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Chair

Mrs. Karen Vecchio

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● (0930)

[*English*]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): Good morning, and welcome to the 138th meeting of the Standing Committee on the Status of Women. Today's meeting is in public.

The first item we have on our agenda today is the election of the first vice-chair. Do I have a motion to proceed?

Go ahead, Emmanuella.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): I would like to nominate Salma Zahid for the position of vice-chair.

The Chair: Are there any other motions?

Sonia.

Ms. Sonia Sidhu (Brampton South, Lib.): I'll second it.

The Chair: Fantastic.

I'll pass it over to the clerk for the election.

The Clerk of the Committee (Ms. Kenza Gamassi): It has been moved by Ms. Lambropoulos that Ms. Zahid be elected as first vice-chair of the committee.

Is it the pleasure of the committee to adopt the motion?

(Motion agreed to)

The Chair: Good.

Now I'm going to suspend to go in camera. Just to let everybody know, it's one individual per party and one staffer. Everybody else will have to exit the room. We're going to suspend to go in camera.

[*Proceedings continue in camera*]

● (0930)

(Pause)

● (0935)

[*Public proceedings resume*]

The Chair: We're going to resume.

This is just a reminder: If you want to be happy in the morning, play 1980s music. It gets everybody up here going well.

I would like to welcome everybody back to the 138th meeting of the Standing Committee on the Status of Women. Today we'll continue our study of the challenges faced by senior women with a focus on the factors contributing to their poverty and vulnerability.

For this, I am pleased to welcome, as an individual, Amanda Grenier from McMaster University.

From Women Focus Canada Inc., we have Oluremi Adewale, Chief Executive Officer, president and founder, as well as Boluwaji Adewale-Olaniru, program coordinator.

Now I'm going to turn the floor over to Amanda. You have seven minutes for your opening statement.

Dr. Amanda Grenier (Professor, McMaster University, As an Individual): I will set my timer.

The Chair: If you see my pen flailing, you're getting close to seven minutes.

Dr. Amanda Grenier: Okay.

Good morning, and thank you for the invitation.

My name is Amanda Grenier. I am a professor in health, aging and society, as well as the Gilbrea Chair in aging and mental health, and the director of the Gilbrea Centre at McMaster University.

I am here today to draw your attention to the importance of understanding and addressing vulnerability and poverty from a life course perspective.

My testimony is based on insight from research projects I have led, which were funded by the Social Sciences and Humanities Research Council of Canada. These include research on older women's experiences of frailty, late-life transitions, homelessness among older people and, more recently, precarious aging. It also draws on research collected as part of an Employment and Social Development Canada project on social isolation among low-income seniors in Hamilton, Ontario. Materials for the project can be found on socialisolation.ca.

I am encouraging the committee to consider adopting a life course approach to address senior women's poverty and vulnerability. Such an approach locates older women's needs in the context of their diverse backgrounds, experiences and events that have taken place across their lives, relationships and encounters with families and society, and the need for care in the context of existing services. Poverty and vulnerability do not simply happen to women late in life, but are the result of social structures, risk factors and experiences that unfold across the life course.

There are three ways that the committee might link witness testimonies and insights into an action plan to reduce poverty and vulnerability among older women: first, by viewing transitions as opportunities for response; second, by recognizing how needs and social backgrounds may intersect to produce or worsen vulnerability; and third, by developing strategies to prevent disadvantage from accumulating across the life course and into late life.

Prior to reviewing these three suggestions, I wish to call brief attention to the request made by the committee to focus on both poverty and vulnerability. Positioned as such, the call is for attention to both the more traditional measures of income security and the human dimensions of being vulnerable.

Differing from poverty, vulnerability evokes the question of whether needs will be met or not, and as such implies a moral and/or ethical responsibility to respond. A life course perspective focused on three dimensions of targeting key and often unexpected transitions as a point of response, accounting for intersecting needs and preventing disadvantage offers a pathway to address both poverty and vulnerability.

First, regarding the focus on transitions, a number of transitions can be identified for intervention. These include how divorce, separation or widowhood may alter women's income or housing through, for example, the move from home ownership to rented accommodation; how the onset of illness or impairment may prompt changes to labour, income, mobility or housing through, for example, part-time work or early departure as a result of injury; the short- and long-term impacts of im/migration related to care trajectories, including, for example, how low income and/or reduced pension contributions may affect financial security in late life; and transitions between locations of care, such as home, hospital and long-term care.

