



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on the Status of Women

FEWO • NUMBER 139 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, April 30, 2019

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Chair

Mrs. Karen Vecchio

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• (0845)

[English]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): Good morning. Welcome to the 139th meeting of the Standing Committee on the Status of Women. Today's meeting is in public. We'll continue our study on the challenges faced by senior women with a focus on the factors contributing to their poverty and vulnerability.

I am pleased to welcome Seniors Action Quebec. Michael Udy is the President and Vanessa Herrick is the Executive Director. From Sheridan College we have Lia Tsotsos, Director of the Centre for Elder Research, via video conference from Oakville, Ontario.

I will now turn the floor over to you, Lia. You have seven minutes for your opening comments.

Dr. Lia Tsotsos (Director, Centre for Elder Research, Sheridan College): Good morning, Chair Vecchio and all committee members. I thank you very much for the opportunity to speak with you on this important topic. I apologize that I couldn't be there with you in person.

I am Dr. Lia Tsotsos, Director of the Centre for Elder Research based out of Sheridan College in Oakville, Ontario. We have been in operation as an applied, on-campus research institute for over 15 years. Our mandate is to conduct research that enhances the lives of older adults and their families. We began addressing our current demographic shift years ago, and are pleased to see the growth of interest, support and funding that is being devoted to exploring the challenges and opportunities presented by an aging population.

Our approach to research has always been an inclusive one. Our founding director, Pat Spadafora, coined the phrase “reciprocal benefits research”, whereby those engaging in research are more than just subjects and often have the opportunity to engage as active participants or even as co-researchers, helping to inform the direction of the research and its conclusions. For example, we spent many years offering and studying tutoring programs for older adults, with much of that work being supported by the Natural Sciences and Engineering Research Council of Canada, or NSERC. The older adults who engaged in the projects were studied, yes, but in the process they also received free computer training and helped with the development of standardized training materials. This reciprocity, the “with us, not for us” approach, is one that we continue to support wherever possible, including in the context of examining challenges faced by older women.

In this context, for example, we recommend that there be efforts made to directly engage with the older women deemed at risk for poverty or vulnerability in order to understand the pathways that led to their being in this situation. Instead of focusing solely on the current state of affairs, one must also explore the historical and systemic conditions that led to their current challenges in order to develop sustainable solutions. Sometimes the factors that lead to poverty and vulnerability, particularly in women, are lifelong and not related to age alone.

For example, from our work with those technology tutoring programs, we observed that some cohorts of older women were never responsible for the management of home finances and were not always very technologically literate. When they became widowed, suddenly that job fell entirely to them and required a significant learning process. This problem is compounded by changes that make some government services primarily accessible only online. In this example, the historical conditions that resulted in dependency for some women, combined with a shift in government processes, leads to an increased risk for vulnerability. These situations may be further exacerbated by the variety of unpaid caregiving duties—for children or for aging parents, for example—that disproportionately fall to women, further reducing their potential engagement in the workforce and increasing their lifelong financial vulnerability.

In our work exploring risk factors for social isolation and loneliness in older immigrants, supported by the Social Sciences and Humanities Research Council, or SSHRC, we have seen similar examples. Some older immigrant women come to the country with the expectation that they will provide a level of care for young grandchildren. As such, they primarily remain within the home, may not learn how to drive, and may be residing in suburban areas with limited municipal transportation options. Combine this with limited English skills and no independent source of income, and these women, once the grandchildren are grown up, may find themselves lacking purpose, social capital and the resources to address these issues. This again increases the risk of poverty, isolation and vulnerability.

Having said this, we would also advise against stereotyping or generalizing women of a certain age or situation. Occasionally, the discourse in this space automatically assumes that women are at greater risk or are more inherently vulnerable than men. This represents a form of gender-specific ageism. Previous work completed at the centre suggests that ageism is the most tolerated “ism” when compared with racism and sexism.

The Canadian Institutes of Health Research, or CIHR, have an action plan devoted to gender and sex-based analysis in research. We certainly support this approach as part of a diversity framework within the research community. Sex and gender-based analysis can inform considerations of how other determinants, such as ethnicity, health, socio-economic status and age, interact with sex or gender to contribute to such outcomes as risk factors for poverty and vulnerability. When we fund research that explicitly reflects and considers the diversity of the population, we will all be able to work with higher-quality, more robust datasets.

More broadly, the development of population-level, open-access datasets is also critically important.

• (0850)

The Canadian longitudinal study on aging is doing tremendous work to examine aging across the country by following 50,000 individuals for 20 years. As part of this project, there's a process in place for researchers like the ones at the centre to access those data. This is encouraging, as it supports further research and the development of interdisciplinary teams that could study the complex pathways of aging and how they differ across the country.

As I conclude, allow me to reiterate some of the general recommendations we have for work in this space. First, many of the factors that contribute to poverty and/or vulnerability in older women have origins in earlier life, so they should be considered as part of a more holistic look at these issues.

Second, despite such evidence, we should not make assumptions about the status of older women by default, as this may culminate in ageist thinking and behaviour.

Finally, research that fully considers gender and/or sex as part of its data collection and analysis can help us better understand how these factors interact with others to shape the experiences of all older adults in the country.

The last thought I will share is a personal one. My grandmother came to Canada in 1950. She was an active member of her cultural community and her English was good, but she never worked outside the home and never learned to drive. When she was widowed suddenly at 74, she found herself in a situation that was far beyond her capacity to deal with. Had it not been for the fact that our family was close, both geographically and emotionally, it would have been far too easy for her to have completely been consumed by that experience, being physically, emotionally and technologically isolated and vulnerable.

I work in the field of aging professionally and know the scale of the challenges we're facing, but personal experiences like these really drive home the importance of the questions we're asking and the necessity of answering them well.

I thank the committee, once again, for allowing me to contribute to this exercise and look forward to the outcomes and recommendations that emerge from this set of consultations.

Thank you.

The Chair: Thank you very much.

I'm now going to turn the floor over to Seniors Action Quebec.

Mr. Michael Udy (President, Seniors Action Quebec): Thank you very much, and thank you for the invitation.

Seniors Action Quebec is an advocacy organization advocating on behalf of English-speaking seniors in Quebec. There are just over a million English speakers in Quebec, so about 13% of the Quebec population. Of that million, just under 160,000 are 65-plus, so it's a sizeable number of people who are English-speaking and 65-plus. If you lower the age criteria to 55, then there are about 260,000, or roughly 25% of the English-speaking population in Quebec that is 55 and over. Of the 160,000 English speakers who are 65-plus, 52% are women and 48% are men. In part, this reflects the fact that, on average, women live longer than men.

The information I'm presenting to you now came from a project that Seniors Action Quebec conducted from 2016 to 2018, funded by ESDC, that was focused on reaching socially isolated seniors and English-speaking seniors in Quebec. A researcher helped us look at some of the data about English-speaking seniors, and this has helped us isolate some information that we think helps highlight the situation of women who are English-speaking seniors.

Of the 160,000 who are 65-plus, we learned that about 30% are living alone. We were looking for indicators of social isolation, and living alone is not an automatic indicator, but it's one of them. What was interesting about the roughly 46,000 seniors living alone was that 37% of all 65-plus women lived alone, whereas 20% of the men did. Therefore, more senior English-speaking women are living alone than men. I don't know exactly why that is, but as I mentioned, living alone is one potential indicator of social isolation. More senior women are living alone than men.

