HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

HUMA • NUMBER 070 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Thursday, November 2, 2017

Chair

Mr. Bryan May

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Thursday, November 2, 2017

● (1530)

[*English*]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call the meeting to order.

Good afternoon, everybody, on this very wet Thursday. I'm glad to see everybody made it from the House. Pursuant to Standing Order 108(2) and the motion adopted by the committee on Thursday, May 4, 2017, the committee is resuming its study of advancing inclusion and quality of life for Canadian seniors.

Today's is the first of three panels that will be held on the subject of housing and aging in place. We'll introduce first of all, from the Community Social Planning Council of Greater Victoria and coming to us by video conference from Victoria, B.C., Marika Alberta, executive director. Can you hear me okay?

Ms. Marika Albert (Executive Director, Community Social Planning Council of Greater Victoria): I can, thank you.

The Chair: Thank you very much. Also coming to us via video conference from Vancouver, B.C., is Thomas Davidoff, associate professor at the Sauder School of Business. Can you hear me okay, sir?

Dr. Thomas Davidoff (Associate Professor, Sauder School of Business, University of British Columbia, As an Individual): I hear you just fine.

The Chair: Appearing as an individual here in Ottawa is Mr. Ian Lee, associate professor at the Sprott School of Business at Carleton University. Welcome back, sir.

Also appearing here in Ottawa, from the Canadian Urban Institute, is Mr. Glen Miller, senior associate. Welcome, sir.

Mr. Glenn Miller (Senior Associate, Canadian Urban Institute): Thank you.

The Chair: Also here in Ottawa, from Langley Hospice Society, we have Susan Westhaver, client volunteer. Thank you for joining us today.

Each of you will receive seven minutes for opening remarks, and then we'll follow that with a couple of rounds of questions from the committee.

To start us off this afternoon, we're going to go by video conference to Vancouver, B.C. and Thomas Davidoff. The next seven minutes are yours, sir.

Dr. Thomas Davidoff: Thank you so much, and I appreciate your being environmentally friendly and letting me testify without flying.

In my seven minutes, in terms of seniors' well-being I want to talk about problems and prospects in the reverse mortgage industry, with a little bit of special reference to Canada.

Housing is a very important part of most seniors' retirement portfolios, particularly at the lower end of the income distribution. Of course, should you arrive at retirement without a home, as a renter, that's the lowest end of the income distribution, but for lower-middle-class households, the ones for whom I'm assuming you have the most concern, a house is typically a dominant part of the portfolio.

Reverse mortgages are a tiny industry. Of course, a reverse mortgage lets a senior borrow against their home. If most of your wealth is in a home and you're struggling to pay bills, using some of that home equity seems like a fantastic idea. In markets like Victoria, Toronto, and of course Vancouver, there are countless seniors with enormous home equity holdings but maybe rather meagre retirement wealth and income, so finding a way to use home equity to finance seniors' retirement is something I think you should put considerable thought into.

Home equity represents one leg of the holy trinity of retirement finance puzzles. Life annuities and long-term care insurance are the other two.

Life annuities let you hedge an enormous financial risk, which is, how long am I going to survive in retirement? There are some problems with life annuities, the biggest of which is that they're illiquid. If I'm somebody with a home and very little cash, putting that remaining cash into a life annuity that requires that I sip but never gulp runs into problems if, for example, I have large long-term care needs.

That takes us to the second leg of retirement puzzles, which is long-term care insurance. Canada is a bit different from the U.S., but state-funded retirement or long-term care facilities may not be very pleasant places. If you want to have a comfortable long-term care stay, that of course can be extraordinarily expensive, but because of the existence of the public sector in long-term care, private insurance is very difficult to make work. It's particularly difficult to make long-term care insurance work without a reverse mortgage, because home equity really is a dominant form of long-term care insurance, at least in the United States. Should you need to privately pay for long-term care, it's typically in a state of the world where you will have disposed of your home, so the home is an important buffer stock. Should long-term care expenditures be an important risk in any province, home equity becomes unattractive to spend because it's serving as a buffer.

On the other hand, without long-term care insurance, life annuities are going to be unattractive, and people won't hedge longevity because of the need to go for catastrophic expenditures. What you see is that as long as there's any unhandled uncertainty in retirement, should it be home equity that's illiquid, longevity, or catastrophic expenditure risk, the other products don't work very well.

Let me talk about reverse mortgages. Again, they should be huge in Canada, but it is a trivially small market. There's CHIP, the Canadian Home Income Plan, and I think they do a decent job, but it's a very small product. It carries a high interest rate because of some funding problems. Essentially, if you don't have government insurance, it's very difficult to securitize reverse mortgage loans, and that makes them expensive and difficult to fund for the long period they really need to be funded.

There's another reverse mortgage product in Canada, for which there is almost incredibly low demand, and that is property tax deferral in British Columbia. British Columbia has, I believe, maybe the most generous property tax deferral for people over 55. They can defer, and defer not at a spread over the federal cost of borrowing, but at a very low rate. I believe it's 1% per year. My understanding is that take-up is moderate. You hear people complain, “Well, prices are rising and so my property assessment has gone up, and I'm a grandma on a fixed income”, but that's not a serious concern if you take the property tax deferral. Property tax deferral in British Columbia might be seen as the world's most generous reverse mortgage program.

● (1535)

The fact that there's not a 100% take-up is surprising. I don't know the income distribution of the people who use it, and it's something I want to look into, but I think it's worthy of serious consideration because the home equity of seniors is such an important part of their wealth.

Let me talk a little bit about why reverse mortgages are so hard to make work in the private sector. You've got moral hazard—that is, borrowers may behave in a way not advantageous to lenders—and adverse selection, which are very serious problems.

Jeanne Calment, the women who lived to be 123 in France, was a reverse mortgage borrower. The French call it *viager*. It was the worse case of adverse selection imaginable, you might think, because the guy who contracted with her paid and paid and paid and finally got the house for his grandson long after he was dead and I believe his son was dead. You worry that you're going to lend money to seniors who are not going to make any payments until they move or die, and if they don't move or die for a long time, and the property value declines, it's a big problem.

In the U.S. we saw a horrible geographic adverse selection. Reverse mortgages were predominant in the SAM states, the shared appreciation mortgage states, that saw the biggest housing crashes. They were predominant when prices rose.

Very quickly, reverse mortgages imbed a lot of default option value. Borrowers, unfortunately, are able to under-maintain the home and not move when they should move, and they tend to take the loans at the wrong time in the cycle. They don't understand the default option value. There's a lot of evidence that reverse mortgage borrowers do not understand just how valuable the rights imbedded in a reverse mortgage to default are.

Therefore, in Canada, if you want to expand home equity borrowing among seniors, I strongly recommend you do so in the form of a life annuity, whereby the seniors receive enough income from the property that they get a life annuity with cash, plus enough interest to keep the balance on the reverse mortgage loan constant rather than growing. That would solve a lot of problems. Should the industry expand, it would prevent seniors from consuming more wealth then they have.

I would be delighted to talk more about that because I do think seniors housing is a promising form of retirement finance.

● (1540)

The Chair: Thank you very much, sir.

Now moving on to the Community Social Planning Council of Greater Victoria, coming to us via video conference from Victoria, B.C., we have Marika Albert, executive director.

You have seven minutes.

Ms. Marika Albert: We're all going to be seniors someday, if we're not there already, so this is a topic that should be near and dear to each and every one of us. Your committee is doing important work here, and thank you so much for inviting me here to speak to you today.