Second is the focus on intersecting needs and locations. Intersecting locations such as citizenship, disability, ethnicity, indigeneity, race and sexual orientation can affect older women's poverty and vulnerability. Our current research on precarious aging considers some of these intersections, in particular how lifelong disability that prevents full-time work, or im/migration after age 40, may impact financial security, access to care, and housing stability, and may produce vulnerability and unmet needs in late life. In another project, our research on homelessness revealed cases where people became homeless as a result of being evicted from rental units, sometimes after hospitalization. It also discovered older people who began using food banks or emergency shelters for the first time in late life.

Third is the focus on preventing disadvantage over time. Disadvantage can accumulate across the life course through structures that produce inequality and heighten insecurities and risk. For example, women's labour and care trajectories may result in poverty, which can have knock-on effects in relation to housing stability, access to care, transportation, health and well-being.

● (0940)

Consider, for example, the case illustration of frailty, which signals the transition to needing care, and how this demonstrates the relevance of taking a life course approach to poverty and vulnerability. The needs and experiences of a senior woman with low income who lives alone in rented accommodation will differ greatly from one who lives as part of a couple and has a work-based pension and care support, whether provided by a family member or purchased. Senior women who must rely on limited public services are particularly susceptible to having unmet needs in late life. At the same time, policy structures that rely on informal, low-paid and/or migrant care can also be considered to initiate disadvantage for younger women that may accumulate across the life course and into late life.

A life course perspective to addressing poverty and vulnerability among older women reveals the importance of developing approaches that reach across income, housing, health, transportation and care. Proposed solutions include strengthening public pension to protect those most in need, including consideration for unpaid care as part of the calculation; developing public care systems and accessible public transportation, particularly for low-income women; the provision of social housing that is safe and affordable and can accommodate changing mobility needs; and ensuring justice across programs to ensure that situations such as being discharged from hospital to the street do not occur.

In sum, I urge the committee to consider a life course approach to addressing older women’s poverty and vulnerability, which is based on three responses: target major points of transition; recognize how needs are impacted by intersecting social locations; and prevent disadvantage from accumulating across the life course and into late life.

Thank you for the opportunity to speak today. I look forward to your questions.

● (0945)

The Chair: Excellent, thank you very much.

Oluremi, will you be doing the opening statement?

Dr. Oluremi Adewale (Chief Executive Officer, President, Founder, Women Focus Canada Inc.): Yes.

The Chair: I will pass the floor over to Oluremi for seven minutes.

Dr. Oluremi Adewale: Thank you.

Good morning. Thank you for the invitation to speak on the challenges faced by senior women with a focus on the factors contributing to their poverty and vulnerability.

This topic aligns with Women Focus Canada's mandates in addressing and supporting women in areas including, but not limited to, the physical, mental and psychological well-being of women.

For this purpose today, I will be addressing the following challenges: isolation, health services, housing and transportation, and I will be providing some recommendations.

Most would agree with me that a first step in reducing health inequalities among senior women is reducing the socio-economic disparities with a focus on gender. Many senior women remain highly self-sufficient. However, the process of aging may come with some challenges, including, but not limited to, the loss of independence, financial difficulties and/or sometimes diminished physical mobility.

As we look at the isolation faced by senior women, we know that more and more women are facing the realities of aging alone, as women generally outlive men. Almost half of the women over 75 live alone because they have no spouse or friends who are still living. In Canada, by the year 2036 the average life expectancy for women will rise to 86.2 from the current 84.2 years. For men, it will rise from the current 80 to 82.9 years.

Isolation is very common among senior women for many reasons, especially for those women who live in rural areas. Poverty is important to talk about when it comes to senior women for many reasons. As the Canadian population continues to age, social isolation is a key challenge that will affect the well-being of many senior women. It increases the exposure to multiple health risks. Sometimes senior women become isolated as a result of physical health conditions such as chronic pain. Sometimes the isolation may be due to mental health conditions, such as depression. Low-income people and senior women are among the most vulnerable to social isolation.

What can we do as government? Here are a few recommendations.

We need practical, socially innovative approaches. We need to involve senior women in all the steps from the planning phase to the implementation and evaluation of those programs to have a greater chance of being successful in addressing social isolation. We know that senior women are the ones who can speak to the needs, the issues they are facing. It's not us or any other organization making decisions for them without their inputs.

We need to ensure that senior women who are living alone get some form of exercise or outdoor activity with programs in the community that are geared to ensuring that women are not isolated, sitting in their rooms alone.

