It's extremely costly to hire lawyers. I wonder if you could comment a bit on access to justice and to legal representation.

Ms. Margaret Gillis: You've brought up two really great points there, the first point being the increase in fraud and the different ways in which fraud is happening, particularly with social media, and the ways in which the justice system needs to catch up with that, particularly with regard to the targeting of older people.

On point number one, absolutely, something needs to be done on that. We need to think that through a little more. Those are the kinds of things that the justice department, if we're talking about the federal government, ought to be looking at and thinking about. I don't know if they are right at the moment.

On the second part of your question in terms of accessing the system, we've heard what the levels of poverty are and we know right off the bat that people are not going to be accessing the system if they are living close to or below the poverty line. There's a whole issue in terms of how we access that. How do you get legal aid if it's available? Are they overextended for other issues?

It's a whole new frontier that you're talking about there. We need to be thinking about both how to stop it and how to support those who have already been impacted by it, through economic and other supports.

● (0930)

Dr. Kiran Rabheru: I'll just add one quick thing to that.

It's not just from outside. We actually have a saying in our business: “When there's a will, there's family.” It happens not infrequently. We see it a lot. We just have to be very protective of our aging population.

Ms. Rachel Bendayan: Is there anything you'd like to add, Ms. Scott?

Ms. Katherine Scott: This isn't my area, but I am struck by how vulnerable seniors are. I say that as a daughter of two aging parents. I just lost my mother, and I'm just overwhelmed by the number of entreaties and so forth. I think that part of the challenge is that seniors are isolated. They can't work it through in communities. I was struck, as well, by the usefulness of seniors centres and hubs where people come together to problem solve, and by how, through those social connections, they actually are not as vulnerable to these sorts of things. They are able to share knowledge if they don't have family in town and the like, particularly online. Bringing seniors together is such an extraordinary strategy for tackling many of these types of challenges, so I would just add that.

Ms. Margaret Gillis: Yes. It's back to social isolation.

Ms. Katherine Scott: It is. People who are isolated are victimized.

Dr. Kiran Rabheru: There are many models of that in the world.

Ms. Rachel Bendayan: Let's talk a little bit more in depth about the discrimination that you raised at the beginning of your presentation, Ms. Gillis. I'm wondering if you have any recommendations for changing or enhancing our education system. I think that in order to prevent or change the culture around the way we perceive older women, we have to start at a very young age.

Ms. Margaret Gillis: I absolutely agree with that, and that was why one of my first recommendations was that we look at a program to address ageism. It's a really hidden "-ism", one that people don't think about. It's very embedded. If you just watch a few commercials and think about ageism, you will be shocked at what you see when you really focus on what they're saying. It would never be said about any other group in society. I agree that, yes, we should be thinking about it in schools, but we need to just lift it off at some level somewhere. I think that calling it what it is, addressing it and educating people about what we need to do to stop it is really, really important. That's why that was my first recommendation. We really need to have some kind of programming where we actually call it what it is and get people to understand that they're doing it in their everyday lives, just like we have to counter racism or sexism or any of the other evil "-isms".

Dr. Kiran Rabheru: The difference is that it will affect 100% of us.

Ms. Rachel Bendayan: Ms. Scott, my experience in my community in Outremont is that women who are still in the workforce between 55 and 65 and even older really enjoy their experience in the workforce. It provides them with a social network. It gives them a sense of continued contribution to society. I 100% agree that pay equity is a huge issue, but I wonder if you have any evidence of it actually being a positive thing that women are staying in the workforce a little bit longer.

Ms. Katherine Scott: I think there's no question that when women are able to continue in paid employment and have decent working conditions and the like, it's extraordinarily beneficial to them down the road. They benefit socially. They benefit in a myriad of ways. My argument around whether we can increase levels of employment among...as a be-all and end-all.... I'm just saying, absent investment in affordable housing, absent investment in social..., I don't think that will deliver that kind of outcome. The truth is that women's economic participation is a pretty hot topic these days, and clearly we've seen this extraordinary uptick in women nearing retirement age in terms of their attachment to the labour force. There's arguably a good deal of room. They're still 10 points off men's labour force participation in that group, but it's interesting.

Here are some of the other things that women are dealing with at that time: Certainly, older women, as Margie was saying, have challenges with chronic illness and the like. This is the time when they may well have eldercare responsibilities. They may actually be supporting their adult children. It's a time when many enjoy being attached, but they have extraordinary responsibilities and pressures as well.