Secondly, we were pretty shocked, actually, to see the size of the senior English-speaking population that was living on \$20,000 a year or less, and even more surprised to see that almost twice as many women were living on or under \$20,000 than men. Probably, part of that was related to their past non-participation in the workforce and less access to pensions. It was a pretty surprising finding.

Lastly, you are probably familiar with the LICO indicator, which is an indicator of “straitened circumstances”—that's what the literature calls it—but a much more restrained annual income. There are 18% of women 65-plus who are living under LICO. In general, senior English-speaking women are not doing as well financially as their male counterparts.

The last slide summarizes the focus that we had on indicators of social isolation. It's not divided by gender, but repeats the information I presented. When you consider those indicators combined with any medical conditions, mobility limitations, lower implication in social and community life, and a weak or absent social safety net, those things will certainly contribute to social isolation. Women are more likely to have some of the indicators that, in combination with these other things, will amplify isolation.

I'm going to ask the executive director of Seniors Action Quebec, Vanessa Herrick, to continue to contribute some information about English-speaking seniors in Quebec.

• (0855)

Ms. Vanessa Herrick (Executive Director, Seniors Action Quebec): Thank you so much for having me.

I'm going to provide a little bit more of the story around some of those numbers and what the particular challenges are that English-speaking senior women in Quebec face. They are unique. I'm not going to say they are unique specifically to Quebec, but this is a language-based minority in a province that is quite particular so the circumstances are a little bit unique.

These are some of the challenges that these people face. For example, the threat of isolation is true for all seniors across Canada; however, English-speaking women in Quebec face a particular situation. Many of them did not benefit from education under Bill 101, where French education was given them. Those who were not in the workforce didn't have the benefit of learning French amongst their peers. Therefore, the levels of bilingualism among senior women is extremely low. For example, in women 55 to 64, it's 60%, but in women 75-plus, it's only 36.2%.

This language barrier does isolate them. It doesn't allow them to communicate with communities above and beyond their own. We're also dealing with a geographic situation in Quebec that is extremely large. There are English communities beyond Montreal. They are not large but they are out there, and they do have seniors amongst them.

This lessens a woman's ability to access health care and social services if they are not in an area where these services are provided in English. I don't have time to go into the specifics of how and when these services are provided in English in Quebec, but it's very regulated. If you're not in an area where they're provided in English, they aren't provided in English, whether you speak French or not.

The other second challenge that's really important that women face in Quebec is the youth exodus, the fact that many young people do leave Quebec in search of other career opportunities. Lia spoke a little bit about how important family was to her grandmother when she was feeling isolated. Many of these seniors in Quebec do not have that benefit.

Because I know we're running out of time I'm just going to tell a small story that happened to me at work, probably in my second week on the job. I got a phone call from a woman who was in Montreal to see her mother. Her mother was in the hospital. Her mother was over 75. This woman had been living in B.C. with her family for a few years. Her mother ended up in the hospital with pneumonia. When she flew in to visit her mom, the question came up: Why with CLSC home care health care workers did you end up

in hospital with pneumonia, something that could have been treated quite easily?

What came to light after some discussions was that her mother did speak some French. However, her mother was shy to admit that she wasn't comfortable communicating her health issues in French to her health care worker. She ended up in a very serious situation because she wasn't comfortable. This woman phoned the CLSC to try to put in place a bilingual home health care worker for her mom when she was released from hospital. She was told it was impossible, that they weren't required to provide a bilingual home health care worker, which wasn't true.

She had been in Quebec longer than she needed to be. Her employer was putting pressure on her to go home. Her family was upset. She did not know where to go. She had phoned ombudspeople, so she contacted us to see what her options were. We were able to help her. However, this woman was in a very serious situation and so was her mother. Had she been released from hospital without proper care, she would be at high risk. She was extremely elderly and already in frail health.

These are just some of the examples of the particular issues that senior women face when they are in a language minority and other minority situations.

I want to thank the committee for the opportunity to present.

• (0900)

The Chair: Fantastic.

Today we'll start off with our seven-minute rounds of questioning. I'm going to pass the floor over to Sonia Sidhu.

You have your seven minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair. Thank you all for being here.

Our seniors deserve a better life. We all know that.

My question is to Sheridan College. Davis Campus is in my riding. Thank you for coming. Thank you for doing this study.

Social isolation, you talked about that. Even though we have a new horizons for seniors program, immigrant women have a language barrier, different culture and immigrant status that affect them. How can we help them more to have a better life?

Dr. Lia Tsotsos: It's an excellent question. The particular region where your riding is located does have such diversity.

One of the things that emerged very clearly from our research was the need for cultural sensitivity training for many staff providing services to older adults, among others. A level of cultural awareness and cultural sensitivity training was needed to recognize situations—even like the one that Vanessa used as an example—where people may have a different level of comfort with those language barriers. There is also the need to provide a lot of those services in other languages or in more accessible formats.

That came up a great deal in our research. One of our biggest challenges was trying to collect data from individuals who either weren't comfortable in the English language or weren't comfortable, culturally, talking about loneliness or isolation. In one of the languages, which may have been Mandarin, there was no direct translation for the word "lonely". It was referred to in a roundabout way, but there wasn't an actual word. There wasn't a way to talk about this concept, particularly not for the research team who didn't speak the language. Even for our translators and interpreters, there was that barrier. Conceptually, that topic was not one they would commonly want to discuss.

Some of the key recommendations emerge about how to recognize where those barriers might be in place, and how to put in a variety of solutions to help address them. These could include translating materials, different kinds of accessibility, interpreters and those kinds of things.

● (0905)

Ms. Sonia Sidhu: You talked about accessibility. Most health services come under provincial jurisdiction, and transportation comes under another jurisdiction. How can the federal government help to deliver those services so that seniors can feel better?

Dr. Lia Tsotsos: That's another very good question. One of the things is to make sure that everyone is around the table at the same time. It often becomes very siloed and segregated as people are making these kinds of decisions.

Transportation conversations will happen away from the provincial-level decision-makers, or even the federal ones. For opportunities like these, or other ones where all levels are involved in supporting or providing services to those residents, if everyone is part of the same conversation—which doesn't always happen—you'll end up getting not only a diversity of perspectives but the fact-based information about where these services are located and how we ensure that transportation systems actually serve those locations.

In a lot of municipal and regional action groups and committees, we're attempting to make sure that we have the right representatives, those who could bring change back to their respective levels of decision-making or government.

Ms. Sonia Sidhu: Ms. Herrick, do you have something to say about that?

Ms. Vanessa Herrick: No, I think that's a really good suggestion. It is a huge challenge that you present. Many levels of government are facing the same questions. Some of the lack of adaptable services is not due to lack of will. It's the administrative complications of trying to get everyone on the same page in order to do something effective and efficient that serves the community and is not onerous to the levels of government.

It's tricky. Lia is right. The best way to go about it is to make sure you have all the players at the table, and to hear from all the levels of community as to what works for them, because every community is so unique.

Ms. Sonia Sidhu: Madam Chair, do I have time?

The Chair: You have two and a half minutes left.