● (0950)

There is a need to mobilize community resources that target groups of individuals who share common characteristics. Many times older women are isolated even among other senior women. We need to develop ways to monitor and evaluate programs in community centres. There are so many programs in our community centres. They are nowhere evaluated.

I'm going to talk a bit now about health services challenges faced by senior women in Canada. Those include, but are not limited to, limited funding for non-insured health programs and the limited benefits coverage of the health care system, which may result in seniors having to pay for some medically related health services and dental services. There is a proven link between poor dental health and heart disease, and government needs to address that, even among senior women.

Here are a few recommendations. We need equal access to health services and medications for all senior women, and we also need to ensure that the medications are taken as prescribed by doctors. We need to come up with strategies to support senior women and address the medication that they are taking.

Funding for a range of therapies, including physiotherapy and occupational therapy, should be considered. Effective and efficient community health care services should also be considered, with comprehensive, mandatory, gender-sensitive courses on senior women's issues, especially in health care areas.

Some housing challenges faced by women—

The Chair: Dr. Adewale, the time is up. I've asked the clerk, and if it's okay with you, we're going to take the information that you've provided to our committee and have it translated and distributed, because you do have some excellent points that are continuing on this. We'll make sure your entire opening statement is translated and sent out to the committee so that we can go on to our line of questioning. Is that okay?

Dr. Oluremi Adewale: Thank you so much.

The Chair: Thank you.

We're now going to start our line of questioning. Our first round is seven minutes.

We'll pass the floor over to Sonia.

Ms. Sonia Sidhu: Thank you, Madam Chair.

Thank you all for being here.

Dr. Oluremi Adewale and Dr. Boluwaji Adewale, welcome to Ottawa. I know your organization is doing wonderful work, and I just want to congratulate you on your committee work. Thank you for being here today.

You talked about social isolation. There are so many barriers that our seniors are facing, and you gave some solutions, but what kinds of community programs are you looking for? The federal government has the horizons for seniors program. How can the federal government help you more and make their policies according to that? Can you explain what kind of community program you're looking for?

● (0955)

Dr. Oluremi Adewale: Thank you so much.

I think many times you realize that there are so many initiatives in the communities, but they're not well managed and they're sitting in silos.

In my statement, I talked about the need to also include senior women in identifying what their needs would be. I think we need to start with having some conversations with senior women, health care professionals and social workers to do some preliminary environmental scan of the issues and why people are not using the services that are currently available. When you go to the recreation centres there are some library services there. The opportunities are there, but sometimes people in the communities are not aware of them. Is there a need for us to make people in the community aware of the services that they have? Are there language barriers? Some seniors don't speak English. There is information in the facility but there's no way to translate it, or there's nobody there to interpret for them. Is there a need for us to train the staff in those facilities to be sensitive to the needs of the seniors or to be culturally or religiously sensitive to the needs of different cultures and religions?

Maybe that would be the first step: to examine what we have, to evaluate what we have, and to develop ways to enhance it. If there's a need to start new programs, maybe we can do it in consultation with seniors. We can ask them what would benefit them.

Ms. Sonia Sidhu: Dr. Grenier, you talked about homelessness. We have a poverty reduction strategy. What kind of suggestion do you want to make to the federal government?

Dr. Amanda Grenier: Probably the most pressing issue with relation to homelessness and older people is about recognition and making sure that older people, both men and women, can access housing that's safe, affordable and sustainable. We have the program housing first. That often hasn't been thought through in terms of what older people might need and how that type of housing might be different. An example there might be about older people's safety and security. Just having a house is very different from having a home where you actually feel safe and secure. That house or that housing unit can be sustainable over time if your mobility needs change. We did have people talking about not wanting to take some of the places that were offered to them because they didn't want to live in dangerous situations. They talked about living beside drugs and trafficking and that sort of thing.

I would say that the key issue on homelessness and aging is recognizing how the needs of older people might be slightly different from those of the younger population.

Ms. Sonia Sidhu: Okay.

Dr. Adewale, when it comes to seniors with disabilities and the lack of transportation, how do we get a solution to that barrier?

Dr. Oluremi Adewale: It is a fact that many seniors are staying at home because of our transit system. First of all, many of them are immobile. They can't drive, for safety reasons. The transit system that we currently have is not efficient in terms of meeting the needs of seniors. I already touched on seniors living in poverty. Is there a way for government to provide some funding to ensure that seniors are not sitting at home, and that they have the capacity to pay if they have to go and buy food or even just go anywhere? We know that when they sit at home and they're lonely and sad, the mental health and physical health costs will eventually be more for the government than if it had supported them with, for instance, a support walker. They could get out maybe three times a week to have some physical activity, or get out to buy healthy food rather than ordering in unhealthy food, which they do because it's cheap and they don't have money. It costs the government tons of money in hospitalizations if they have to pay for them when they get sick.