We see, in the information from the social survey and the like, talk about the number of women who leave paid employment because they have no choices, or they quit jobs to move elsewhere to provide care and support. I think that women should be encouraged to engage in the paid labour market. That is extraordinarily important to their autonomy and their voice on all sorts of.... However, it's not a realistic strategy if we don't actually fully understand the complexity of their lives and the pressures that are being brought to bear, and take a holistic approach.

● (0935)

The Chair: Thank you very much.

We'll now start our second round.

Dave, you have the floor.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Thank you, Chair.

I want to thank the panel for more excellent testimony.

Dr. Rabheru, you said there are three things that every human being needs—somewhere to live, something to do and someone to love. Is that a personal observation or is that a study find?

Dr. Kiran Rabheru: No. I wish I could claim ownership of that. I heard it from someone else.

Mr. Dave Van Kesteren: So it's not a study find. It's great, though.

Dr. Kiran Rabheru: Yes. That's what it boils down to.

Mr. Dave Van Kesteren: Yes.

Ms. Gillis, you paint a grim picture of what's happening to a lot of our seniors. I'm going to date myself, but I think I served on this committee in the 39th Parliament. It's been that long.

A voice: He's 40.

Voices: Oh, oh!

Mr. Dave Van Kesteren: It's great to be back.

You talked about some of the issues we confront with our seniors today. They are grim. We know these things. But what happened? I began this by dating myself, because I remember a time when seniors were cherished and looked after. Is this an indictment of our own culture? Is this something we just slipped into? What happened?

Ms. Margaret Gillis: We have a youth-focused culture. I think that's pretty obvious. I wonder whether, if we looked really closely, it wasn't there before also. I don't know offhand. I would guess that some of these prejudices have always been around. I think what's really important now is to start to pull off the covers and reveal them. That's why I wanted to bring here today some of the messaging in terms of moving forward, really calling ageism what it is, and thinking about the impact on older women in terms of what you folks are doing here at the table. That is such a larger portion of our senior population.

Besides doing some kind of strategic plan to counter ageism, I think there are some really rich opportunities in terms of moving forward on the United Nations convention on the rights of older persons. Some of the research we have done with our colleagues at the University of Ottawa and elsewhere around the world has really shown that it is one tool that allows you to start putting a focus on what's happening to those particular groups.

Mr. Dave Van Kesteren: Dr. Rabheru.

Dr. Kiran Rabheru: Thank you for your question. I think it's a really good point to pause and reflect on.

I'd like you to check your neighbours at the table—I hope you have someone sitting next to you on both sides—because the bad news is that one out of the three of you will be demented by the time you're 80. The good news is that it won't be you. It will be whoever's sitting next to you.

Voices: Oh, oh!

Dr. Kiran Rabheru: If you believe what I just said, welcome to the world of denial. We are supreme at denial: Nothing's going to happen to us.

The difference is that in 1900, the average life expectancy was around 48. It is now 84. People are living longer. We never expected to live this long. I think that's been a huge shift. Medical advances have changed a lot, but people haven't changed that much. Our basic needs haven't changed, yet we're not able to provide them the way we used to.

● (0940)

Mr. Dave Van Kesteren: We also talked about income. Unless the statistics have changed, a number of years ago—I'm talking maybe a couple of years ago—63% of people in Canada received just CPP. That doesn't apply to stay-at-home moms, and obviously the OAS and GIS kick in. My mother was one of those as well. Do we have an unfair retirement system if 63% of the people in this country get just CPP? Is there something wrong with our retirement system if it's so lopsided?

Ms. Katherine Scott: I think you mean in addition to OAS and GIS.

Mr. Dave Van Kesteren: Yes.

Ms. Katherine Scott: The proportion of seniors who receive OAS and GIS is actually in the 90%, and in fact it's closing.

Mr. Dave Van Kesteren: Exactly. What I'm saying is that when people retire, 63% of those get CPP only.

Ms. Katherine Scott: That's right. Absolutely. And very many fewer have access, as I mentioned, to private employment pensions and the like. Some have no assets and support at all included in that.

I mean, that number has changed. A lot of that, as I said, reflects the increased engagement of women in the labour force. As you pointed out, that's been a trend. Women's labour force participation has been very high in Canada for many long years now. Women, of course, have different work histories. Absent that employment, they are incredibly impoverished and must rely on either the province or the family. They're extraordinarily vulnerable.

The Chair: Thank you very much.