As a researcher and a community-based social planner in the capital region of British Columbia, I'm focused on housing and homelessness predominantly. In my work, I am seeing an increase in the number of seniors being affected by our current housing crisis. The two most important factors to consider are incomes and the need for supportive, inclusive communities.

We know that maintaining independence is important to seniors in B.C. and across Canada. According to the Office of the Seniors Advocate of British Columbia, “Seniors want to age as independently as possible in their own homes and in their local communities.” Research conducted by the Canada Mortgage and Housing Corporation in 2008 revealed that 85% of Canadians over the age of 55 plan to remain present in their home for as long as possible, even if there are changes to their health. I was talking to my stubborn old dad this morning, and he reiterated that point to me.

A recent report from the Office of the Seniors Advocate of B.C. from 2015 confirms that up to 86% of B.C. seniors felt that with a combination of home support and some home adaptations, they could remain at home if their care needs increased. This same report also illustrated the fear that seniors are feeling about being forced away from the support of their communities into assisted living or residential care prematurely.

In Victoria, more than one in five people was aged 65 and over in 2016, considerably higher than the national average of 17%. Seniors occupy 50% of the BC Housing social housing units here and account for 40% of applicants on the wait-list for social housing. In the city of Victoria, 14% of senior-led households are renters, and over half of those households spend more than 30% of their monthly income on shelter costs. This means that these senior households are living in what CMHC would consider as core housing need.

In the James Bay neighbourhood here in the city of Victoria, renter households make up over two-thirds—approximately 70%—of the overall households in the area, and half of those are renter households that spend more than 30% of their income on shelter costs.

In addition to immediate needs, rental demand in the capital region as a whole is expected to increase significantly over the next two decades. This is according to the BC Non-Profit Housing Association's projections. Seniors aged 65 and older are the demographic that will experience the most significant increase in rental demand in this region over the next 20 years. There could be an increase of up to nearly 10,000 additional seniors' households seeking rental housing by 2036. That's a staggering number, and one we need to think seriously about.

Of course, we know that there is, even now, a significant rental housing shortage here, and with costs of running a household rising, this leads to increased pressure on seniors' households.

We are seeing an unprecedented demographic shift that requires a thoughtful, timely, and pragmatic response. I'm going to highlight one strategy among many that might address the growing need of seniors.

At the social planning council, we have been working with the Canadian Senior Cohousing network to explore co-housing as a model to support accessibility, affordability, and aging in place. For seniors with higher incomes and who have the ability to invest in new developments, co-housing is an emerging form of supporting accessibility, a certain level of affordability, and, importantly, aging in place. The model of co-housing in Canada is predominantly ownership-based, which makes it inaccessible for middle- to lower-income seniors. However, the model is impressive in that it takes into account all of the factors we think about when we think about supporting seniors aging in place.

Co-housing is a neighbourhood design that combines the independence of private homes—condo-sized units—with the advantages of shared amenities similar to co-operatives, and a village-style support system. The co-housing model provides safe physical surroundings and can be purpose-built to address the needs of residents with dementia, but there is also a focus on social care, or what is also referred to as co-care. It is this focus on co-care that can be replicated in other formats, such as purpose-built rental buildings or other types of residential communities, such as subsidized housing complexes or housing co-operatives.

● (1545)

Quite simply, the co-care model provides a template for organizing care and reducing caregiver fatigue because it is shared across a broader network of people who are neighbours. This model is exactly what we need to see in our communities: neighbours helping neighbours.

We all know the issue is very complex, especially for low-income seniors. There are ways to bring the principles of co-housing to more affordable developments, but seniors may need help in creating affordable co-housing projects.

I'm happy to discuss this and other models at your convenience. Thank you again for the opportunity to speak today.

The Chair: It's our pleasure. Thank you for appearing here today.

Next we have, appearing as an individual, Mr. Ian Lee, associate professor, Sprott School of Business, Carleton University.

You have seven minutes, sir.

Dr. Ian Lee (Associate Professor, Sprott School of Business, Carleton University, As an Individual): Thank you.

I thank the committee for inviting me to speak on this critical issue. I applaud your committee for tackling it. Indeed, I think this is the single most important issue confronting Canada and the western world for the next 50 years.

First I have my disclosures. I don't consult to anyone or anything anywhere—not governments, not corporations, not NGOs, not associations. I don't belong to or contribute to any political party. In approximately 70 days from now, I'm going to pass, and I assure you most involuntarily, into that club called the seniors of Canada.

The Chair: Happy birthday.

Dr. Ian Lee: I'm enthusiastic, as you can tell.

In the last five years, I was the primary caregiver for my late mother in the last days and weeks, as well as the co-caregiver with my wife during the extended passing of her mother and father. We became deeply enmeshed in the Canadian health care system at end of life, and I want to talk about the good, the bad, and the ugly of our health care system as it pertains to seniors.

I first became interested in this subject after reading *Gray Dawn: How the Coming Age Wave Will Transform America—and the World*. It was written by Pete Peterson in 1999, the former commerce secretary under President Ronald Regan, and later the founder of what has become the very prestigious Peterson Institute in Washington, D.C. He documented, with incredible statistics from the U.S. Census Bureau, the gray dawn, the gray tsunami that's coming.

In the years since, a plethora of authoritative empirical studies have been published by the OECD, the World Bank, IMF, and reputable think tanks such as Brookings, Peterson, C.D. Howe, and MLI on the effect of aging on the macroeconomic economy, on tax receipts and on economic growth and productivity. I'm sure most of you or all of you are very familiar with this.

Both the IMF and OECD have produced increasingly dire studies and warnings about the increasingly serious squeeze on fiscal revenues caused by the smaller percentage of the workforce that is employed and paying taxes, and the concomitant dramatic increase in health care costs for the exploding number of seniors.

As one American demographer recently noted, in approximately 20 years all of North America is going to look just like Florida, but without the warm weather. In other words, one in four will be over 65 years of age.

In a recent study, the IMF has argued that the aging crisis is going to impose much larger costs on society than the 2008-2009 financial crisis.

Closer to home, former Bank of Canada governor Dr. David Dodge—and former deputy minister of Health Canada, if I can remind everybody—published a superb report called “Chronic Health Care Spending Disease” in 2011, through the C.D. Howe Institute, using StatsCan data and CIHI data. It showed the gargantuan amount of health care per person for those over 75, and we all know the numbers over 75 are skyrocketing. Very recently, the PBO published a report showing that provincial budgets are going to become increasingly bleak going forward because most costs associated with aging are funded by the provinces, and these costs are going to skyrocket.

Having read and absorbed a number of these excellent studies, I've come to the conclusion that the cost of pensions will not be the problem the OECD argues they will become in Europe, precisely because of Canada's prudent, responsible, risk-diversified, four-pillar pension system criticized by some of my colleagues in academia. This is not to minimize the drag and loss of productivity and economic growth caused by the gargantuan loss of workers caused by the exodus of the boomers. Indeed, every serious macroeconomic study, including from Finance Canada, shows long-term GDP declines of around 1% to 2% annually, which is going to cause a serious hit to the federal and provincial revenues.

No; I've concluded that the vulnerability in Canada, and likely elsewhere, is health care. As Dr. Dodge demonstrated in his report, using very hard CIHI empirical data, the older we are above 65, the more and more health care we consume per person. As we move from our 70s into our 80s, we consume an average of around $25,000 health care per person per year. They, or should I say we, will be consuming a new Honda Civic every year.

Do we believe the young people in this room and across Canada are shouting “Whoopee—I get to pay a lot more taxes in the future to support Ian Lee in the years ahead”? For these reasons, the overarching purpose of government policy concerning seniors should be an absolute focus on keeping seniors in their homes for as long as possible, in my view.