We need to evaluate the transportation system, which currently is not meeting the needs of seniors. We need to provide funding for seniors in order to move them from place to place. That would be one of many recommendations that I think might eventually save money and keep our seniors active and healthier for a long time.

● (1000)

The Chair: Thank you very much.

We'll now go to Rachael Harder for seven minutes.

Ms. Rachael Harder (Lethbridge, CPC): Thank you.

Thank you so much for coming and for giving us your time today. I'm looking forward to engaging with you a little further and hearing your thoughts and ideas on different things.

A shift has been taking place in society over the last few centuries. Seniors were once within our homes, and our aging parents were cared for within a home environment. They were a part of the family, so there wasn't this problem or concern with regard to isolation.

There was also something else that took place, and that was that those with grey hair were looked to as people with wisdom, experience and groundedness, and they were able to contribute to the overall home environment and its productivity. Perhaps they didn't invest in a way that brought about economic benefit to the home, but they were able to invest in a way that brought about stability, and they were valued for that.

There were also some contributions made, when possible, toward child care and the overall well-being of the home. Elders were people to be respected, honoured, valued and cherished. There was this worth that was attributed to age.

Fast forward to 2019, and people want to be younger. Youthfulness is the trump card; it's the *crème de la crème*. We see it in facial products that are advertised for women. We see it in the push toward small surgeries in order to help a person's face look less aged or in hair implants for those who might be losing their hair. We see it with hair dye and wanting to move from grey to blonde. All these things point us in this direction. According to this belief, age is to be avoided and youthfulness is to be pursued.

In 2015, one of the first acts of the current government was to get rid of the minister for seniors and put in a minister for youth. Putting a minister for seniors in place was really bold, and it was the right move of the previous governments because they saw the trends and where we were going as an aging society, and the fact that this demographic was going to make up the bulk of Canada.

Now we find ourselves in this place where youthfulness is again held at a high standard, I guess, and where seniors unfortunately are not. They're often overlooked.

Everything from government policies and marketing to the conversations we have within our families and the conversations we have at work impacts our view of the aging population. They have lost their value in our society, and that is very sad because we are talking about women and men who have worked incredibly hard to give back to this country, who have raised families, who have built careers and who have contributed in positive ways.

My question for you is this: How do we better include those who are aging in our day-to-day lives? When we talk about prevention, families have a very key role to play. Governments have a key role to play. Society as a whole has a very key role to play. The responsibility is on each and every one of us, and there needs to be a mind shift that takes place. How do we do that?

● (1005)

Dr. Oluremi Adewale: Wow. I don't know if I have all the answers, but I will try.

Thank you so much for bringing so many wonderful ideas, which I'm sure are not new to anyone here.

Society, in my opinion, needs to change its thinking in regard to seniors in general and specifically senior women, because they have contributed significantly to the opportunities that we all enjoy today. We know that there are not sufficient resources in the housing system to keep seniors in their homes. Research has shown that many seniors want to stay in their homes. How can governments begin to look into that area to see what is needed to be done to keep more seniors if they choose to stay, for their own dignity, their own peace and their own happiness? They want to stay in their homes without fear of falling, without fear of poverty, without fear of not being able to pay their rent or their mortgages, and without fear of not being secure in their homes.

The government needs to look into broader perspectives of how to support senior women. I'm saying women because we know from research that a lot of them are alone and most of their friends have died. Their spouse, based on the data that I just shared with you, mostly from Canadian statistics.... In Canada, women are outliving their spouses, so they're lonely. We know from research that families, even with good intentions.... Children want to stay nearby but sometimes that's not the reality of what we're seeing. So, what needs to be done?

Also, there are limited nursing home and long-term care facilities, and there are challenges that come with that. We know, and we've read, that unfortunately there are situations where incidents happen to some of our seniors.

I'm sorry. I am passionate about this. You've asked so many things. Women Focus is focusing on women because we know that, when women are thriving and they're successful and happy in all areas, it impacts the community, the children, the husband, the government and the nation.

I can talk until tomorrow. I'm so sorry.

There is so much we need to do.

The Chair: Oluremi, you're so kind that it's hard for me to cut you off.