For the last round, Emmanuella, you have the floor for five minutes.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): First of all, thank you to all of you for being here with us to discuss this really important issue today. I am the one who moved to do this study in this committee. So many of the seniors in my riding of Saint-Laurent and my community are excellent at getting the message across and letting me know that there are still huge gaps and that we haven't filled their needs yet.

Obviously I think that our government is doing quite a bit to try to help meet some of those needs. When we look at the costs that seniors have, it's obviously the cost of living, the cost of rent or of taxes for their homes, buying food, the cost of medication.

We're trying to tackle it from an angle of pharmacare so that eventually they don't have that cost of medication, and the national housing strategy, which will take care of a lot of the housing costs for many seniors.

If there were something more that could be done, what would be your priority? What would you say is the next thing that we haven't done yet that absolutely needs to be done?

Ms. Katherine Scott: You have pinpointed a very important facet that would strengthen the economic security of seniors: housing. I applaud the government on the national housing strategy and the investments and the monies that are available in terms of the expansion of units. I understand that the co-housing fund, for instance, would be 6,000 units a year. However, that's going to fall woefully short of what's needed.

Most seniors, of course, do not live in subsidized housing, and even those who do still have high expenses. Many more seniors are basically hanging on to their homes. I was struck by the extraordinary number of seniors who are living independently in all communities across the country who are relatively isolated, without access or support.

I think additional investment to build more units will be incredibly important, including supportive housing units that provide the professional support needed for people dealing with dementia and the like. I think the housing benefit, which again we're still waiting for, will be very important for seniors, a large chunk of whom rent—certainly in centres like Montreal—and are facing, as I pointed out, very high core housing needs.

Additional investments in housing would make a real difference for seniors.

Ms. Margaret Gillis: I can't say all of them, right? I have to actually come up with one. You've put me on the spot.

I think that trying to decrease the wage gap is a really important piece for women, because so many of the other determinants of health, and access to other things, fall out of that. I'm kind of stealing Katherine's line.

There are also a number of other really key things that can be done in the health care system. I think homelessness is important and there are things that can be done right away on that, and poverty, the health care system, and, of course, rights, because I'm a rights supporter.

● (0945)

Dr. Kiran Rabheru: I'll add that the single biggest loss in a person's life is their health. Next to that, it's their spouse and their house. Those are the three biggest losses. The wild card is your health. As soon as that joker is played, it's game over; it could happen to any one of us today as we're going home.

I think we really need to provide early upstream care to keep people well. For those who are well, it's keeping people well. Also, we know the risk factors. We know the red flags that are going to get people into trouble. The red flags are cognitive frailty, social frailty, mental health. We can identify those people early and provide supports for them in their own home, where they want to live.

We're not talking about expensive interventions. These are very basic, low-key interventions. It's also keeping them out of the hospital. As soon as they go into a hospital bed or a long-term care home, your costs are through the roof. Those are the two things that take up the most money.

If we want to save money and provide good care, we need to do those things.

Ms. Emmanuella Lambropoulos: Thank you for your insights.

The Chair: Thank you very much.

Thank you very much to the panel, to Katherine Scott, Margaret Gillis, and Kiran Rabheru. This has been an excellent panel.

We are going to suspend for two minutes and call up our second panel.

● (0945)

(Pause)

● (0950)

The Chair: Thank you very much.

For our second hour, I am pleased to welcome, as individuals, Lynn Lecnik, who is from Winnipeg, Manitoba—you will find her on our screen today—Mary Moody and Lana Schriver.

We're going to begin with Lynn.

Lynn, you have the floor for seven minutes.

Ms. Lynn Lecnik (As an Individual): Great.

I understand that, being a senior, I have been invited to voice my experience as a homemaker. I was in a fortunate group. My husband was in a position where he could earn enough income that I was free to take care of the home full time.

As a high school student, I appreciated that I also was free to pursue a career. I actually spent four years in university and one year at a technical college. I received my diploma in nursing.

Soon afterward, I met my husband. When we established our home, he left the choice entirely up to me whether I would work outside the home.

I knew myself well enough to realize that I could not handle both a career and taking care of the home well. As much as I liked the idea of working as a nurse, my first choice was to maintain a family home. At that time, my husband was working as an insurance sales manager and used home entertaining a fair amount to build up relationships. I was free then to help in this valuable PR work.