I'll briefly highlight, then wrap up, because we're going to have time to talk, I hope. I'm going to focus on two very highlighted areas.

We need financial pension reform. The overarching policy should endeavour to keep every worker in the workforce for as long as possible by eliminating early retirement before 60 across the Canadian economy and by penalizing retirement between 60 and 65. Indeed, we need pension policy reform to eliminate incoherence and pension bankruptcy.

Fred Vettese is chief economist at Morneau Shepell. I should add as an aside that I have met him several times at pension conferences and I consider him to be highly intelligent and probably one of the single most important pension experts in all of Canada on this subject of pensions. As he noted in his recent blog, our national pension policy system is incoherent. Number one, OAS allows retirement and pension only at 65, while CPP allows a range from 60 to 70 and employer pensions under the Income Tax Act allow retirement as early as 55.

● (1550)

He suggested, and I completely agree, standardizing the flexible CPP model that allows a range between 60 and 70, with penalties for early retirement below 65 and pension top-ups for those who postpone their pension above 65.

Moreover, the tax act requirement to collapse all pension plans by 71 years of age is arbitrary and unreasonable, and should be pushed back or eliminated. This will allow much greater flexibility and encourage citizens to remain in the workforce. This will not have an excessively negative impact on government, because it will continue to receive its share of the deferred taxes once the pension is drawn down or the citizen passes away.

Finally, I'll wrap up on health care and hospitals.

We need to completely invert the paradigm of health care to a model where we should assume health care is delivered within the home in the first instance, including death and dying, and in the second instance in local, decentralized regional hospitals or community clinics, again to encourage seniors to remain in their homes. Our large legacy hospitals should be institutions of last resort for the most serious cases, rather than for warehousing elderly people.

In conclusion, policy can ameliorate but not eliminate the grey tsunami that is inevitable.

Thank you.

The Chair: Thank you, sir.

From the Canadian Urban Institute, we have Mr. Glenn Miller, senior associate.

You have seven minutes, sir.

Mr. Glenn Miller: Good afternoon, and I'd like to thank you for the opportunity to participate in this important gathering.

Deciding what constitutes an acceptable quality of life for older adults is no small undertaking. Most observers agree that two of the most important determinants are good health and sound finances—areas where the trends are relatively positive. For example, today's seniors are living longer and generally healthier than previous generations. Thanks in part to long-standing government programs such as old age security, the guaranteed income supplement, and the Canada Pension Plan, most older adults are in relatively good shape financially, notwithstanding my colleague's comments.

To good health and economic well-being I would add access to housing that fits with the senior's individual circumstances. For some, the issue is affordability; for others, it's the type of housing or its location. Where you live in many instances determines how you live. The physical design of the built environment—that's the neighbourhoods and transportation networks that determine how we interact with our physical surroundings—is a key determinant affecting quality of life for seniors. I'd like to explain that.

A few years ago, CMHC's “Housing for Older Canadians” publication, which the CUI, Canadian Urban Institute, helped to write, noted that today's seniors prefer to age in place until poor health or economic circumstances force them to relocate to retirement homes or long-term care facilities. Postponing or even avoiding such decisions is an option for some, but as the number of elderly seniors continues to grow, the question arises as to whether housing and neighbourhoods can be successfully adapted to meet the needs of an aging population.

The most challenging of these built environments are the many car-dependent suburbs constructed since the Second World War. Neighbourhoods where people must drive or be driven to work, school, or shopping work well for successive generations of households during their family-formation years, but as residents age and become less mobile, many lose the ability to drive or cannot afford a car. When amenities such as grocery stores, medical facilities, or community centres are too far away to reach on foot, older adults who no longer drive become less active and are at risk of becoming isolated. Canadians are living longer, but most of us will outlive our ability to drive. We must find solutions. From this perspective, our current suburbs are no place to grow old.

A positive step was taken in 2007 when the Public Health Agency of Canada launched the age-friendly communities initiative, a World Health Organization initiative dedicated to promoting active aging. Since then, more than 500 cities and towns across Canada have made commitments to become age-friendly. The CUI's research shows, however, that although cities are using the age-friendly concept to engage effectively with seniors to identify local needs and priorities, little progress has been made to upgrade the quality of the built environment. Our survey of the 25 largest Ontario cities committed to becoming age-friendly indicated that none of these cities has yet acknowledged their commitment to become age-friendly in their land-use plans.

I'm nevertheless pleased to report some progress being made on the policy front. The Ontario government's latest growth plan for the greater Golden Horseshoe explicitly directs cities in the region to recognize age-friendly design and development as a municipal priority. At the local level, the City of Toronto recently agreed to acknowledge age-friendly design and development in the city's official plan when the process of updating the plan begins next year. This kind of acknowledgement is an essential precondition for a municipality's ability to begin the time-consuming process of retrofitting car-dependent suburbs and ensuring that no opportunities are missed to improve the quality of the built environment when neighbourhood plans are recalibrated as part of the development process.

Our research has also identified the value of identifying best-practice examples of neighbourhoods and individual developments that can contribute to an age-friendly city. These places can be used to inspire proactive planning policy, attract the attention of private sector developers, and, more importantly, demonstrate to the buying public that age-friendly options are available.

Finally, I'd like to suggest how the federal government can help. As I've noted, the Public Health Agency of Canada already coordinates and promotes age-friendly communities at the national level. If the CMHC's capacity to undertake innovative research in areas such as age-friendly development were to be restored, these two federal institutions could then combine their efforts to work collaboratively with communities, developers, and the public. This would enable them to accelerate our collective understanding and appreciation of the need for age-friendly housing and neighbourhoods at a scale that makes a difference in quality of life for Canadians as they age in place in those familiar neighbourhoods.

● (1555)

Thank you.

The Chair: Thank you very much, sir.

Finally, from the Langley Hospice Society, we have Susan Westhaver, who is a client volunteer. Welcome. You have seven minutes.

Ms. Susan Westhaver (Client Volunteer, Langley Hospice Society): Good afternoon. Thank you for the invitation.

My name is Susan Westhaver. I'm a client volunteer with the Langley Hospice Society. Earlier this year, I was asked by the society to share my personal hospice experience at a fundraising announcement and press conference for their new 15-bed free-standing hospice residence for our community. I would like to share that speech with you now.

When you hear the word “hospice”, you think of a place where people go to die, and it is, but it is so much more than that. Hospice care is an experience not only for the dying, but for the family and friends who are left behind when their loved one has moved on.

Bob was dying of cancer. Dr. Adamson came to our home and met with us. Part of the conversation was about where Bob wanted to die: home, hospital, or hospice? We had heard of hospice but really didn't know much about it. Dr. Adamson encouraged us to visit the hospice residence and see how Bob felt about it. We did go and visit, although he was not yet ready to be admitted; we were still managing at home. We were given a tour by a hospice volunteer and afterwards felt very good about the decision to go there when the time came.

Well, that time came in a very few short months. It was becoming more challenging caring for Bob at home. Medications were getting more complicated and frustrations often ran high. Bob was admitted into a shared room on a Friday afternoon. The nurses and volunteers were amazing and made us feel welcome. Leaving that evening to come home without him was very difficult, but I had a good sleep that night, the first in a long while, and so did Bob. The nurses had his pain under control. We knew he was in good hands and well looked after.

Eventually, Bob was moved into a private room. This allowed our family and friends to come and go without interrupting the other patients, and gave us privacy when quiet time was needed. That room became our new home for more than four months. Going into hospice was the best thing that happened to us during that difficult time. Being a caregiver isn't an easy job, and having the opportunity to leave his medical and physical care to the nurses gave us quality time together in those last months of his life. That was truly a blessing and allowed us to bring our relationship back full circle.