Ms. Sonia Sidhu: If Emmanuella can—

The Chair: Please, go right ahead.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): While I wasn't scheduled to ask questions, I saw that you guys were here and I'm an English speaker from Quebec. I deal a lot with the anglophone community within my riding, and in Montreal in general. I'm in close contact with QCGN. I also sit on the official languages committee.

In the context of Status of Women Canada, what would you recommend this particular department do to help provide services to senior anglophone women living in Quebec? Obviously, when we talk about there being a will, there isn't always a will on all parts or government levels. Where we are concerned, what can we do to help give these people more access to services?

Mr. Michael Udy: That's a challenging question.

First of all, I'm pleased to meet you. Our office was in your riding at one point, on Décarie Boulevard.

Mr. Terry Duguid (Winnipeg South, Lib.): You should move it back.

Voices: Oh, oh!

Mr. Michael Udy: As I mentioned at the beginning, one reason d'être of Seniors Action Quebec is to advocate on behalf of the English-speaking seniors. What that translates into is discovering what some of the differences are about English-speaking seniors as compared with the majority-language seniors in Quebec. There are differences. Some of them are related to language, but they are not all related to language.

In terms of some of the demographic factors, English-speaking seniors compared with French-speaking seniors have typically fewer natural caregivers around them. There's actually a ratio to measure this. I can't tell you how it's calculated but I've seen the ratio. For every francophone senior, there are roughly three point something natural caregivers in their environment, and for English-speaking seniors, it's two point something. That's just as an illustration of a difference that's not really language related.

Well, maybe at the end of it, it is, because people move away in part because of language, but they move away for other reasons too.

To come back to your question, one of the things we have realized we need to do is to make the provincial government aware of what is different about English-speaking seniors. Yes, there can be issues about will, but I don't think it's all about will. It's also about information and understanding differences in the population.

The way to work on that is, as Dr. Tsotsos said, you have to be around the table. Therefore, that has become part of our modus operandi: to make direct contact with the relevant ministries in Quebec such as transportation, such as revenue, ministries that the English-speaking population has not particularly known to be engaged with. However, if we want the government to understand what's different about English-speaking seniors, we're going to have find ways to tell it.

Now, I'm not—

• (0910)

The Chair: Actually, if you don't mind, we're just about one minute over time. Perhaps we'll be able to finish that question.

Rachael, I'm going to pass it over to you for seven minutes.

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

If you want to quickly finish your answer, you're more than welcome to do so.

Mr. Michael Udy: I was just going to say that where the federal government is able to transfer focused funds to the provincial government for specific purposes—and I'm not an expert in that field—to indicate that the federal government is willing to focus on English-speaking senior women, the provincial government then knows that there's a source of funding to take some of those differences into consideration.

Ms. Rachael Harder: Ms. Tsotsos, during your presentation you talked about a “with us” approach versus a “for us” approach and the fact that your organization chooses a “with us” approach. Can you expand on that a little further in terms of what you mean by that and why that's important to seniors today?

Dr. Lia Tsotsos: Certainly. The way we've often described it is as reciprocal benefits research, where both parties receive benefits from participating in a research project.

A lot of times, particularly in the context of work with older adults, we run the risk of elderspeak, which is a tone or an approach that can sometimes be perceived as very patronizing. You might see it sometimes in health care settings. You'll hear, “That's okay, dear,” or “Here are your pills, sweetie.” It's that type of language and that tone.

The idea is to avoid discussing the issues as if those older adults are not fully engaged, concerned participants in that same challenge and in their own solutions.

When we say “with us, not for us”, it's not researchers saying, “Here is how we're going to help you old people. There, there, we'll take care of you.” It's much more about engaging with them because they're the ones who best understand their situation and the challenges they're facing. If they can be participants in the creation of their own solutions or their own strategies, those will likely be far more sustainable and far more impactful, and maybe more tailored.

As we're talking about in the example of the English-speaking older women in Quebec, those solutions and strategies might be much more relevant if we engage directly with them to understand what they are facing, and then we might be better able to allocate the right types of resources to the right services.

Ms. Rachael Harder: On having them be part of the solution, maybe you can expand a little further. How do you make sure that the autonomy or the personal choice of individuals is respected?

For example, many senior women chose to stay at home part time or full time and to invest in child rearing. As a result, then, of course, one of the things you're identifying is that there is some economic instability that can come with that in their senior years. Nevertheless that was a personal choice. It was their autonomy played out. It was a decision they made, probably in partnership with someone else. How

do you respect that and make sure that provision is made for that choice without demoralizing it?

Dr. Lia Tsotsos: That's a fantastic point and it comes up very frequently, particularly in the conversation around isolation and loneliness.

People may chose to be alone, and that's the way they prefer to be, so we can't make the mistake of perceiving that to be either loneliness or unwanted isolation. You're quite right, and preserving their autonomy is really important. Some of the ways you can do that is by not... I refer to it as that gender-specific ageism. It's preventing an ageist approach in general and not making assumptions that, because you are a woman who didn't go to work and who is at home, therefore, you need service X. It's making sure that service X is available and accessible to those who would choose to take advantage of it, but it's not making the assumption or enforcing a blanket approach or blanket policy.

Make sure that they have the right and the privilege to choose how they would like to age on their own terms. You're quite right.

• (0915)

Ms. Rachael Harder: In contrast with that, though, the question then would also be this: What is the role of family? We can talk about the role of government, and that's an important discussion, especially here at the committee level, but there is also a societal role for family members to play, and then there's also a role for community to play.

I'm wondering if you can expand on your observations and the research that you've done. What is the role of family? What does it look like to engage with members of society who are 65-plus, let's say, within their senior years? How should a family be engaging with these individuals? What is their role?

Dr. Lia Tsotsos: That may take more than seven minutes. If I get cut off, I quite understand.

In our own work with older immigrants who are at risk of loneliness and isolation, the vast majority of them were living with family, which may include grandchildren and/or adult children. I think one of the other parts of making sure that information is accessible and available to people is also considering the role for adult children, children and adult grandchildren as part of a global family approach.

I know, for example, to refer back to my own personal example, a lot of times when people think of caregivers for someone with dementia, they think of the children of that individual and not technically the grandchildren, yet I found that, in my case, I was often just as engaged as my mother was in caring for her father.

It's recognizing that family support means a lot of different things to a lot of different people and once again not making the assumption that this particular role or this particular individual within a family unit or structure is the one to engage with. We're not going to target only the adult female children, even though they may typically provide the greatest level of care. It's recognizing the diversity of ways people can provide support through technology, through finances and through brokering of other services.

If I arrange for lawn care, that's me providing a level of support for an older adult in my life. It's trying to figure out all the different pathways and how we can make all things more accessible to more people. As you say, they don't necessarily need to be government programs. It's just an awareness that anyone can hire a lawn service for an older adult in their life. It doesn't necessarily have to be the power of attorney or their key financial decision-maker.

I don't know if that gets at your question in a minute and a half.

Ms. Rachael Harder: Thank you.

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

We're now going to move over for seven minutes to Irene Mathysen.

Irene, you have the floor.

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

Thank you all for being here. Thank you for your advocacy. It's very important.

I'd like all three of our witnesses to jump in on these questions and see if we can put some things on the record that we can work on as a committee.