I have found this to be a wonderful way to live. My husband was free to concentrate on providing for the family, knowing I had the home front covered. If a child was sick, no problem; I was home. While we lived in the city, the children could come home for a hot lunch. Almost always in the evening, the family could sit down together for a home-cooked meal. Our children did have some extracurricular activities, but not lots, so the schedule was seldom hectic.

And yes, being a homemaker let me be free to volunteer. In the city, it was limited. We loved our home and neighbours in the city, but both Josip and myself had been raised in rural settings, so when my husband was semi-retired, we made the move to an 80-acre country property. Here we raised our younger children on this practical hobby farm. Here we became much more involved in volunteering. Josip volunteered in the Lions Clubs organization, which automatically meant I was assisting in their fundraisers and entertaining. I chose to volunteer in the seniors home, providing activities, since I was very familiar with their ways. My parents had run a nursing home when I was growing up and we lived among them. When the children were in elementary school, I could be a parent helper, which the children loved. In high school, I was on the parent advisory council, which was more beneficial to me as I was able to be aware what was happening inside those walls. Now, in our small country church, our volunteering increased there, and Sundays could be a day of rest since I would be home to do the needed work during the week.

The sad reality, which most everyone sees, is that volunteer clubs are folding for lack of volunteers.

Gardening is our love. Our garden is huge, 150 feet by 50 feet. It gives us healthy organic vegetables year-long. There is no way I could have done that if I were working. It takes half the summer, and more, just to take care of it and all the produce.

Yes, my CPP is embarrassingly low. It comes just from my bit of employment before marriage and the help I gave my husband when he ran his personal insurance agency.

We have built up some healthy RSP accounts for me as well as a bit in tax-free accounts to support me, as needed, in the future. If my husband dies before me, my income will greatly diminish, but as my husband says to our children, he will leave them a mother who can come and visit but does not have to stay.

We are very grateful for income splitting. This allows us to save some, using the tax-free savings. We are ready then for the heavy expenses, which invariably come, and hopefully to put away a bit for my future.

My mom is 104. I think I might have a long future.

● (0955)

We never raise children without making mistakes, but it is so satisfying to have been able to provide them a home with a parent who could always be there for them without outside work pressures. My friend's son and daughter-in-law are making huge financial sacrifices to be able to be involved in their children's lives on a daily basis. His gross income is healthy. Taxes and program supports seem to be based on that gross income, yet they are struggling to live on the net income.

I don't need a job outside the home to participate in the economic, social and democratic life of Canada. We raise children to be leaders, to be good stewards of their finances and of the world they live in, to be active members of the society they live in and to know how they can make an impact on the law and government in Canada. The way we raise our children is a full participation in the economic, social and democratic life of Canada. As I said, I was very fortunate to be a relatively stress-free wife and mother.

The Chair: Thank you very much, Ms. Lecnik.

I'm now going to pass the floor to Mary Moody for seven minutes.

Ms. Mary Moody (As an Individual): Thank you for inviting me.

My name is Mary Moody. I took time out from the workforce to raise my family. The object of my story is to set forth the reasons I feel it's important to give encouragement and/or incentive to women who wish to take time out to make families their priority.

I graduated from the Vancouver General Hospital as a registered nurse in 1963. I practised in the case room and the delivery room, and on the gynecology ward. My co-workers were excellent, and I enjoyed working with the patients.

I married my husband while he was an intern, and he was in the navy at that time. Following his internship, we were posted to Comox on Vancouver Island. My intention was to start back to work in the hospital there—but then, we had four children under the age of three. To be very honest, we were complete failures at birth control. I realized then that it would become difficult to go back to work for some time, and thus I became a stay-at-home mom, with endless loads of laundry to do. My dream of going back to a career faded into the background.

My husband's tour of duty ended and we moved to Richmond so that my mother could help me with the children. It was always our desire to live and work in a rural setting, and so we moved to Pemberton. We commuted between Richmond and Pemberton for one year to see if it would be a viable option, driving up the highway with four small children, a dog, and a cat—a rather exciting journey with three car-sick boys and one car-sick cat. My parents were horrified we were taking their grandchildren to the wild west—and, indeed, we were.

The children were too small for me to go back to work. Being at home, I could become involved in the community. I lobbied for the first kindergarten in the area, meeting opposition from a council member who felt it was just a glorified babysitting service—I think you can all gather what sex this person was. Pemberton was a farming community. The children were separated by long distances, and thus did not have an opportunity to socialize and interact with each other. The town had a liquor store, but we did not have a kindergarten. I wrote to a Vancouver newspaper, stating my opinion, and eventually the government saw fit to provide a kindergarten.