Because of the care we both received during Bob's stay in hospice and the support I continued to receive after his death, it was an easy decision for me to take the hospice training and become a volunteer at the hospice residence. Going through those doors always brings me a sense of peace, but as much as I love that residence and its special warmth, I look forward to a new residence where each of our patients and their loved ones will have a private room and access to the outdoors and common areas. There they will be in beautiful surroundings with the loving care from volunteers and staff to help them along as they experience together that final journey that is so personal and sacred.

I was 56 years old when Bob died. It was a six-and-a-half-year journey of radiation, chemo, remissions, more chemo, and then hospice care. That experience was difficult enough for a reasonably young and healthy person; our seniors cannot process the stresses that caregiving for a loved one with a terminal illness can bring. As I age myself, and in my experiences as a volunteer supporting patients who are dying, and their caregivers, I know how important it is to provide support and ease their stress during this difficult journey.

In hospice, we have young people, old people, and in-between people. The one thing they all have in common is that they still have some life left to live. It is my honour to walk with them through this time and hopefully ease some of those stresses.

Some people are transferred from hospital to hospice. Palliative care is provided to individuals who have a terminal illness at different stages of their journey at home, in the hospital, or in hospice environment.

In the hospice residence, caregivers and family can stay 24 hours a day with their loved one. There is a sofa bed in every room for overnight stays. This brings great comfort, oftentimes more for the spouses, as they can witness the care given to their wife or husband and feel relief. They can stay by their side.

Our family room provides a homelike environment where meals can be shared and birthdays celebrated. It's a place for singalongs, piano playing, and oftentimes fellowship and support from strangers who are experiencing this journey at the same time.

The Langley Hospice Society's mission is to provide compassionate support to help people live with dignity and hope while coping with grief at the end of life. As a hospice volunteer, I know dying with dignity can mean different things to different people. In my volunteer role, I try to bring dignity to our patients through personal care, which can involve listening to their life stories. Our seniors were once young and have many stories to share. Their stories are part of the legacies they leave behind.

Hospice isn't just about dying. It's about living right to the end. These individuals have things to share and advice to offer, and we need to honour and respect their voice.

I can help in all kinds of ways, such as getting their dentures for them so they have their teeth in when company is coming, offering that company a cup of tea as she would have done if she were in her own home entertaining guests, perhaps shampooing her hair so she feels better, and as things move along, making sure her blankets have not moved to expose a body part that she would prefer to keep covered.

● (1600)

I used to sit guard outside Bob’s room when he was in a deep sleep and was wide-open mouth-breathing. He would not have wanted people to see him like that. I felt I was protecting his dignity.

Being a senior brings many changes in life, and new challenges. The huge challenge of continuing on without the person you have spent your life with can be overwhelming. Seniors are even more vulnerable to loneliness and seclusion. The care and support that the hospice society provides for those who have experienced the death of a loved one are invaluable. The grief support programs and services offer a chance to share one-on-one with a counsellor or in a group setting. Care continues. Life continues. Honouring that life up to the last moment is the most we can give a dying person, just as we would want for our loved ones and ourselves.

Thank you.

● (1605)

The Chair: Thank you very much.

I think I can speak for all of us here. Thank you for sharing that, and thank you for the work that you do.

With that, we are going to start with the first round of questions.

Mr. Warawa, you're up first.

Mr. Mark Warawa (Langley—Aldergrove, CPC): Thank you, Mr. Chair.

Thank you to the witnesses. You've shared so much with us. It becomes overwhelming at some point. We appreciate your being here, and we appreciate your testimony. If you haven't presented a brief, please do provide a brief with your recommendations. It would assist us in the report recommending a national seniors strategy.

I'm going to ask some questions of Ms. Westhaver.

My understanding is that you have just come back from Europe, so you are probably suffering a little jet lag. Thank you for being here with us.

What is unique about you.... Each of us provides a unique perspective, but you had a loved one: your husband Bob, who passed away. You said he spent the last four months of his life in hospice care. After his passing, you took the training and are now giving back and providing that type of care. I assume you are doing that because it was a blessing to you, and you are now providing that blessing unto others.

Could you tell us about the training? Did you have to pay for it? How long was the training? How important is it that others in our communities also participate in this as volunteers?

Ms. Susan Westhaver: The training was a 10-week program, three hours a week. It was $150 to take the training.

Sorry; what was your other question?

Mr. Mark Warawa: Do we have enough volunteers, or do we need more people volunteering and getting the training?

Ms. Susan Westhaver: I don't think you can ever have too many volunteers. The more volunteers are out there, the better. I'm not sure whether the $150 is a deterrent to some people, or whether, if they really want to do this, they are going to find a way to do it. There are a lot of seniors in their homes who can't get out anymore and who could really use volunteers to come and visit them. If a person wasn't comfortable working in the hospice environment, there could be some form of training to train people how to go and sit with elderly people for a couple of hours a few times a week, or whatever, and even just do that for them. A lot of them are very isolated and can't get out anymore.

Mr. Mark Warawa: We've heard that isolation is a huge problem. People being able to age in place sounds like a great idea. It may be the only realistic way we can house our aging population. To provide that as an option, we need to deal with the isolation. If people feel good about themselves, if they are happy and they have people visiting them and caring for them, they will live a much more fulfilling life.

Palliative care could be provided at home for somebody aging in place, and hospice care is part of the end of palliative care. It's maybe the last month of a person's life. Is that correct?

Ms. Susan Westhaver: Yes. You can die at home if you want to. You don't have to go to a hospital or a hospice. If you choose to die at home, you can die at home. There will be services provided for that, but it's the caregivers I have a soft spot for, because I know how difficult it can be to be a caregiver. I can't imagine how some seniors cope with it, because it's a very difficult thing to do. Just to have the support in the hospice environment is huge.

Mr. Mark Warawa: Do I have any time left, Mr. Chair?

The Chair: You have almost two minutes.

Mr. Mark Warawa: One of the roles of this study is to find out how the federal government can participate. What do we need to do to assist in taking care of our aging population? At this time, hospice care is taking care of people in the last days and weeks of their lives.

Last week, maybe two days ago, there was a suggestion that the federal government could provide the standards for a pan-Canadian approach, which would say this is how we recommend a senior, in their last days, would at least get this level of care, and that every senior who needs palliative care would have access to it. Right now, 70% do not. The suggestion was that the federal government could provide the standards and the funding for the training to make sure that volunteers do not have to pay to get the training or that it could even be rebated as a tax-deductible receipt.

Is there any comment on that?

● (1610)

Ms. Susan Westhaver: Sure, anything that would help would be good. Any carrot to dangle would be a good thing to encourage people.

Mr. Mark Warawa: What percentage is funded by the provincial or federal government for hospice care right now?

Ms. Susan Westhaver: I don't know.

Mr. Mark Warawa: My understanding is that it's approximately 10%. Is that close?

Ms. Susan Westhaver: Yes, you're right: 10%.

Mr. Mark Warawa: Then 90% is being provided by donations and fundraising.

Ms. Susan Westhaver: It is thrift stores and the gaming society.

Mr. Mark Warawa: To take care of our seniors, we need to refocus how we're providing health care. Is that fair?

Ms. Susan Westhaver: Yes, but if a senior is terminally ill, I could encourage more focus on more services to help get them palliative care and a place in hospice, if that's where they need to be.

The Chair: Thank you.

Mr. Mark Warawa: Is there any time for Mr. Lee to respond to that?