I'm now going to pass the floor over to Irene.

Irene, you have the floor for seven minutes.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Madam Chair.

I want to begin by saying thank you to you. When I turned a certain age, someone said that women over 50 are invisible. Unfortunately, I think that may well be true. But you in your work are focusing on those women and I am very grateful.

At one time I was the seniors critic for my party. I did a lot of research, and I know there's a great deal to do.

I have a number of questions, and I hope that Madame Grenier, Madame Adewale and her lovely companion will feel free to jump in at any point.

One thing that was talked about was the vulnerability of immigrant women, particularly those who arrive after age 40. The reality is that our pension system is set up to discriminate against them. There are deductions in regard to CPP that these women are subject to. If they're alone, then they're poor or, even worse, if they are sponsored by someone who is violent and abusive and uses that sponsorship as a weapon to continue that abuse, they're extremely vulnerable.

There was a time when the whole pension issue was discussed. Of course, it was dismissed unceremoniously because, sadly enough, it touched on some very deep-seated prejudices within our communities. Could you comment on that?

I also wonder if you could comment on the reality of discharge from hospital. This is particular to people who are suffering from mental illness. They're thrown out of hospital, and they have nowhere to go. You talked about safe, affordable housing, and we still don't have a national housing strategy. We lost it in 1993 federally, and we lost it again in Ontario in 1995. It ended. Affordable housing was gone from our social structures.

I have lots of questions. Could you begin with those two questions?

Please, feel free to jump in. I would love to hear from all three, if that's possible.

● (1010)

Dr. Amanda Grenier: Thank you for the question. There are a number of issues there.

The point I would like to come back to is exactly what you're talking about: the intersections and how, for example, the intersections between the social locations of migrant women may differ even within that. For example, women who have come over on the live-in caregiver program and women who come over sponsored, as part of families or alone, have different trajectories. We want to look both at the ways in which there may be a structural vulnerability and a structural issue in terms of inequality in the pension system and also at how their needs are going to affect their experiences.

It becomes most apparent when they lose their housing or when they have a hospitalization. That's the point that I would like to bring the committee back to, looking at transitions and the social locations and the transitional moments when those happen. At the moment, we tend to look at particular groups, and we look by age and mental health. You can also say that groups such as migrants may experience a premature aging that's about disadvantage. Age doesn't always help us to address the issue. We need to look at the disadvantage and the experience or the need at that point in time. That's the piece that I would answer.

We don't yet have the data for our project on precarious aging. I primarily collect qualitative data, so I'm looking at stories and experiences. What we're hoping to do with that is to show exactly the transitions or the moments where we could intervene, and in what ways. It's perhaps a bit premature to speak to the data on that, but we know from other research that it exists. That would be part of the solution: to try to think about the transitional moments.

Dr. Oluremi Adewale: In addition to that, the intersectionality is something that we all need to think about all the time. Many factors come to intersect. There is immigration, being an immigrant. Maybe poverty is an intersect. We've talked about education as an intersect, as well as religion. Many things come to intersect that make mostly women and senior women vulnerable.

I think the government needs to look into that. We know from research that every study shows that older men's health is more strongly affected by education, whereas older women's health is affected more by income, psychosocial factors and stress-related factors. When we talk about all of those intersectionalities, we need to consider that women interrupt their pay and work more often due to family responsibilities. These are things that we need to think about.

Also, we can look at it in terms of pay. Who is getting more pay when we look at factors between men and women? Gender issues need to be at the top of our radar. Also, the tax system currently allows caregivers to claim a small tax credit to compensate for the loss in providing care for those who are disabled and terminally ill, but it should be brought into all kinds of care, including chronic care and long-term disabilities. A lot of the time, senior women are at home for many reasons, such as long-term disability, and they are not being covered.

Another thing I wanted to speak to is that the government needs to find a way to introduce new learning skills for older women. New and younger folks come in and are very technologically savvy. Digitalization is what we're seeing in many of our organizations right now, and we can see that women in their fifties or sixties are still able to.... I'm sorry.

● (1015)

The Chair: You can finish your sentence. It's okay.

Dr. Oluremi Adewale: That community cannot cope with the transition in technology. The government needs to come out with new skills so that if these women still want to work they can still be productive and supportive.

The Chair: That's excellent. Thank you very much.

We're now going to move over to you, Emmanuella. You have seven minutes.

Ms. Emmanuella Lambropoulos: Thank you very much to all of our witnesses for being here with us today.