I helped out at school functions, billeting children in our home who had come to play sports or join the school band, and involving myself in bake sales, sports days, etc. There was a need in our small community for extracurricular activities to bring children together.

I was a Brown Owl for some years. I took my Brownies on camping trips, hiking trips, and I initiated several programs for the Brownies to earn badges.

I became involved in the pony club. This entailed a lot of organization, with lessons and fun days with races, ribbons, trophies and a concession stand. Most of the village would turn out for these days and join in the fun—and it was a lot of fun.

Eventually I went back to work part time in my husband's office. Besides doing bookkeeping, I was able to use some of my nursing skills—immunizations, prenatal care, blood pressure checking, allergy injections, and so forth. We had a high incidence of diabetes in our area, and so our office ran educational clinics. I would bake samples of good foods to use and advise them on how to cook healthy meals for diabetics.

We left Pemberton, as my husband became ill and subsequently took a nine-to-five job in Nelson. I wanted to work in the local hospital, but the only option available to me was to work the night shift. That was not for me; I'm not a night shift person. I decided it was time to change to a new career. I took and passed my real estate exams in Nelson.

We then moved to Kamloops. I arrived in Kamloops with my shiny new real estate licence and started working immediately. I had absolutely no knowledge of the layout of Kamloops. Initially I studied maps of Kamloops to find where the house I was showing was and where the nearest schools, community centres and churches were. I was then asked by a friend to go up to Sun Peaks Resort and market the projects up there. I loved this job. It meant I could ski quite a bit.

We were aging, and eventually we felt that we should move closer to our family. We ended up back where we started, on Vancouver Island.

Looking back as a senior, I'm sorry that I did not have a longer work experience as a nurse in a hospital setting, as I enjoyed that aspect of my career. There was no opportunity to collect a work pension or a larger CPP. Socially it was a difficult time being out of the workforce, as I really had very little connection with the outside world, particularly when my children were very small.

● (1000)

I worried that I could not carry on an intelligent conversation when my husband came home from work and found it difficult to speak on interesting subjects to others adults. When we entertained, I felt a sense of not being in the loop, so to speak. We had no access to television or newspapers for many years, so I felt quite cut off from the world.

More women today are entering the workforce for many reasons. Perhaps it's time for those who wish to stay home to have some encouragement and incentive. It is known that the formative years of a child are ages one to four. There are benefits provided, but not for this length of time. We are not all cut from the same cloth and as women, we will continue to question our choices. We need to feel that we're doing something worthwhile and if it is staying home with our family and contributing to our community, then we should feel good about this.

I chose to stay home with my children and family. Initially, it was not a choice. I watched them grow up to become the individuals that they are today. We grew our own food and the children had to help with chores. I believe this helped to impart a sense of responsibility and an awareness of the world around them, making good foundations for them to live by. On reflection, it was the best choice for me.

The Chair: Thank you very much.

We're going to move on to our final speaker. Lana Schriver, you have the floor for seven minutes.

Ms. Lana Schriver (As an Individual): Thank you for inviting me.

I was an early bloomer. I became a mom, graduated from high school and married the love of my life before I turned 18. Not a lot of my female peers furthered their education at college or university in the early seventies, so I didn't feel abnormal becoming a stay-at-home mom. Little did I realize that 40 years later my contributions to family and community would not even remotely compare monetarily to that of my husband or workplace moms.

My husband was established in a good job and could provide us with a modest new home and all the basic necessities of life. Living near supportive family in a friendly community, we needed only one vehicle.

The Chair: Lana, I hate to interrupt you, but I do need to speak to the committee for about 10 seconds.

I just got an email that there will be a vote. The vote will be taking place at 10:33. I am looking for consent that we continue to hear testimony for 20 minutes as this will provide full consent.

Please go ahead, Lana. Thank you.

Ms. Lana Schriver: By the time we had welcomed three little ones into our lives, we knew we needed more space to accommodate our growing family, so we purchased a larger home. Our lives were full and busy. My husband was youth pastor at our local church; we both taught Sunday school and our kids has lots of friends. By the time our fourth child was born, 14 years separated the oldest and youngest. We now had a newborn, an elementary school student, one in junior high and one in high school. Life was busier still and more expensive.