First and foremost, the issue of women as caregivers, perhaps not fully engaged in paid work, is something that I'm very concerned about. The reality is that the work of women is underpaid very often. It is not valued as it should be. As a result, because of pay inequity and the lack of regard for caregivers, women very often in their senior years are faced with poverty and financial limitations.

We have a drop-out provision in terms of employment insurance and caregiving. Would a drop-out provision for CPP be a way of addressing this issue of unpaid and undervalued work?

Mr. Michael Udy: I'm not familiar with a drop-out provision.

Ms. Irene Mathysen: Simply, the time that a woman is devoting to the very important work within the home or as a caregiver is not paid. As a result, her CPP does not accumulate in the same way as it does for someone who does paid work and accumulates pension benefits. Do we need a drop-out provision so that the time spent caregiving and the time spent raising a family is valued and is considered in terms of CPP?

There's a second part to this, increasing the GIS. It's not enough for a woman who has done that caregiving. It's not enough for her to get by on.

On those two pieces, do you have any thoughts?

• (0920)

Mr. Michael Udy: I think the question sort of answers itself for me.

When I look at the number of English-speaking senior women who are living on or under \$20,000 a year, I see it's a substantial percentage. I think the provision you're talking about would have helped some of those women.

I think it's pretty easy to conclude that, yes, measures like that would be helpful.

Ms. Irene Mathysen: Thank you very much.

We talked about the fact that senior women don't have a great deal of access in terms of programming. One of the things that bothered me—I was a seniors critic and a veterans critic—was that government is using technology more and more. They're putting things online and the answer to someone who needs help is “Well, it's online”. To someone who is not literate in terms of that, that doesn't help.

We have all of these 1-800 numbers, and if you sit there for 45 minutes listening to the recording, it finally drops off and you have to start all over again. I think this lack of human contact is problematic. Is there a role for the federal government in terms of re-establishing that human face to programs, the things that people need, so that they can access them as they did in the past?

Dr. Lia Tsotsos: I would say there is a need for that, not only to provide a level of human contact but also to take into consideration the fact that, in addition to not being technologically literate, people may not have those technology devices, the Internet or the ability to get to a place where there is Internet, like a library, for example.

I think the removal of some of those person-based services really does a disservice to a much wider group than one might think upon first reflection. We just think, “Oh, you don't know how to use to a computer”. Well, they may not have access to one, they may never have had access to one and they may not have the ongoing ability to then continue that technological engagement as they continue to age and as they continue to develop sensory or mobility challenges, for example.

Maybe now it's okay that they can get themselves to a library, but two years from now they could have had a hip fracture and no longer be able to. I would say that, yes, the bare minimum of services should be able to be conducted in an in-person forum, or somehow talking to a person and not solely online, because that would really just impact a much larger swath of people than I think we might realize.

Ms. Vanessa Herrick: I think it requires a certain level of creativity. I was at a conference recently and I saw a really interesting presentation from a local CLSC in Quebec, and it was having difficulty with this. How do you reach these communities? How do you reach people who aren't online or who can't afford the Internet?

What they did—which I thought was really brilliant—was that they sent out messages with the Meals on Wheels people, and they had little notes saying, “Would you like us to call you with these services?”

This way it's not put on the senior to phone them. It's not onerous for them to find these people and find the information. Many of them are already benefiting from Meals on Wheels. These are people whom they know and are comfortable with. All they have to do is tick off a box, give it back to the person bringing them the meal, who is responsible for bringing it back to the CLSC, which follows up and says, “Okay, you expressed interest in these different services; what can we do for you?”

They had a really high level of success. It just takes some creativity and not always relying on the same ways we've done things.

Ms. Irene Mathysen: How widespread is that kind of approach? You talked about it in Quebec, but does anyone know if it's something that is utilized in the other provinces and territories?

Ms. Vanessa Herrick: I haven't heard of it anywhere else, but I don't know. I can't speak to that for sure.

Ms. Irene Mathysen: Okay. Thank you.

I think everyone has touched on the role of health professionals. One thing that concerns me very much is that there's a shortage of gerontologists. The needs of a senior change as the individual ages, and the medicine that worked five years ago may conflict with what is needed now.

I'm thinking in terms of my own mom. Her general practitioner didn't seem to have any idea about what was happening to her and for all intents and purposes wasn't even listening. By the time someone who really was concerned—

• (0925)

The Chair: We need to get to the question.

Ms. Irene Mathysen: —saw her, she was in distress. Is a need for better training for health care professionals something you see, or was my mother a special case?

The Chair: Make it a very short answer.

Ms. Vanessa Herrick: I think that's definitely part of the answer. The other answer is our doing more work to support and educate our seniors on what questions to ask and on how to ensure that they are seeing the right professionals to answer their needs. That's a super-short and simplified answer, but I think it works both ways.

The Chair: Excellent.

We're now going to pass it over to Rachel.

Rachel, you have seven minutes.

Ms. Rachel Bendayan (Outremont, Lib.): If you would like to complete the question....

Ms. Vanessa Herrick: I was going to say that often, I agree, there's a real issue, but I also think that people sometimes struggle. They are intimidated at the doctor's office. Certainly, English-speaking seniors don't know how to express what their needs are, so as advocates for that community we need to do more to empower them by telling them how to ask questions and making sure they're seeing the right people.

Ms. Rachel Bendayan: Thank you for taking the time to come to committee to provide your testimony. Thank you for the advocacy work you do.

I must say that one statistic you mentioned, Mr. Udy, is particularly striking for me, that more than twice as many women as men are living on less than \$20,000 a year.

I wonder whether, in your work, all of you have had discussions with senior women about their knowledge of government programming, be it at the federal level or at other levels of government. Do you find there is sufficient understanding of what help is available from government?

Mr. Michael Udy: No, and it's more complicated in Quebec, because you have to operate in two languages. It's interesting that you asked this question. At the moment we're working on preparing an entire-day conference on this very subject. Recently we had a brief presentation on just the programs—the revenue programs and the deduction options that are available for seniors and that are available for caregivers—and it's much more complicated than I ever realized. People really do need their hands held, to some extent, just to understand what's available and how to access it. Very definitely there's a need to sensitize both the providers of those programs but also those in the community who want to provide assistance to seniors. It's pretty hard to provide assistance if you don't understand it yourself. There's a definite need for that.

Ms. Rachel Bendayan: I don't know whether you have anything to add, but I was just going to ask whether, in your one-day conference or in other programs in which you try to sensitize older people to government assistance, there are accountants or other financial professionals to do that kind of work with you—the hand-holding you mentioned.

Mr. Michael Udy: In brief, in the preparation for the conference, yes, there will be experts who will provide that help, but I think you're talking about what happens after that. That's harder to organize. Community organizations in Quebec play a pretty big role in the English-speaking community, but they need to access these kinds of expertise.

Ms. Rachel Bendayan: Ms. Tsotsos, do you have anything that you want to add?

Dr. Lia Tsotsos: I think the point about navigating the system is really an important issue that we see very frequently. People may know little bits and parts of it, but the systems that connect all the different services and all the different things that one might need to consider is the challenge. How do you match and integrate across all of the different providers? Supporting them—the hand-holding, helping people better understand what the whole system looks like and what all the parts are and what things they can access—is one challenge.