My first question is for you, Ms. Grenier. In your testimony, you touched on the fact that the situation of senior women today is the way it is because of how they've lived their lives and the social structures that have been in place throughout their lives. Is there anything more that you'd like to say about that specifically? What are some preventative measures so that the next generation of seniors is not in the same situation?

Dr. Amanda Grenier: I think the pertinent question for this committee, as well, is about poverty and eliminating poverty earlier in the life course. There are various ways that one could think about that. Some of it, I suppose, really comes back to care and labour, women being compensated for care work and/or in the labour market. If we take for granted that the pension structure is set up as it is, then we need to be able to find ways for women to have that kind of 40-year calculation of full-time work that would lift them out of poverty.

One of the experiments I'm interested in seeing 20 years from now is what will happen in the case of Quebec, where you had public day care and women returning to work. I suppose we would need 30 to 35 years. How does that, or does it actually, lift older women out of poverty? My impression would be that it probably would, because it's changed the labour force contributions of women. The question to go along with that, though, is whether women and their families—and here I'm talking about younger women with families—can afford their housing. So that's the key question.

Ms. Emmanuella Lambropoulos: Thank you very much.

Would you guys like to add something to that?

Dr. Oluremi Adewale: I think that was well covered.

Ms. Emmanuella Lambropoulos: Okay.

My next question is for Ms. Adewale.

You mentioned that with a lot of the different services that are available to seniors, and the different activities that are available to them, there are often language barriers, because a lot of our seniors today are not from here and they don't speak English or French as a first language. Obviously, that's at the community level. There aren't really many services offered by the federal government that work hands-on with people. What are some suggestions you could make to improve the situation for immigrant women who come here and who don't understand either language?

Dr. Oluremi Adewale: If I may say so, I don't think language barriers are the only issues we're having. I think they are one of the issues that might be stopping some of our senior women from enjoying some of the facilities we have, but I would also mention things like the need for us to assess the current services at the municipal level, or even at the provincial level, or the funding that the federal government is putting forward, in a broader area, that is doing what it is meant to do at the local level. That might include but is not limited to barriers.

Why are the seniors not benefiting from those programs? I'm not sure if the seniors are involved in the planning. Earlier, I talked about how we need to involve the seniors from the planning stage, because if we put it in mind that they will be the ones benefiting from those programs, then why are we depending totally on the experts to plan what they think might be best? I'm not saying that the experts should not be part of it. I think there should be collaborative planning and we need to be thinking about the evaluation piece even from the planning stage.

● (1020)

Ms. Emmanuella Lambropoulos: Okay. Thank you very much.

You also mentioned that a lot of these programs that are available many times are not advertised properly and that people don't necessarily know they have access to them. Can you give us any recommendations for how to better publicize what is available? I will give one myself, which is that speaking to your MP about these things would actually help as well, because your MP would know about these programs. If you asked them to let you know about them, they would probably provide you with that information. Other than that, is there anything our government could do to better publicize these programs?

Dr. Oluremi Adewale: That's an excellent question.

I would recommend that if the federal government is funding a program, there should be policies or mandates from the federal government to evaluate and ensure that the program is functioning as it should be.

I think it's broader than speaking to the MP alone. I think the MP might not even be able to or might not have the time to assess everything that is going on in the community. If there are structures in place, if there are mandates, if there are policies that people know they have to follow, I think that is one way it could be done. There has to be an ongoing evaluation.

Ms. Emmanuella Lambropoulos: Thank you all for all of the great work you do. Seniors are our biggest population, or they will soon be the biggest part of the population. We appreciate all of your efforts, and we hope you continue.

If there's anything you need, I would suggest reaching out to your MP. I know they can't do everything, but I will give you an example. There was a seniors' organization in my riding, and because I knew there were some funky things going on, I stopped funding from going to a specific project they had applied for. I would strongly suggest keeping your MP informed when you know about something going on that shouldn't be, or when there's something wrong with a certain organization.

Thank you, though, for everything.

Dr. Oluremi Adewale: I do communicate, and one of my...the honourable Sonia is here. We do a lot of programs together. We need to have something more, bigger.

Ms. Emmanuella Lambropoulos: Thank you very much.

The Chair: Excellent. Thank you very much.

We're now going to start round two.

I'm going to pass the floor over to Rachael Harder for five minutes.

Ms. Rachael Harder: Maybe both of you can comment on this. One of the observations that I'm making in this conversation, and that I've made in other conversations that have taken place at this table, is that women often choose to stay home or reduce their hours in the workforce in order to take care of a loved one, who is often an aging parent.