The Chair: I'm afraid not. Maybe he could do that in the next question.

Mr. Ruimy, you have six minutes.

Mr. Dan Ruimy (Pitt Meadows—Maple Ridge, Lib.): I'll be sharing my time with MP Vaughan.

Marika, in your publication on co-housing, could you just give me a quick answer as to where the funding comes from? Is it federal, provincial, or municipal?

Ms. Marika Albert: We have an example of a co-housing complex here called Harbourside; it's in Sooke, about 45 minutes outside of the city of Victoria. It was privately financed. Seniors pooled their money, essentially, and paid for the development itself, which is the same model that happened in Saskatoon.

In the U.S., there's a mixture of financing. A lot of faith-based communities have supported co-housing, and so those churches then contribute financing.

Mr. Dan Ruimy: Thank you.

Just to clarify, would her report have been submitted to the clerk? She provided a link to it, but I want to make sure that it's part of the testimony.

The Chair: We can look into that.

We didn't get a brief, but we can include something.

Mr. Dan Ruimy: That would be great. Thank you.

I'm going to pass to MP Vaughan.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): Marika, the co-housing model you talk about is effectively housing adults who are not related in a single living environment, which in many parts of the country is called a rooming house or supportive housing. I'm curious as to your thoughts on whether or not local zoning allows for rooming houses universally across the country and whether that's an impediment to co-housing.

Ms. Marika Albert: It can be.

Municipalities can implement policies. For instance, they can do something called “pocket neighbourhoods”. They can zone to do gentle densification in certain neighbourhoods so that you can build more multi-unit dwellings there. Then you create more of a neighbourhood style: you have housing facing inwards, and you can create a courtyard area. You can do that already in pre-existing neighbourhoods.

Mr. Adam Vaughan: Does the zoning permit that?

Ms. Marika Albert: Not everywhere, but they can do it. Here in British Columbia, it's an option for municipalities, but not all of them have implemented it yet.

Mr. Adam Vaughan: If we made it a requirement for federal funding to the provinces that they embrace group homes or co-living environments as a condition of receiving dollars, would that facilitate the growth of the sector you're advocating for?

● (1615)

Ms. Marika Albert: Oh, yes.

I want to be clear too about co-housing. It's actually adults living in independent units. The co-housing model looks more like a condo strata, but that doesn't mean we can't implement those kinds of principles in a rooming house or shared accommodation model.

There are models—

Mr. Adam Vaughan: I'm sorry; I have to be quick.

Ms. Marika Albert: That's okay.

Mr. Adam Vaughan: The implication there is also that seniors who have means can purchase and acquire the property. For those on social assistance or a fixed income or those whose pension is compromised, what are your thoughts on the idea, which has been expressed by many advocates, particularly in B.C., of a portable housing benefit and how it might be used to facilitate giving seniors the choice of moving into those areas? Would you support a portable housing benefit?

Ms. Marika Albert: I absolutely would. What's really great about that model is that the benefit travels with that senior, so there are opportunities for them to remain in their community, which is what we want.

Mr. Adam Vaughan: Glenn Miller, you talked about proactive design. We have very few standards on...not accessible units, but universally designed units, because accessibility for seniors involves more than mobility devices. If your vision is impaired or if you're intellectually impaired, assisted housing or adaptive housing requires more than simply ramps and high toilets.

In considering the best practices around the world, what universal design thresholds would you advocate to encourage housing to be built proactively before people age? What would you see as a valuable contribution to a national housing strategy on that front to assist seniors?

Mr. Glenn Miller: That is a complex question. I think the important thing is to find ways to engage the development industry. The scale of the demographic shift today is so significant that we can't rely on the traditional methods. If everybody is going to go towards spending time in long-term care or that kind of facility, it's going to bankrupt the provincial governments.

Mr. Adam Vaughan: For example, they could get CMHC assistance with their mortgage as part of a private development, or programs could be put in place to spur rental housing. There could be support for the granting of land as part of a big housing project that was once federal, or a requirement that developers attain a certain threshold in keeping with public-private partnerships. We could have a universal design to accommodate seniors before they age so that it would be there when they need it.

Mr. Glenn Miller: Yes, I think that's an excellent idea. Building codes can also play a role, as well as education in the development industry. We've actually done quite a lot of work to find out what the appetite is for responding to this kind of initiative in the development industry. Right now there isn't a lot of understanding of the opportunity.

The Chair: Thank you very much.

Now we will move over to MP Rachel Blaney.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, and thank you all so much for being here.

I'd like to start by asking a question and having each of you answer yes, no, or abstain. I'd like to ask all the witnesses if they believe the government should implement a national seniors strategy.

Dr. Ian Lee: Yes.

Mr. Glenn Miller: Yes.

Ms. Susan Westhaver: Yes.

Dr. Thomas Davidoff: Yes, absolutely.

Ms. Marika Albert: Yes.

Ms. Rachel Blaney: Marika, you talked a lot about co-housing. Should the CMHC review and create incentives for co-housing, and perhaps increase funding? Do you know if this is happening, and if not, do you know why?

Ms. Marika Albert: I don't know if CMHC is doing anything like that. I know there has been talk about improving incentives and funding for rental housing, but I don't know what there is specifically for co-housing, so I can't answer that part of the question.

Any support for these kinds of developments would be most welcome and would be very beneficial to communities. There are opportunities for co-housing and for public-private partnerships. I definitely know of at least one or two local developers who would be interested in working on a co-housing project.

Ms. Rachel Blaney: Co-housing represents a conceptual shift in our cultural approach to aging and living in the community. How do you think we can encourage this shift? Are the challenges mostly financial at this point?

● (1620)

Ms. Marika Albert: There are certainly financial challenges, but I think you're right. We do need to have a cultural shift. The Canadian seniors co-housing network does community workshops around how we shift our thinking into thinking more about living collectively or sharing our resources more and in different ways. There is a bit of a cultural shift that needs to happen.

Colleagues at the Canadian seniors co-housing network talk about how their generation of hippies talked about sharing and living co-operatively. Now it's their turn to do that again and share that kind of cultural shift again. That's how they talked about it.

Ms. Rachel Blaney: Thank you.

We know that one barrier facing the seniors population is the high cost of real estate. I'm curious to know if you have looked at the community land trust process. It's yes or no; if you haven't, then we can let it go.

Ms. Marika Albert: It has been a conversation locally. The regional government is looking into the possibility of doing that, but we don't have anything in place at this point here in the capital region.

Ms. Rachel Blaney: Okay. Thank you so much for your time.

Glenn, I'm going next to you. Have age-friendly communities become a mainstream planning model? Should they be? If so, what's the role of the federal government in expanding them?

Mr. Glenn Miller: As I mentioned, the concept of age-friendly communities is quite widespread across the country in cities large and small. It's being used as an engagement tool. It's been developed as an engagement tool by the World Health Organization.

It wasn't designed to fit with our planning process. I've published a paper on this very topic, which is how you get the philosophy of age-friendly communities embedded into the land use development process so that it's easier for municipalities to implement it.

Ms. Rachel Blaney: The community of Alert Bay is in my riding. It was one of the 10 communities that participated in focus groups that helped develop “Age-Friendly Rural and Remote Communities: A Guide”. How do we incorporate such a guide into a national seniors strategy?

Mr. Glenn Miller: I think the most practical way is to offer examples. In research that we've done, we searched high and low for examples of age-friendly communities. It isn't a concept that's well understood. You usually receive a big blank when you ask the question, so you have to go out and find these places. That's why I'm suggesting that CMHC could play a role in helping us find examples, because people learn by doing.