We were still a one-income family, but I was free to volunteer regularly. I collected funds door to door for various registered charities. I had opportunity to serve on various home-school committees like SPAC and PSSC. Staying at home allowed me to be a part of all those firsts with our children: first tooth, first step, bumps and bruises, chicken pox, mumps, birthday parties, sleep-overs, first dates, heartaches, picnics, sleep-in mornings and vacations. We attended youth conventions and summer camps with our kids, going along as volunteers and supervisors. We won our first Walt Disney World vacation using cents-off coupons at our local pharmacy, and then we funded our second trip with cash that I had earned while babysitting for my husband's co-worker.

Finances were tight sometimes, but we were blessed with contentment. A growing family and their growing expectations were expensive, but our needs were met, and often our wants as well. We grew our own garden, freezing, canning, pickling and jamming the produce. I sewed some of our clothing. We reduced, reused and recycled even before the slogan became popular. Breastfeeding and using cloth diapers provided us significant savings. My husband's optional workplace benefits were an added blessing. On our one income we financed driver's ed, first cars, orthodontic braces, ski equipment, lift tickets and even some brand name clothing for the kids as well. Our teenagers earned their own spending money, but they did not appreciate my little black book, where I kept an account of monies borrowed, etc.

What a bonus it was when our RRSP deductions were available to be a benefit on those dreaded income tax returns. We purchased payroll savings bonds to help us with unexpected expenses and those needed purchases at Christmastime. At 40 I became a stay-at-home grandmother, babysitting eventually two precious granddaughters. Because of financial circumstances, their moms could not be home with them full-time and could not afford day care.

When our youngest son was in grade 12, I began doing paid casual work at our local schools in the cafeteria and library. In 2006, I was asked to work with a child with special needs. At that time I realized how much I didn't know, so in 2007 I enrolled in an ABA—that's applied behaviour analysis—course at the college of extended learning. Post-secondary education was a prerequisite to entering the course. I had none, but since I had good references from the schools where I had volunteered, that requirement was waived. At 54 years old, I entered a university lecture theatre for the first time with fellow students younger than my children. Perseverance paid off and at age 55 I walked on stage to receive my certificate. At age 59 I was finally awarded a permanent educational assistant position. I had said earlier that I was an early bloomer. I guess I'm a late one too.

As I near retirement, I am considering a job-sharing opportunity. My leaving this position, though, leaves my husband and me with the added financial burden of covering our own medical health insurance costs, no small amount. Because of my late entry into the paying workforce, I have not had time to prepare adequately for retirement in terms of CPP or independent workplace retirement plans. Had my husband not wisely prepared for his retirement, we would be in a difficult position financially as I contemplate leaving the workforce and forgoing my income. Yes, he has his OAS, his CPP and his RRIFs, but where does that leave my contributed portion? I have an OAS, but with my combined allowance of 30 years child-rearing and the CPP I've paid since entering the workforce, I receive less CPP than our medical coverage will be.

I have great respect for those resourceful moms who are able to successfully wear both hats, but is there not something that our leaders today could do to allow kids to be at home with moms who are considered valuable contributors to the well-being of this wonderful land we call Canada? Who better to nourish and nurture our nation's children than those mothers who gave birth to them? Our granddaughter has now decided to leave the workforce to be with her little ones, working a small business from home. I wish her every success and trust that by the time she reaches my age and retirement, there will be benefits in place for stay-at-home moms.

● (1005)

My husband and I have now reversed our roles. I work five days a week and he keeps the house looking good. He's the one to volunteer, making frequent visits to the hospitals and the homes of shut-ins. He assists the pastor at our church. He does administrative work there and holds weekly outreach services. He performs weddings, funerals, baptisms and baby dedications, often for those who have no other church affiliation. He hosts fundraisers for local charities and benefits for those undergoing various medical procedures.

He is a busy community worker, but if my observations are correct, it appears that in our golden years his pension will contain substantially more gold than mine.

Thank you for listening to my story.

● (1010)

The Chair: Thank you very much.

Lynn, Mary and Lana, I know that all of us won't be able to go home and call our moms tonight, but thank you, because the first call tonight will be to my mom to say how much I appreciate her. You women have been wonderful.

We're going to start off with our seven-minute round.

We'll be starting with you, Terry.

Mr. Terry Duguid (Winnipeg South, Lib.): Thank you, Madam Chair. I'm going to be sharing my time with Ms. Romanado, who is the parliamentary secretary to our Minister of Seniors.

You took the words right out of my mouth, Madam Chair. I was thinking about my mother the whole time.

Thank you for those very thoughtful and inspiring presentations. My mother is the mother of five boys, four by the time she was 23, five by the time she was 26, so our household was just a giant food fight.