We've seen it in community-based events we've been involved in or have hosted as well. There's a lot of informal sharing of that kind of experience. For example, how did you get through the application process to receive home care? What was it that made the difference and led people to finally understand that you needed support and weren't just relegated to a year-long waiting list? Everything that Michael said, I agree with completely.

• (0930)

Ms. Rachel Bendayan: I note that between 2005 and 2015, the number of senior women in the workforce actually doubled. I wonder if you've seen, over that period of time or recently, a kind of new economic empowerment among senior women and how that impacts their lives.

We know about the wage disparity for senior women in particular. That's a real issue, but at least in my community, I see that this type of economic empowerment also has a very positive effect on the social well-being of senior women. They really feel as though they're contributing again to society, and it also gives them a social network. I wonder what your experience is with senior women in the workforce.

Dr. Lia Tsotsos: I could say something on that.

Ms. Vanessa Herrick: I think all of the things you're saying are absolutely true. I think in many cases it's really empowering for women. It helps them feel more engaged with society. It helps them have access to other people and to make new friends and new connections. As was mentioned, it also helps with that informal information sharing. They get to speak to people who can help them navigate whatever they're facing in their lives.

I do think, though, that some of it is out of necessity. Some of it is out of the fact that 50% of them are living on under \$20,000 a year and don't have a choice. So while I think on one hand it can be very empowering and a very positive thing, I think we also have to be aware and have to look at that doubling of women in the workforce later in life as maybe a bit of a flag and we should be making sure that they have enough. Are they working because they want to, or are they working because they absolutely have to, and is that maybe a risk to their health or...? It does bring up some other questions.

Dr. Lia Tsotsos: We finished a study about senior entrepreneurship, and all of the factors that Vanessa just mentioned came up as well. People sometimes undertook starting a small business or some kind of a side gig very much out of necessity, or they just needed that additional engagement for one reason or another. But then they were finding a mismatch between wanting to engage in the entrepreneurial pathway and finding that programs were available exclusively to youth under the age of 30. There was this sort of balancing act between their wanting to engage or their needing to engage and then not having those supports available for their age group or for what they were trying to accomplish. That was something we saw in some entrepreneurship work we did as well. All of those factors came out in that discourse, too.

Ms. Rachel Bendayan: That's very interesting.

The points you raised lead me to ask—

The Chair: You have time for a very short question.

Ms. Rachel Bendayan: —whether there are any niche areas in which the federal government could play a bigger role. You mentioned senior entrepreneurship. Are there one or two others that come to mind that you'd like to raise before the committee?

Ms. Vanessa Herrick: I just think it's really important to echo the point made that we have some fantastic programs in place to support youth who are trying to develop and do things, yet I see a real lack of that kind of support and service for senior women who would like to go out and start their own business, or who have particular skills that could be developed. That could allow them not only to have more income but also to engage better with society on their own terms, with which they might be more comfortable.

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

We're now going to start our five-minute round, and I'm going to pass the floor over to Kellie Leitch.

Kellie, you have five minutes.

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much.

Thank you all for taking the time to come in to present to us.

I am a practising physician, but on the other end of the spectrum. I have pediatric patients, but they frequently show up with their grandparents, so I hear about their issues as well.

All of you have mentioned health concerns, particularly you, Vanessa. You told a story, and I will say that I have heard those stories as well. I think many seniors really are at risk because of their lack of ability to communicate. We, as physicians, have a tendency to speak in a different language that seniors don't speak. Quite frankly, I don't think many Canadians speak it.

I believe there should be some degree of accountability for health care, whether it be through the federal government through the Canada Health Act, or through the provincial governments, which, because of that act, have taken on a responsibility for providing health care. They state that others should not be allowed to do that, but that doesn't provide for patients. It has become very bureaucratic.

Could you give me a sense of what you think that accountability to patients really is for seniors? What accountability should the Government of Canada and the governments in the provinces have to seniors? They've taken on the responsibility for care, so how should they be accountable for providing patients good care when they've taken on that responsibility?

• (0935)

Mr. Michael Udy: This is not the main answer to your question, but I'm reminded of an incident that happened with my mother when she was about 78 or so. I had met her family doctor, and I agreed with her that he didn't seem that interested in her. She simply called him on it one day when she saw that he wasn't listening. She said, "I can see you're not that interested, so I think I'll just go." That got his attention.

Empowering people to ask questions and to know what they want to know and to receive the kind of attention they want to receive is an important part of it.

The other part of my answer is related to the fact that not just seniors but so many Canadians, and so many Quebecers, in particular, don't have access to a family physician, period, no matter what their age. If we can address that, then I think we can address, among other things, some of the needs of seniors in that process.

Hon. K. Kellie Leitch: I agree. There are upwards of five million Canadians who don't have access to a family physician. In addition to family physicians, what do you think are some of those other issues about accountability to patients that we should be addressing? One is family physicians. Another, some people say, is wait times, which I'm sure seniors are experiencing. I have seniors who come in and ask me about hip replacements, where they have to wait 24 months.

What should be part of that patient accountability? Do you have other thoughts on that?

Ms. Vanessa Herrick: I think that physicians in Canada face a lot of challenges. I think governments are doing what they can in many ways to support them. I want to echo what Michael said earlier around some of the work that we're doing. I think it is really important for the government to help advocates to educate seniors to make sure that they.... Often, time is wasted in the medical system because they don't know what questions to ask. They end up in the emergency room, which is really not where they need to be. I think more work needs to be done on empowering and encouraging seniors to really try to ensure that they are an active part of their own personal health care. That's probably not happening as much as I think it could.

Mr. Michael Udy: Do I have time to add something?

The Chair: Yes, you have a minute and a half.

Mr. Michael Udy: I think there needs to be a particular focus on medication. Getting older means taking more medication—not for absolutely everybody, but in general it does. I watched my parents experience that. I've experienced that myself. I take things now that I didn't take when I was 25 years old.

I saw with both of my parents this growing pharmacy in front of them, which was not understood by any one person because pieces of it were contributed by different health professionals. No one actually had the overview. I don't know how, in medicine, one can get a hold on that, but I really do think it needs to be gotten hold of.

Hon. K. Kellie Leitch: Dr. Tsotsos, do you have any comments from abroad?

Dr. Lia Tsotsos: I agree with everything that both Vanessa and Michael said.

Speaking about accountability, the other piece of it might be education for all the health care providers right from the start. “That happens with age” may not be an appropriate response to any patient's concern. Integrate more geriatric training into all levels of health care, whether that's the physiotherapists or social service workers or the physicians themselves. It's recognizing that just because most people will develop a level of hearing impairment doesn't mean that should just be brushed off because they're getting older and they can't hear as well.

Integrating a level of education and understanding of how to prevent more serious chronic conditions from the start may help with the accountability process later on down the pathway if the answer that we revert to is not, “Well, that just happens” or “You're getting older.” With that patient empowerment, those two together may help prevent a lot of more serious adverse outcomes.

The Chair: Excellent. Thank you very much.

We're now going to move over to Eva.

Eva, you have the last five minutes.

● (0940)

[*Translation*]

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

My thanks to the witnesses for their presentations.

I am the member for Vimy, in Laval, where a quarter of the population are seniors. In another life, I was a nurse. So I know how things are for our seniors, especially in a riding like mine where there are many cultural communities. I would like to mention that Ville de Laval has been providing free public transit to seniors since 2014. Laval also has the new Agape's English-speaking Seniors' Wellness Centre, which opened last year. I had the pleasure of visiting it. Those involved are doing an incredible job in the English-speaking community, whether in terms of culture, health care, conferences, and so on. It is an incredible centre focused on the English-speaking community; there are many communities in Vimy.