This is very helpful in making sure that this aging senior receives the care she or he needs, and making sure that isolation is not a factor. At the same time, once this woman moves through her career, she will herself become a senior. Because she chose to take time to be at home with her parent, she may now feel repercussions in terms of CPP availability or the CPP amount made available to her.

On the one hand, we solve a problem, which is socialization, and that is a huge problem. Also, we solve another problem, which has to do with the worth and dignity of a human being, and the fact that the aging population deserves to be treated with respect and a high level of care. On the other hand, we create a bit of a problem because now you have a woman who invested in the life of her aging parents and who may now be in a place of vulnerability herself.

How do we solve this?

● (1025)

Dr. Oluremi Adewale: I strongly believe that women need to be compensated for the work they do, and not only outside of their homes. That is something the government, in my opinion, has not looked into as it should have.

I'm not sure if I have the answer to that. There have to be things in place to acknowledge women for their support. If a woman is supported and isolation is eliminated through that process, or physical or mental illnesses are prevented based on the fact that an adult child is home to support a senior woman, the government is actually saving money, when you think about the potential of spending money on health care services.

If the government looked at it from that perspective.... I think women need to be compensated. For taking care of children, with the child care piece, to support them in a way that financially...just give it to them, month by month, where in terms of CPP for a long time, their retirement is secure. I think the government needs to come up with strategies to look at supporting caregivers from that perspective.

I'm sorry. I don't have a concrete answer to how that could be done at this time.

Ms. Rachael Harder: Ms. Grenier.

Dr. Amanda Grenier: Thank you. I'll echo your point on compensation. I think that's a valid position that I would have as well.

Where I would go is even less practical than where you're going, but the question this raises for me, from a life course perspective, is that we need to know more about why the women are making those choices. If they're framed in terms of choices, we talk about choices that are made within constraints. Are those constraints because the women can't afford the child care in their local area, etc.?

How do we not only compensate them for the work they're doing but also make the choice have fewer repercussions down the road? This raises issues that are actually on the other side of vulnerability. With vulnerability, as I mentioned, there is the responsibility to respond. You could say that it's a public responsibility to respond to care, and it's a justice issue not to put women in a position whereby they will be in a situation of having unmet needs in late life. We need to compensate women and address women's disadvantages earlier in order to prevent them from being in a situation that's unjust in late life.

The question is what kind of society we want to be. That's the larger philosophical and ethical question that's behind compensation.

The Chair: Excellent. Thank you very much.

We're now going to turn the floor over to Salma.

You have five minutes, Salma.

Mrs. Salma Zahid (Scarborough Centre, Lib.): Thank you, Chair.

Thanks to all three witnesses for providing their important input.

My first question is for both witnesses. Gender-based violence is an important issue faced by all women and by many senior women in particular. In 2017, the government invested in the gender-based violence strategy, and just last year, in 2018, there was funding in the amount of $50 million to tackle gender-based violence. That money was given to different projects across Canada to support underserved groups such as indigenous women, and immigrant and LGBT organizations. The funding also included projects that would assist senior women living in northern, rural and remote communities, and people with disabilities.

We'll start with Ms. Grenier. How do you feel that has helped senior women? What types of projects were able to handle that and how is that helpful? What more can we do on this issue?

● (1030)

Dr. Amanda Grenier: I haven't evaluated any of these programs, so I can't speak directly to how those particular programs have made an impact, but what I can say is that in the stories that we saw, for example in homelessness among older women, the trajectory into homelessness for women was often gender-based violence, violence within the home. If we think, then, about older women going into the shelter system, they are at risk for many other things, especially if they're entering a shelter system for the first time in late life.

The suggestion I would have is really for a very particular group of marginalized women, and it is to think about specialized services for older women who are leaving situations of violence, who may not necessarily seek out a women's shelter and may not necessarily seek out an emergency housing shelter. Thinking about what you could do, my suggestion is to think about those particular groups who are at risk in late life.

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

Dr. Oluremi Adewale: I totally agree with what you have said. I have done some work, and I have written practice guidelines on women abuse and intimate partner violence. I have read the report you are talking about, in my other job, which I'm not going to talk about here. I know that particular groups—immigrants, indigenous, LGBTQ, people with low education or in poverty—those are the people who, based on much of literature, are high-risk.