Voices: Oh, oh!

Mr. Terry Duguid: I have two daughters, one who is pursuing a career and has just launched her career, and the other who is a stay-at-home mom. The beautiful thing about this country is that we have choice.

My question is for Lynn. I'd ask for a brief answer, Lynn, but if you had two minutes in an elevator with our seniors minister and you had to think of one priority that would assist senior women in our country.... We've heard some very stark testimony about the lack of pension support and about the fact that two out of three dementia cases are women. We've heard some very stark statistics today. If you could recommend one thing to our seniors minister, what would you recommend?

Ms. Lynn Lecnik: I'm kind of blank on that one. I was trying to figure it out myself. What can the government provide for people who are essentially not working? Probably the best thing is just to give more tax breaks for the young people who are trying and struggling, so that they would have enough money.

Right now, the government programs seem to be based on favouring the working mothers. The benefits are not for the ones who are staying at home. As I was mentioning with regard to a friend, the benefits are based on gross income, so they miss all the extra benefits. That little bit would help. I'm sorry that I couldn't be more knowledgeable in that area.

Mr. Terry Duguid: Thank you.

I will share time with my colleague.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Thank you so much for your testimony. I have to say: what fantastic women! My mom was a stay-at-home mom as well. I am the middle child of three. I have two brothers: one younger, one older. I had the great pleasure of having my mom at home too, taking care of the home. When she retired at 65, she did not have CPP or sufficient RRQ—I'm from Quebec—contributions for her retirement, my dad being the working spouse. I know exactly what you're referring to.

Lynn, you mentioned that right now we're supporting a lot more working mothers, and there are many more women in the workforce now than in the past. I am a mother of two. I was an early bloomer as well. I had my first son at 20 and the second at 21. They're both out of the house and I'm able to do this job. What we have put in place is a child care benefit, which is a tax-free program for parents who, perhaps, want to stay home and raise their families and support them in that regard.

I know we've put some systems in place for families to be able to stay home and take care of the children when they're younger, but we've also increased the CPP contributions. We know that more and more people are not getting adequate CPP contributions, or not getting good private pension plans, or often work on contract.

We've increased that to 33% of contributions so that the next generation will be able to have more significant CPP contributions. But you've raised a really interesting point. To support stay-at-home parents—and I'll say "parents", because we hopefully have some men who will stay home with their children as well—what would you recommend in terms of supports? Give us a concrete example of supports we could provide to acknowledge the contributions of a spouse staying home to raise their child or children? In terms of financial supports, what would you recommend we do to provide that option?

I want to say, Mary, that I'm also part of a military family, so kudos to you and your family for serving our country. Today's the 70th anniversary of NATO. I want to thank you and thank your husband for his service to Canada.

Can any of you give us some suggestions with respect to what we could do to help provide financial supports in addition to the CCB program?

● (1015)

Ms. Lana Schriver: What about a program for moms choosing to stay at home, at least for their children's preschool years—the cost of day care, times the number of children, times five years? Maybe we could have a bond or security investment to be paid to moms, without excess, until 60 or 65 years. That might be a suggestion.

Day care for one child, in New Brunswick at least, costs approximately $800 a month, probably $1,500 if you have two. So what if you multiplied that $1,500 a month by 12 months, which is $18,000, by five years, which is $90,000, payable with interest? If that was held until the mother reached retirement, if she chose to retire, $90,000 over 40 years could be a good investment.

The Chair: Excellent. Thank you very much. I think we're going to have to get more information on that.

I'm going to move over now to Dave Van Kesteren.

Dave and Kellie, you have the floor.

Mr. Dave Van Kesteren: I wish I had more time. There's a theme here that I recognize. I also want to say that my mother stayed home, as well. She came to this country with five children. Can you imagine? She had to learn the language, and then she had another five. I'm on the back-end of the five. I know all of the stories you're talking about.

There seems to be a theme that I'm hearing from all three of you women—the role that faith played in your upbringing. Can you just touch on that? Does anybody have a quick response to that?

Ms. Mary Moody: Primarily, I think having so many children so rapidly caused me to not have a choice at all. I had to stay out of the workforce. At that time, where we were living had absolutely no day care. It was extremely difficult to get a sitter. The minute I mentioned their ages, the phone would go down and that would be that. I didn't have that option at all, and I knew then that I was not going to be able to go back to work.