One example I like to use is that people are really influenced by what they see in the Saturday homes section and the real estate section. If they're not seeing in the paper what they're interested in, they're not going to be looking for that example. The more examples that we can integrate into a strategy, the more it will alert the development community that there's a huge opportunity here.

Ms. Rachel Blaney: You know, this summer I spent a couple of hours riding scooters with a group of seniors in my community of Campbell River, and some of the challenges they face were quite shocking. They talked about the age-friendly community and those specific transportation challenges they have, simple things like making sure the sidewalks work for them.

Mr. Glenn Miller: Could I just add? One thing that people don't realize about scooters is that there are no regulations for them. You could have your licence taken away, as many people increasingly do, for various reasons, and you could go down to your local store and purchase a scooter and be out on the road again. In Europe it's considered a very, very significant problem.

In places like Niagara Falls in Ontario, where there's a larger concentration of older people, I've spoken to the municipal officials there. They see it as a huge problem, because their sidewalks are cracking and aging and they can't keep up with the maintenance. They have some very nasty accidents.

Ms. Rachel Blaney: Thank you.

The Chair: Thank you.

Now we'll go over to MP Robillard, please.

● (1625)

[*Translation*]

Mr. Yves Robillard (Marc-Aurèle-Fortin, Lib.): Thank you, Mr. Chair.

My first question is for you, Mr. Miller. I represent an urban riding. Could you tell us more about the importance of urban development strategies and their impact on seniors' quality of life?

[*English*]

Mr. Glenn Miller: More than 60% of the senior population live in single-family dwellings, and the majority of those are in suburban neighbourhoods that have those characteristics that I mentioned that are very difficult to deal with if you can no longer drive. It has been established that we're a suburban nation, so many of these suburbs are in our metropolitan areas. We have created an urban structure that is very difficult to deal with, so we need a strategy whereby, on the one hand, we stop making the same mistakes we have made in recent decades, and on the other, have a proactive initiative—the kind of thing the CMHC does at the dwelling basis—and do it on a neighbourhood basis to adapt and refit our neighbourhoods. This is something you can make some progress on over time.

[*Translation*]

Mr. Yves Robillard: Mr. Miller, what role should the federal government play in urban development so that social planning adequately reflects the needs of seniors?

[*English*]

Mr. Glenn Miller: The federal government can give resources back to CMHC that were once available to undertake research, and use this for an education tool to collaborate not only with provincial, regional, and municipal governments but also with the private sector, because the scale of the requirement is too large for any one sector to act alone.

[*Translation*]

Mr. Yves Robillard: My next question is for Ms. Albert.

Can you tell us more about how your work and suggestions in the area of social planning have specifically benefited seniors in your community? How can your approach to social planning benefit seniors in your community in the near future?

[*English*]

Ms. Marika Albert: The model of co-housing that I'm talking about is currently very beneficial for the seniors who are living in a co-housing complex. They talk about how they feel safer and how they feel more included. There's a common area where they go and gather on a daily basis. It's almost like returning to living in a neighbourhood where you know your neighbours. They have the ability to bring in care and share those costs. They share utility costs. It's a bit of an extraordinary social situation, and I think people who are living in that community would tell you that they are benefiting greatly from it and feel that they can stay there as long as they possibly can. It would be amazing to see these models stretched across the country.

Co-housing is generally for seniors who have higher incomes. Housing co-operatives could also implement these kinds of care models, and they already exist. I think we could implement these models at a fairly low cost, but at the same time they would receive the benefits of seniors living in official co-housing environments. I think while we're allowing seniors to stay in their communities, they are more socially engaged, and it's a lower cost.

I'll leave it at that. Thanks.

● (1630)

[*Translation*]

Mr. Yves Robillard: Very good. Thank you.

[*English*]

The Chair: Thank you very much.

Now for six minutes, we'll go to MP Fortier, please.

[*Translation*]

Mrs. Mona Fortier (Ottawa—Vanier, Lib.): Mr. Chair, I'll be sharing my time with Mr. Vaughan.

Thank you all for your input. It really helps us delve into the issue of housing from this interesting standpoint.

As you know, our government has already announced major investments in affordable and accessible housing over the next decade. If we had to focus on just one initiative, which one should it be?

I'd like to hear from each of the witnesses on that, in about 10 or 15 seconds, if possible.

Ms. Albert, you brought up co-housing. What steps could the federal government take to support that model in a practical way?

[*English*]

Ms. Marika Albert: Thank you.

I think the federal government can support it through financing. That's one of the biggest ways they can support, and then by providing resources and funds to develop—

Can you hear me?

Mrs. Mona Fortier: Yes.

Ms. Marika Albert: —and also resources to help work with communities to develop these models more and invest in them.

[*Translation*]

Mrs. Mona Fortier: Very good. Thank you.

Mr. Lee, would you like to respond?

[*English*]

Dr. Ian Lee: I can speak on affordability. I have done a couple of papers on affordability, and of course it's a problem, but the idea that large numbers of our seniors are homeless is simply inaccurate, empirically.

This isn't to trivialize the issue; it's to say that the issue is not housing per se, although it is for a small number. Rather, it's getting services to the person in the house. That's the issue. It's not the house. It's getting the service to the senior in the house. It's called health care.

[*Translation*]

Mrs. Mona Fortier: Thank you.

What about you, Mr. Miller?

[*English*]

Mr. Glenn Miller: Thank you.

Just focusing on co-housing for a minute, which is a very interesting model, one of the drawbacks, as I understand it, is that the legal framework is a bit of a barrier to people because if they enter into an agreement, they don't understand how they can exit the agreement. The federal government could facilitate a discussion and research on how to simplify the strata or the condo approach to co-housing.

[*Translation*]

Mrs. Mona Fortier: All right. Thank you.

Ms. Westhaver, do you have a suggestion as to how the government should continue to invest?

[*English*]

Ms. Susan Westhaver: My heart is with the hospice, so any money you want to throw toward hospices in Canada would be wonderful.

[*Translation*]

Mrs. Mona Fortier: Very well.

Lastly, it's over to you, Mr. Davidoff.

[*English*]

Dr. Thomas Davidoff: A few of you have mentioned zoning and using federal enticements to improve zoning, and I'm going to expand beyond aging. If you want affordable housing, you cannot allow municipalities like Vancouver, West Vancouver, and affluent suburbs around Toronto to take land that sells for $20 million an acre and mandate single-family housing. Allowing more multi-family housing is critical to generate rental housing at the lowest end of the income distribution.

[*Translation*]

Mrs. Mona Fortier: Thank you very much.

Now, I'll throw it over to Mr. Vaughan.

Mr. Adam Vaughan: Thank you for giving me the opportunity to ask questions.

[*English*]

The question back to Marika Albert would be, who gets to choose who is on the housing list in terms of co-housing? If public dollars are being spent, is it a public list, or is public money being used to make private choices as to who co-tenants with you?

● (1635)

Ms. Marika Albert: Can you just repeat your question again? There is a technical difficulty.

Mr. Adam Vaughan: Sure. Who gets to choose? If public dollars are financing co-housing models, is it a public list, or is it private and can they make choices as to who they let in and don't let in?

Ms. Marika Albert: Currently it's private, so the people who are working together choose who lives there.

One of the challenges is that after you come together initially as a group, somebody then passes away. Then how do you make that decision around who gets to buy your unit?

If it's publicly funded, there needs to be.... I don't think I can answer that question very well right now, but there needs to be more investigation on what that should actually look like. If it's publicly funded, the access should be broader, but we do need to think about it. We need to spend some time researching that aspect more fully.