Gender-based violence is huge. We're talking about bullies, men who abuse, intimate partner violence. For senior adults, there are things that stand out when I hear that. Financial abuse is a huge one that a lot of them face. It's hard to deal with that, especially when they've been abused by a friend they depend on or family or their spouses or even their children. If those are the only sources of support they have, it's very challenging to deal with that.

In terms of what can be done, I think we need to speak about awareness. There need to be a lot of programs that speak to how people need to be aware. Doctors need to be aware of questions to ask. Health care professionals, social workers and people in religious places need to be aware of indicators of abuse, especially among senior women. If they see them, what should be done? What can they do about it?

The elderly too, the seniors, need to know the impacts, the long-term or the short-term implications of all these forms of abuse.

Awareness might be—

Mrs. Salma Zahid: Ms. Adewale, in your testimony you also talked about social isolation. I know it's a very big issue, specifically when it comes to—

The Chair: You have 10 seconds.

Mrs. Salma Zahid: —minority women. I think because of language and other cultural values, they face even more isolation.

Do you have any recommendations that you can send to us, specifically in regard to minority women? How can we tackle social isolation?

The Chair: That's excellent.

We have enough time to have three more questions. Instead of going through the full rounds, we're going to give one question to CPC, one question to LPC and one question to NDP. Maybe that's an opportunity for Salma.

I ask that you keep the question and answer within a minute and a half.

I'm going to pass it over to Rachael for a minute and a half. I'm going to keep it to 90 seconds.

Ms. Rachael Harder: All right.

Ms. Adewale, if we were to go back to my first question, with regard to society's treatment of women and our perceptions of youthfulness versus age, are there any last thoughts that you would add to that conversation? Time got cut a little short there.

● (1035)

Dr. Oluremi Adewale: I think relationships are everything. Awareness and the opportunity for women to gather together and talk about strength and those things you mentioned.... You talked about wisdom and their contributions. I think we need to bring all those things to them. It's about balance and opportunity and having relationships and letting them go out and enjoy the rest of the life they have left. That's it.

The Chair: Thank you very much.

Eva, go ahead for 90 seconds.

[*Translation*]

Mrs. Eva Nassif (Vimy, Lib.): Thank you, Madam Chair.

I'm the member of Parliament for Vimy, in Laval. In 2014, the City of Laval decided to provide free public transportation for seniors. It's good news. It improves their quality of life and reduces their isolation.

Apart from access to public transportation, according to your research, are there other factors that you haven't mentioned yet that help reduce social isolation?

[*English*]

Dr. Amanda Grenier: Thank you.

I'll answer in English if that's okay.

Mrs. Eva Nassif: It's okay.

Dr. Amanda Grenier: About transportation, again, I haven't studied Laval's example, but it's a really good example of making transport accessible.

The piece I would stress from our project on isolation is the social aspects, and I think that echoes what you were trying to say. Transportation is not only related to medical issues and this sort of thing, but it allows older women, older people, to get out and about in the city. It creates ways of facilitating social engagement, inclusion in communities, countering the exclusion and isolation that can occur. It's the social aspect, providing support for programs that allow for social opportunities.

I think that is one such example. Allowing for public transportation, and making sure it's accessible and can work, allows people to make informed choices about being able to get out and about—go visit a friend, get their hair cut, and these sorts of things that help to break isolation.

The Chair: We have the nicest panel today; I just can't do my job.

I'm now going to pass the 90 seconds over to Irene.

Ms. Irene Mathyssen: Thank you, Madam Chair.

I wanted to touch on two things just very quickly, because there's so much to discuss. The first is in regard to caregivers. We have a dropout provision for employment insurance, although it's certainly not long enough. What about a dropout provision for CPP, so that women are not being penalized for their undervalued and unpaid work?

The second thing I wanted to shift over to is dental health and pharmacare, which are very important. Do they need to be a fixed part of our health care system, so that seniors, and women in particular, have access to that important dental care and the medicines they need? I mean universal pharmacare, not fiddling around pharmacare—real pharmacare that takes care of everyone.

I'll throw that out to the panel.

The Chair: You have 30 seconds to respond.

Dr. Oluremi Adewale: There does need to be...absolutely. There is a link between poor dental care and heart disease and health problems, so absolutely there needs to be. Not only do they need it, but where they can get it needs to be accessible. Every community needs to have public health units. Not only do they need it, but where do they need to go? How do they get there? It should be, absolutely.

The Chair: I would really like to thank the panel today. Thank you very much to Amanda, Oluremi, and Boluwaji. This has been a wonderful panel today.

I see no other committee business. See you in two weeks. Thank you very much.

The meeting is adjourned.

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