I know that health care services fall under provincial jurisdiction, but I would like to know what our government could do in addition to the new horizons for seniors program, which has already been mentioned by several of my colleagues. It is actually an incredible program that provides many grants, especially in my riding, downtown Laval. We can certainly improve our engagement with seniors, especially women.

What can we do at the federal level, even though the matter is in provincial jurisdiction?

I'll start with you, Ms. Tsotsos.

[*English*]

Dr. Lia Tsotsos: Thank you so much.

That's an excellent question, and you're quite right, the new horizons program is incredible. I think one of the challenges when it comes to funded work like that is the long-term sustainability, whether it's adjusting how we fund things or providing additional funding to help people make it to the next stage of longer-term sustained efforts. I know in our community in our region I've heard of so many wonderful new horizons programs that have unfortunately come to an end as soon as the funding to hire that program coordinator is up, or has been used.

Ways of stretching those dollars and helping to encourage more longer-term development and implementation of those things, maybe that's part of how we change funding and granting criteria, perhaps by putting a bit more emphasis on embedding all these new programs and services that we develop into either existing infrastructures or supporting the creation of new infrastructures so that they don't disappear as soon as there's a different government priority or that particular fund is used up.

[*Translation*]

Mrs. Eva Nassif: I don't know whether you're aware, but the program is renewed every year. This is not a program that ends after one year. It is therefore possible to use it again.

I have another question. Seniors from cultural communities, aged 50 or 60, who often come here to care for their grandchildren, are much more vulnerable than English-speaking Canadian seniors. They don't speak either French or English most of the time. Clearly, I am not here to say that we must find programs for each community, it is almost impossible. However, what more can we do?

Let me ask Ms. Herrick to answer that question.

What is happening in Quebec? I know that Quebec has many more programs, such as meals on wheels for people who live alone, which also exists in Laval, as well as public transit, which I mentioned earlier, but what more can we do?

[*English*]

Ms. Vanessa Herrick: I think it's an important point, and I think what we see in Laval and Montreal is a real effort to reach out to non-English and non-French speakers because we do have a large community and they don't only live in Montreal and Laval.

I will echo a little of what was said before. A lot of the community organizations that do the work, that hire the translators—there are some excellent examples in Montreal—operate on project funding from the government. That is you apply and you get this amount of money for this much time.

They spend a great deal of time worrying about funding, and worrying about trying to ensure that their services are going to be continued rather than finding new and creative ways to support the community. Again I'm not an economist. I'm not sure the best way this can be done, but perhaps identify strong community leaders and ensure that their funding is sustained and that they can work with smaller players and different communities.

Maybe not create an entirely new organization for every immigrant population, but maybe have somebody working within this larger group who does represent the Chinese population, the Lebanese population, who is able to do a little more of that work in the field. Then they could reach out farther. I can speak only for Quebec because this is our area of expertise, but there are community groups around the province and they're quite tightly knit through different organizations.

That's an excellent existing network. Let's use that network and allow them to reach out farther and try to find the people who are not being served.

● (0945)

The Chair: Excellent. Thank you very much.

I'd really like to thank you all. Michael Udy, Vanessa Herrick and Lia Tsotsos, thank you so much for joining us today.

We're going to suspend for two minutes and we'll be back with our second panel.

● (0945)

_____ (Pause) _____

● (0950)

The Chair: Welcome back to the 139th meeting of the Standing Committee on the Status of Women.

For the second hour, I am pleased to welcome, as individuals, Juliette Noskey, here by video conference from Calgary, Alberta; as well as Colleen Young, who is a member of the Legislative Assembly of Saskatchewan for the district of Lloydminster. She currently serves as the chair of the Standing Committee on the Economy, and the chair of the caucus policy committee on the economy.

Colleen, later you can write me a brief on how I'm doing as chair—I'd appreciate that—but I'm now going to turn the floor over to you.

You have seven minutes to start.

Ms. Colleen Young (As an Individual): Thank you.

I have come here today to impress upon this committee the need to find a way to put in place some kind of financial security for stay-at-home moms.

If a woman chooses to stay at home and raise her children, she usually has to become totally reliant on the money her spouse gives her. If the marriage is solid and his employment is stable, they usually can manage. But if their marriage or common law relationship falls apart, she may be left having to find a job to look after her children.

As we know, getting child support and going through a divorce is a process that may be very stressful, challenging and costly, and may not happen all. The partner may just walk away and disappear, or even come back later to challenge visitation of the children, creating more stress and court costs.

She may risk falling into poverty and relying solely on income assistance programs, if she even qualifies. She may have to work at one or more jobs to help support her family's needs, missing out, I believe, on opportunities involving her children's upbringing.

She may have to rely on other family members for financial support, if they are able to help her. Even her children may have to get part-time jobs to help out with the family's needs. She may have even worked for her husband and made his business successful, all while attending to their children and home, yet got nothing in the end.

I'm sure every one of us in this room today knows a young woman, a mom who has met this fate, and has heard many stories that fall upon similar lines.

A young woman today should feel secure in having the choice to stay at home and raise a family, work part or full time if she wishes to, and know that as she ages, she can receive the same deductions and benefits, and maybe even a pension, as her spouse does. Here is where the key lies. Where are her benefits if she chooses to stay home, is unemployed but plays a key role in the development of her family? No dollar value has ever been assigned to such an important and extremely significant job in this world.

I am 62 years old and have been married to my husband, Kim, for 38 years. I brought into this world and raised, together with my husband, eight very strong and successful children. As a single young woman, I worked from 1974 to 1978 before deciding to go to university. I worked as a waitress evenings and weekends to pay for my post-secondary education and living expenses. I married Kim in 1981 and had our daughter in June of 1982. During this time, my husband was elected to the Saskatchewan legislature. I helped him get elected and fully supported his decision and work, while I continued to go to university and raise our daughter. My first son was born in August of 1983, and I took a year off from university before going back in the fall of 1984.

● (0955)

My husband had been a lawyer for eight years prior to being elected, and he made a reasonable living. He stopped practising shortly after being elected and our annual income dropped significantly to only \$32,000. We had a mortgage, vehicle expenses, utilities, food, clothing, a baby and children and all the other things that go along with them. We managed our money carefully, kept our expenses down, lived in a modest home and did not let our expenses exceed our income. I got a meagre family allowance at the time, around \$55 per month. My husband got to deduct the children in the family allowance payments. His father passed away the year we married and we took over the farming so as not to get hit with capital gains at the time.

I helped my husband with the farming and he paid me a small amount of income. He was able to claim my salary as a deduction, but guess what. I had to pay on average about \$10,000 a year in income tax, which was money neither he nor I had. However, we did our duty and paid it through installments. I remember being angry and frustrated at the time, believing the federal government did not want strong families in this country, nor did it want women to stay home and help bring up strong, well-educated and emotionally well-developed children.

What was wrong with this picture then, and what is wrong with this same picture today? A \$500 child tax credit after the fact doesn't cut it either. Even if you qualified, you'd already had to find the money to pay for your child's expenses up front.