Mr. Adam Vaughan: I'd like to raise another issue. One of the big challenges is aging indigenous seniors. If they are living in those environments, one of the patterns of care we need to support and we need to grow is the use of intergenerational supports for elders who sometimes bring in young members of the family to make sure they don't get surrendered to Children's Aid.

Do these co-housing models allow for that, or do we need to build specific indigenous communities for it? How do we manage that?

Ms. Marika Albert: I think it really depends on the design of the co-housing model. If there is a group of people who want to build something with larger units to have room to bring in family members to do caregiving, that's totally an option. They do sometimes have caregiving suites on site where family members can stay to support people.

I think also that this is a question that's really important to bring to indigenous communities. I think the folks in indigenous communities whom I know and work with would say that this is a model that they would want to keep in their community. It would reflect what they're already doing, but it would provide the structure to do that.

Mr. Adam Vaughan: As one last question, one of the other issues we're dealing with is the re-closeting of gay and lesbian, bi and trans, and two-spirited individuals. As they age, they often have to move back into communities where generational change hasn't happened. What happens when somebody who moves into the home ends up having to deal with that? If it's a private corporation and public money is funding it, how do we ensure that their human rights are protected in the private setting, when we've surrendered public dollars to a private corporation?

The Chair: Please be very brief.

Ms. Marika Albert: That's a very good point. I think we would have to look closely at how human rights legislation would provide a regulatory framework for that.

The Chair: Thank you.

Now we go over to MP Steven Blaney, please.

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Thank you very much, Mr. Chair.

I want to thank all the witnesses for their very interesting comments. I would like to especially thank Ms. Westhaver for her testimony. I really liked when you brought the human touch of what you said, bringing a sense of peace in palliative care. It reminds us that there are humans behind this important work that this committee is doing.

I would like to focus my question with Mr. Lee. Mr. Lee, it really struck me when you said that the single most important issue for western countries is aging. I believe Mr. Miller also reverberated this comment.

I have a paper here that you wrote in 2016. It was entitled "Ottawa's plunge into deficits needs an exit strategy". In this paper you said:

> The biggest risk is that we slide inadvertently back into a fiscal hole that we cannot extract ourselves from.

[*Translation*]

My grandmother used to say, "He who pays his debt grows rich".

[*English*]

I'm sorry; I went fast and I switched languages, but that's what my grandma used to say. She was not speaking English at that time, but that's what she said.

[*Translation*]

She would say, "He who pays his debt grows rich".

[*English*]

That's kind of what she said.

My question to you is this. We are in relative period of prosperity, and still we are running a deficit. Are those deficits and the debt that Canada already has putting at risk our capacity to cope with what you described as the grey tsunami? As a society, are we playing with the future, not only of the country but of being able to cope with the needs of the elders that are coming in a large number in this country?

Dr. Ian Lee: Thank you for the question.

My answer is very nuanced. I have never ever suggested that Canada is about to go bankrupt. I am saying this as someone who has travelled around the world to many, many countries: we are truly one of the wealthiest countries on the planet earth, per person. I'm not playing words with GDP; I'm talking per person. We have one of the highest standards of living in the world. Actually, basically, we're tied with Germany, by the way.

My issue with the deficit is in terms of not today and not tomorrow and not with the federal government. It's with the provincial governments. I think within a very near future you are going to be called upon to bail out some provinces. How about New Brunswick? No offence if anyone is from New Brunswick. How about Newfoundland and Labrador? We aren't even yet at the tsunami, and the PBO has very clearly shown that provinces are going to be vulnerable because the burden of aging is going to fall disproportionately on them and they have fewer revenue sources than the federal government.

To finish the nuance, we are reducing our degrees of freedom because money is finite. That is to say, no government has infinite resources, so money spent today on this, on x, is not money that's available tomorrow to spend on y or z.

What I'm saying is that we know there's a tsunami of aging coming. We know that. This isn't a theory. It's coming, so we should husband our resources—sorry for the gendered language—and not squander our resources on things that are not essential. It's about choices.

Andrew Coyne has made this argument brilliantly. It's about choices, and budgets are about making choices, as Aaron Wildavsky, the late, great dean at Berkeley, used to argue all the time. That's my fundamental criticism.

It's not that Canada is going to fail and it's not that Canada is going to go bankrupt. We're reducing our degrees of freedom for the future.

● (1640)

Hon. Steven Blaney: I'm sure your students will miss you soon, but you also wrote—

Dr. Ian Lee: I'm not retiring.

Hon. Steven Blaney: Oh, good.

My other question is in regard to old age security. You mentioned choices. What best choices can be made about the age of retirement in regard to what you've just said?

Dr. Ian Lee: I have argued very often that the answer is on our face in terms of, sadly, the tragedy of employer pensions failing, as we've seen with Sears, Nortel, and so forth, but we have brought it upon ourselves through this fraud that we have perpetrated on ourselves for the last 20 or 30 years in Canada. It's called "Freedom 55." I believe that Freedom 55 is a fraud. It is an arithmetical economic fraud. It says that you can work for 20 or 30 years and go at age 55. We know life expectancy for a male is 81 and for a female is 84, so you can collect $30,000, $40,000, or $50,000 a year for the next 35 years and everything is going to be fine. Does anybody believe that you and your employer and the investment returns fully funded that kind of retirement in the 20 or 30 years you were working? Of course not.

We are not only putting people out and retiring them when we need more and more people in the workforce because of the aging, but we're creating a policy problem called "unfunded pension liabilities", which is irresponsible. That's why chief economist Fred Vettese has argued for adopting the CPP model of age 60 to 70, with flexibility to the citizen. You take a penalty if you retire below 65, which is the current situation anyway with CPP, by the way, under the reforms, and you take a top-up if you go after 65. You boost your pension payout if you take your CPP after that.

We should adopt that across the board as the policy option, and in the process get rid of early retirement below 60.

Hon. Steven Blaney: Okay. I'm short on time and I don't want to abuse it, but thank you for those great answers.

The Chair: Thank you very much.

Now we'll go to MP Morrissey, please.

Mr. Robert Morrissey (Egmont, Lib.): Thank you, Chair.

Ms. Albert, in your opening statement you made reference to customizing the design of housing for seniors with dementia. Could you elaborate a bit on where you see the customization and how it deals with the issue of dementia?

Ms. Marika Albert: I can speak more broadly to how a community can do that. There are a couple of things. One is when we think about road signage, when we think about walkways, when we think about how we indicate whether or not and how you cross the street, where people can find information quickly, throwaway signage, all those things don't sound as though they're much, but they can create a much safer and more conducive environment for our citizens who are suffering from dementia.

The Alzheimer Society of British Columbia just created an amazing tool kit about how municipalities can redesign their communities or start to make small changes to then make it easier for residents with dementia to get around through things such as signage and accessibility—for instance, by making sidewalks smoother and making it harder to get stuck in certain areas. There are really some built environment changes that can happen.

● (1645)

Mr. Robert Morrissey: That's more from the community side. Do you see anything specifically in a co-habitat housing situation that would have a positive impact on dementia?

Ms. Marika Albert: One of the things is that co-housing developments are closed environments, so it would be difficult for residents to wander off. There are always people around, so there are people watching and looking out for each other. They also make signage clearer. There are pathways that are clearly designated. They can create environments where residents with dementia can create patterns. They know where to go and they have mutual support of their neighbours to support them through that process.

There's much more information in our report that I can send to you.

Mr. Robert Morrissey: Okay, thank you.

Mr. Miller, you said, “The federal government can give resources back to CMHC”. What were you referring to? What resources would go to CMHC?