I guess my fate was that I had a lot of children very rapidly and that changed everything in my life. I did want to go back to work, but it was just not possible.

Mr. Dave Van Kesteren: You mentioned fate, but I said faith.

Ms. Mary Moody: Oh, faith. I'm sorry. I heard fate. Faith; I think this lady is better able to answer that.

Mr. Dave Van Kesteren: Go ahead.

Ms. Lana Schriver: The slogan, "faith, family and friends", is very true. Family should be first, I would say, but faith is a very important part of our lifestyle. It doesn't have all the answers, but it's our bedrock.

I'm so grateful to have the knowledge that there's somebody bigger than me taking care of all of this. Yes, I did mention a lot of faith-based things in my story, but that is our story.

We have not raised angels by any means, but I'm not sure what it would have been like if we hadn't had the faith that we do.

Mr. Dave Van Kesteren: Lynn—that's my mother's name—maybe you want to touch on that as well.

Ms. Lynn Lecnik: Faith was very much a part of our decision and also our daughter's. She and her husband really didn't have enough money to raise a family and for her to stay home, but after talking to the minister about how important it was, she stayed home, even against our advice. I think that made a valuable contribution to their children, and later on she made up for it.

Yes. We put the value of God first, family next, and then work and the rest of the world.

● (1020)

Hon. K. Kellie Leitch: Thank you all for presenting.

My mom was a stay-at-home mom and had a grade 10 education, and for better or worse, this is how I and my siblings turned out.

I have a quick question for you with respect to health care. Each of you touched on it. I know two of you are nurses. I'm a pediatric surgeon myself.

With respect to your position as seniors, are you finding it challenging to access the things you need as a family? You all mentioned that, because of making a choice to stay at home, you don't have those additional benefits that we know do come with employment as well. CPP is one thing, but health benefits also come with employment.

Do you find that a challenge for your families?

Ms. Mary Moody: Can I answer this? Yes, I do.

When you get older, it costs a lot more for drugs. I've currently been put on a drug that I have to pay for, which is $5,000 a year.

One of the biggest things I miss in not working is the perk that your travel medical is covered forevermore. We do not have that perk. I consider it incredible when you do. We no longer can travel. My insurance to travel now is currently $2,000 for the year. My husband is 84, and his is more. Hence, we no longer can travel because of this, but if we had this paid for the rest of our lives.... We have friends who are practically at death's door, and they are able to go to California, to Mexico, to Europe. We cannot.

Hon. K. Kellie Leitch: It creates an inequity in your lifestyle compared to your colleagues.

Ms. Mary Moody: Yes, definitely. It's a huge thing.

Hon. K. Kellie Leitch: I think it's one thing that we don't appreciate as Canadians, that when you make a choice to stay with your family, of which I think I've been a beneficiary, there are significant limitations that are outside of just strict financial ones.

Ms. Mary Moody: Yes.

Hon. K. Kellie Leitch: Thank you. I know we are limited for time, so I'm going to pass to my colleague so she can ask a question as well.

[*Translation*]

Ms. Anne Minh-Thu Quach: I want to thank my colleagues for letting me ask a question before we vote.

I want to thank all our witnesses.

My question is for Ms. Lecnik, who worked in private seniors' residences.

In my constituency, we have a coordinator named Lyne Lebœuf who advocates for the rights of seniors and the rights of retired people and families. She says that seniors who live in private residences are often subject to abuses of power by managers. One of these people, a woman, had lived for 15 years on a certain floor of a residence and was forced to move to a lower floor.

[*English*]

The Chair: We have to get to the question.

[*Translation*]

Ms. Anne Minh-Thu Quach: She ended up having an accident, and she died two weeks later. The nurses had never required her to move to receive additional care.

Do you think that community groups should receive more government funding to better inform seniors of their rights?

[*English*]

Ms. Lynn Lecnik: My own mother is in a nursing home now, and she will go through depressions and tell me how terrible people are, but when she's feeling good, then everyone is fine. I just explain to her that what she has is almost as good as you can get. I think our age group is going to have to worry because we won't have enough young people to take care of us. As far as I can see, the government is doing a very good job in taking care of people; you can't watch everybody.

I'm sorry I can't be more helpful in that.

● (1025)

The Chair: Lynn, we're at 10:24 right now, and I said we'd only take up to 20 minutes. We are going to have to adjourn today's meeting.

I would like to thank Lana, Mary and Lynn for their excellent work today. I'm sorry we could not spend hours and hours with you.

The meeting is adjourned.