A June 2011 national article from the personal finance magazine MoneySense shows it costs \$17,236 per child per year, or an estimated cost of \$310,244 to raise a child from birth until their 18th birthday. That was eight years ago. It is scary to consider what those figures would be today. We need to do better.

Our young women today are delaying having families into their thirties, until they have established a career and have secured a job—hopefully with a pension. Many whose careers or places of employment do not offer benefits or a pension plan are afraid to

begin a family, or they choose to have only one child. It shouldn't be this way.

I'm happy and thankful and I appreciate being able to be a stay-at-home mom and do everything possible to raise eight children who are of good character, have strong moral values, and are well-educated, resilient and successful in their lives. I did a lot of volunteer work in the schools and community and I was there for my children where and whenever I was needed. In 1995, and with a daughter and seven sons, I decided to run and was elected to the local public school board. Any money I made, right up until I resigned from the board in 2015, went to support all of my children's needs. This included monthly support to those attending university.

I was elected as an MLA in November of 2014, and today, even with the job I have, I can tell you that 95% of my monthly income continues to go to support the needs of my children who are working hard on their education and careers.

I have sacrificed a lot throughout the past 38 years for the benefit of my children—willingly and happily. I am fortunate and grateful that where I am now provides me with benefits and pensions. I fear for those young women who are wondering how they will manage and survive as they age, and who have to continue working well into their senior years just to make ends meet. My granddaughters should never have to be afraid to choose between being a stay-at-home mom and not having children at all. Young women today and into the future should know that they are valued and that what they are contributing to society in staying home and raising children has a secure financial price tag attached to it. They deserve benefits and a pension as well.

As women leaders, we can and must do better in putting in place policies and legislation that recognize and show value to today's—and our future's—young moms. Thank you for this opportunity.

The Chair: Thank you very much.

We're now going to pass the floor over to Juliette. You have seven minutes.

Ms. Juliette Noskey (As an Individual): My name is Juliette Shirley Noskey, née Kapashesit, which means “small” when translated to English. I'm a member of Loon River First Nation, which is a reserve about four and half hours north of Edmonton, Alberta.

I was born and raised in Moose Factory, Ontario, which is located on the Moose River. I am the daughter of Oliver and the late Alice Small, who were, throughout my childhood, harvesters working in various locations in northern Ontario. At an early age, I was placed in a residential school—Bishop Horden Hall—where I resided for nine years. Although my parents committed us to the residential school during the academic year, their commitment to our family never wavered. Family was important to my mama. Today, it is still important to my baba and nine siblings.

My mama, Alice, set an example of commitment to family through her love, hard work and perseverance. Just like my mom, I knew that I wanted to be a mother and have many children. When I became a mother, I decided that I would stay at home—a privilege not offered to my mama—and be totally involved in parenting my children.

Being a stay-at-home mom was a privilege and an honour. One of the deciding factors was that I wanted to control and protect the environment in which my children would grow up. I desired to provide for my children a loving environment where they could grow as responsible individuals and as contributing members of the community. I wanted to ensure that my children would be raised to be responsible adults in society. During challenging days I would remind myself that my children were only small for a little portion of their lives. I kept my focus on parenting for their futures as adults. Therefore, I took an extended absence from the workforce due to motherhood and parenting. Also, I kept in mind the Bible verse found in Proverbs 22:6, which states, "Train up a child in the way he should go: and when he is old, he will not depart from it."

It has been said that family is the cornerstone of our society. I truly believe that. That is why I decided to take that extended absence from the workforce. I had always thought that I would enter the workforce when my children were older and no longer in high school.

Unfortunately, I became a single parent—not by choice—when my youngest child was only four years old. Two years later, I decided that my children, Joanne, Candace and Adam, needed a mother who was healthy in every way, so I made the decision to leave our community. I needed to find an environment that would help me to address the issues in my life and become a better mom for them. I then decided to pursue an education so I could provide for them financially. The decision to uproot my children from the only home community that they had known was an extremely difficult one.

For nearly 20 years, I concentrated on parenting my children and worked on providing a stable environment in the home, except when I had to work when my then-husband was not employed. In the latter part of the 20 years, I made the decision to return to school and actually graduated with my oldest daughter from Portage College.

Unfortunately, throughout my time being a stay-at-home mom, I had made no pension contributions to any retirement plan. I had only made contributions to the Canada pension plan prior to having children and once again when I returned to the workforce upon completion of my education in 2006. There is no provision for retirement for women and, nowadays, for some men who decide to stay at home and raise their children.

As I near the end of my working career and look forward to retirement, I believe that my pension will not be sufficient to cover all living costs. It seems that choosing to be a stay-at-home mom penalized me and other women for doing the most important thing in society, which is to make certain that our children are cared for and to contribute to society in this manner.

I believe that today there are thousands of mothers, now retired, who live in poverty because of their decision to focus on parenting their child or children and not to enter the workforce. Many have no other pension but the small contributions made to the Canada pension plan when they entered the workforce after their children became independent and/or entered the workforce. I know some of these women personally.

● (1000)

One friend comes to mind. She lives in the Northwest Territories where the cost of living is high compared to other areas of the country. She has to rely on other family members to help meet her living costs. I am certain there are numerous stories of once stay-at-home moms who are now retired and live in poverty today.

I would like to highly recommend that the government look to provide adequate pension funding for individuals like me who chose to stay at home for many years in order to raise responsible adults for the society in which we live. It would be ideal if stay-at-home mothers could have a retirement plan where they could make a small contribution and possibly have the government match that amount.

In closing, I want to thank you. I consider it an honour to share a bit of my life story with you in the hope that it will somehow contribute to the advancement and recognition of all women in our country.

Meegwetch. Thank you. *Hiy hiy.*

● (1005)

The Chair: Thank you very much, Juliette.

We're now going to start off with our seven-minute question round. We have Salma Zahid.

Salma, you have the floor.

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

Thanks to both the witnesses for sharing their life stories.

When I started my life and had my first son—

The Chair: I do have to interrupt. The bells are now ringing.

We have to make a decision as a committee. We have two individuals right now. Would we like to sit for another 15 minutes?

A voice: Yes.

The Chair: That would provide us with an additional 15 minutes.

What I would like to do, in order to hear everybody, is to reduce the rounds to five, five and five. This way everybody gets their time.

Mrs. Salma Zahid: Thank you for sharing your life stories with the committee as we do our study on the issues facing senior women.

When my kids were young I also decided to stay home for five years. I went into the workforce here in Canada when my elder son was five years old, so I have gone through that. We had to rely on just one income. We were newcomers to Canada at that time, in 1999, so I've gone through those struggles.

My first question is for Ms. Young.

What are your recommendations for those women who choose to stay home to raise their kids, to make sure that they have financial security in their old age? Do you have any specific recommendations that you think we should recommend?

Ms. Colleen Young: Having financial knowledge is key first and foremost, and being involved in the finances of the home. I think many of us know that even with our own parents it was the husband who dealt with all the bills and all the finances. I think more young women today are smarter on that end of things. At the same time, if they aren't working and they don't have an income, they are relying on the finances of someone else.

I think it's really imperative, as has been said here, and Irene brought it up in the earlier conversation—I was here listening—that there be a way for stay-at-home moms to contribute more to a pension plan in some way or some sort of benefit so that if something does happen in their lives where they are a sole provider for their children and their family they are able to contribute to a pension plan that will sustain them down the road and we won't have 61% of women living below the 20% poverty line in one province alone here in Canada.

Mrs. Salma Zahid: From 2013, we have data that the median income of senior women was \$21,900. In contrast, the median income for senior men in this area was \$32,300 so there is a big gap.

Ms. Colleen Young: There is a huge gap. If there were some way we could improve that for younger women starting now, we wouldn't have aging populations living below those income lines now.

Mrs. Salma Zahid: Juliette, did you want to add something?

Ms. Juliette Noskey: I agree with Colleen that something needs to be done.

It wasn't by choice that I became a single mother. When my child was young I went through a difficult time. Actually, my middle child, Candace, says that raising a child costs about \$100,000 a year. She tells her brother and sister, "Mom could have been \$300,000 richer if she didn't have us, but she's poured her life into us." There should be some compensation for it.

Yes, we've chosen this role to be mothers and to stay at home so that we can put responsible adults into our society.

Mrs. Salma Zahid: Thank you.

My next question is for Ms. Young. You quoted in your opening remarks that the approximate cost per year to raise a child is about \$17,236. What do you think about the Canada child benefit and how is it helping families to bear that cost of raising a child?

•(1010)

Ms. Colleen Young: It is a help; there's no doubt about it. As we add more to those kinds of programs and that kind of assistance, that's great, but it's still not enough. We're talking about aging women here, so I guess I should have brought my 95-year-old mother who had 12 children and stayed at home the whole time. She worked for the first four years of her life as a teacher. Then she started having children and raised 12 of us. She's 95, doing very well, but all she has right now to rely on, besides family, which is a great support for her, are the little bits that she gets from CPP and also from my father's veterans plan. That's it. It is sad to say that we've gotten there.

The Chair: Thank you so much.

We're now going to pass the floor over to Kellie Leitch for five minutes.

Hon. K. Kellie Leitch: Thank you, both, for taking the time to present to us. It's greatly appreciated.

I come from Fort McMurray, so I can relate to northern Alberta, Fort McKay, Fort Chip, and all of that area.

I want to follow up, Juliette, on what you commented on and maybe get Colleen's comments on it. It's your idea of having a retirement plan. In a previous committee we had a woman present here about the idea of having something similar to an RESP. Right now you can contribute to your child's education and withdraw on that in the future, but what she recommended was that, while she was a stay-at-home mom, each year, similar to the RSDP for disabilities, there would be a contribution made by the family and by the government that then would be saved and accumulate until she was 65 so that she would be able to access it well beyond the time frame when she had raised her children, whether she entered the workforce or not.

I want to ask you your thoughts on that idea, and also, both of you, if you do have ideas, I'd like to ask you to submit them to us. It's great to have conversations, but if you have specifics, Juliette, it would be great to have those specifics on paper so that they become part of our report. I think that would be very valuable.

I just want to ask for your comments on that type of specific retirement plan, or if you have other ideas, please submit them.

Ms. Colleen Young: I think that's an excellent idea. You've answered your own question in a sense that, having something that they can contribute to along the way that would benefit them.... The only part that I question is the age 65. Yes, we wait until we're 65, but I have women who I've dealt with in the role that I'm in now as an MLA who have worked, who raised children, who are only 55 or 57, but their health has stopped them from working. Now they have no income, they have no spouse and they're waiting until 65.

Hon. K. Kellie Leitch: The expectation—

Ms. Colleen Young: They have nothing. They're sitting there waiting, and there's nothing I can do or we can do to progress that. There has to be some consideration around those kinds of things—

Hon. K. Kellie Leitch: Having specific regulations around those...?

Ms. Colleen Young: Yes, because if we're all waiting until 65 and we have no income, we're 55 and are unable to work for whatever reason, we have a challenge.

Hon. K. Kellie Leitch: Juliette, do you have any comments?

Ms. Juliette Noskey: I would like to see some kind of pension funding for mothers who choose to stay home. I can't emphasize too much the importance of raising our children in an environment that will help them become responsible adults.

I don't know how it looks. I need to think about it more and get feedback from other women. I shared with my friends that I would be speaking to a committee and what my focus would be, so I would like to go back and see what their thoughts are, what they are thinking. I think the more women I can get to tell me what they want to see.... I think we can move forward on that.

Hon. K. Kellie Leitch: Thank you.

• (1015)

The Chair: We're now going to pass it on to Irene.

Irene, you have five minutes.

Ms. Irene Mathysen: Thank you, Madam Chair, and thank you to Colleen and Juliette.

I think the issues you have touched on are very often overlooked.

Juliette, I would truly appreciate it, if you did in fact consult with your peers to think about a drop-out provision for CPP, and also about the need to improve the guaranteed income supplement. We do indeed have too many seniors living in poverty.

Colleen, concerning your issue about farm women, in my experience farm women contributed all of their lives—built the farm, made it possible for it to be a success—and then, when it came time, after a marriage breakup, to divide those assets, they were left out entirely. There has to be some equity for women. I think the judicial system is something we need to look at. Do courts treat women fairly in regard to the end of a marriage?

Specifically in terms of women surviving on their own.... I guess, Juliette, this pertains to you. You said you had to leave your community. Of course there's the isolation. You had to manage on your own. In terms of managing, there's a housing issue. In terms of the availability and the cost of housing—at this point in time the cost of housing is incredibly high and housing is not available—I'm wondering about a housing policy to ensure that this doesn't make women even more vulnerable and contribute to their poverty.

What would you like to see in terms of that basic need?

Ms. Juliette Noskey: When I left the community, I relied on friends to give me support. They found a place for me in a rural area. Down the highway, there was a church where women—their husbands were farmers—provided the necessities for me.

I lived in Bonnyville in Alberta. I was able to apply for low-income housing, and I spent from 2000 to.... Since then I've been living in cities and smaller towns. People have asked me, "Why haven't you purchased a home?" I said it was because my money would go to my children, to raise them.

Unfortunately their dad was incarcerated in 2002, so I had no support other than me. Thankfully I had a family. My brother Raymond, when my son wanted to do extracurricular activities such as gymnastics and baseball, provided those funds for me. I had a lot of challenges in raising my children.

I went back to school; I went to school with them. It was a very difficult time, but we made it. My oldest daughter works for our nation as a care counsellor. My youngest, my only son, works in the finance department. He went through three years of university at UBC. My middle child, Candace, has gone to university at U of C in Calgary and Mount Royal University in Calgary as well.

Without the support from those individuals, I wouldn't be where I am today with respect to my children. For me, I look at my future and wonder, where do I go from here? Just about a month ago I was released from my position, and at this stage, where can I find work as an aboriginal woman? I can't go back into a small community on the reserve, because work there is limited. There's not much work, so I think my future is weak. I'm sure there are other stay-at-home moms who've gone through the same thing I'm going through. It's difficult for me to think of my future and where I will go.

I never did buy a home, because I felt I would let somebody else worry about the furnace, if the furnace broke or there were house repairs and all of that. I wanted the money I was making to go to my children.

• (1020)

The Chair: Juliette and Colleen, I would like to thank you both for appearing before our committee. We have to go to vote, so we will be closing our meeting off today. Thank you so much.

The meeting is adjourned.

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