Mr. Glenn Miller: At one point, until about seven or eight years ago, CMHC had a research arm that conducted research in co-operation with provinces and municipalities and the private sector. That disappeared. It vanished. They no longer carry out that type of proactive work.

Mr. Robert Morrissey: There's no research capability within CMHC?

Mr. Glenn Miller: Not as it used to exist. Maybe MP Vaughan has more knowledge.

I could add something to your recent question about things like signage. More than 15 years ago the Government of Japan adopted the principles of universal design as a national policy, and they apply these policies, not just to the built environment, but to this philosophy in all their activities. As we know, the private sector works very closely with the government, so they've had some amazing success in promoting the principles of universal design, which deal with things like signage and perceptible information. I just thought I'd mention that.

Mr. Robert Morrissey: I'm going to ask a general question because I participated in this committee for a number of meetings, and we've been listening to a lot of the testimony that's been given on the challenges confronting the aging demographic in this country. Today in a local newspaper in my community there was a story about a 90-year-old man still running his dairy farm and two 86-year-olds in their commercial fishing operations.

Do you see an opportunity within the aging demographic going forward? Some of the evidence given was on what the cost impact would be. That would be on one side of this aging demographic. Whichever one of you chooses to answer would be fine. Is there an opportunity, and where?

Mr. Glenn Miller: I believe there is. I wouldn't want to downplay some of the negatives, but I'm working with the City of Toronto on the second version of their seniors strategy, and one of the philosophical standpoints, if you like, of that strategy is that our older population is a tremendous resource. It's contributing to the community economically and socially and is there to be seen as a positive element; it's not an area of society that is just associated with disabilities. I see it as a very positive outlook.

The Chair: Thank you. Sorry, but you're out of time.

We'll go over to MP Wong, please, for five minutes.

● (1650)

Hon. Alice Wong (Richmond Centre, CPC): Thank you, Mr. President—not Mr. President. I meant to say “Mr. Chair”.

The Chair: I'll take the promotion.

Hon. Alice Wong: That's a compliment, right? Depending on which president, right?

I started on a very light note, but my heart is pretty heavy because of some of the challenges mentioned in our study about the need for a national seniors strategy.

I'd like to first of all thank all the witnesses who are here, first via teleconference all the way from Victoria, B.C. and also from Langley, and then, of course, Mr. Miller and Professor Lee. Thank you for taking time from your very busy schedules to come and give us some advice and insights.

Kudos to UBC, which has done a lot of good work supporting seniors. You have the Canadian Centre for Elder Law Studies, which had been working very closely with the former government.

Then, of course, I am a Rotarian. For a good number of years, my club has been raising money. We started the first hospice home in Richmond. I definitely know the challenges. I am still a volunteer for the hospice home.

At the same time, though, of course I applaud Mr. Miller for his quote of the Japanese experience. I've had the privilege of sharing some of their success stories and how they advance in technology and everything to support their seniors.

I'm also interested in the co-housing concept. In Japan, I think they had...I don't know whether you could call it a commune, but a place where they have several seniors with different degrees of dementia living together. Some of them are very capable and some of them are not. They share the same unit, and then they even have a guardian who is very capable, but he is not much younger. That model is happening in Japan.

At the same time, in my community of Richmond, there are non-profit organizations that, despite the very high cost of housing, were able to get the city to support them with a house. There are eight seniors with disabilities of varying severity, with one manager. That is a form of sharing, I believe.

All of these are excellent ideas.

However, I would like to take this opportunity to applaud CARP for mentioning another human side. Whenever you want to talk about looking after seniors at home or having them in isolation in formal institutions, there's one great challenge that we haven't done enough about at this point, and that is about family caregivers.

These caregivers are informal. They don't get any pay. They can be very young mothers who are looking after their sick kids. They can be middle-aged professionals who have to work part time to look after the parents or grandparents. They can be a senior looking after another senior, maybe a spouse. It could be a friend looking after another friend who doesn't have any relatives.

When you look at that whole scenario of the human side of caring, whether we're talking about aging in place or not, I think the CARP suggestion that we should really support the caregivers is a very important issue right now in my heart. I was able to listen to how the U.K. has been very supportive of the caregiver.

I would like to ask whoever is interested in commenting on this issue about caring for the caregivers. I would start with Susan.

You do see some of the caregivers in your hospice, right? Can you suggest how we could support these caregivers as well?

Ms. Susan Westhaver: Supporting caregivers is.... Recognizing that you have seniors who are dying in their home environment, the health support system in some way needs to know that's going on and get more support in there for the caregiver, but it's still a challenge. Even if you have somebody coming in for a couple of hours every day or three times a week, that person is still there 24-7 with the person who needs a lot of attention and care.

I just wish everybody who is in that situation could go into a hospice environment where they have their own living space. They can stay overnight and they can literally live there for as long as that process takes. All that burden and onus is taken off the person who's trying to look after their loved one, and they can spend that quality time with them, not worrying about, “Did you take your medicine? Are you feeling okay?” Just having that time together and that quality of life at the end is so important, and you can't really do that when you're under all that stress.

As I pointed out earlier, I was young when I went through this. I was only 56 years old, and with some of our elderly people who come into the hospice, you can see the look on these poor people's faces. They're so relieved to get their husband or wife in there, because they're almost broken and dying themselves because of everything they're going through.

I don't know how we can stress that more. We just need more care for the caregivers. The person who's sick is going to benefit immensely from it too, because there's a lot of guilt involved with a lot of these people. They'll say, “Oh, I didn't want to bother my wife, so I didn't....” You know how that is.

● (1655)

The Chair: Thank you very much.

Next is MP Blaney, for three minutes.

Ms. Rachel Blaney: Thank you.

Mr. Miller, I'm going to come back to you again.

You talked about some of the concerns you had around the suburbs and the realities for seniors there. I represent really rural and remote communities, and I just have to say that one of the challenges for the seniors I represent is they often feel pushed out of those communities because they want to have people closer to the services. What they don't have is the social network that they had in their own communities. After 40 years of living in a community, if anybody gets sick, people are dropping by to give them food, making sure they look after them, giving them a break, and doing all of that great work.

I'm wondering if you could explain more about the barriers associated with an age-friendly community in the more remote communities, and if you have any ideas for solutions.

Mr. Glenn Miller: My focus has been on the urban areas, and I know, to extrapolate some of the more suburban situations.... We know, for example, in the suburban areas around Toronto, which are very car-dependent, the Minister of Transportation projects that 42% of people who are currently in their fifties will not have driving licences 20 years from now. The same kind of problem is going to be faced in rural areas, and it is truly a problem.

The only thing I can suggest is that people like to age in places that are familiar to them. If you're talking about a rural situation where people aren't physically proximate, the only thing that can substitute for the kind of social network you referred to is to have places created that are in a village or somewhere in the general geographic area.

Ms. Rachel Blaney: Okay. Thank you so much.

When I hear age-friendly communities, I hear public health, social services, and local government, so where do you think the federal government sits in this? How do they lend a hand without stepping on other jurisdictions' toes?

Mr. Glenn Miller: I think the federal government has done an enormous amount and has focused a lot of resources on the health side. I think it's important, where I'm coming from—and I've talked about this with physicians as well—not to be trapped into thinking that old age is a disease. People are getting older, and it's part of the natural process, and the more we can do to normalize that process by making it possible for people to live an active life in areas they're familiar with, the better.

I come back to the CMHC, which did some great work back in the early 2000's. Unfortunately, that was stalled, but there's no reason it couldn't be picked up as an opportunity for the Public Health Agency of Canada, which has a national mandate. I talked about it at one of the committees dealing with that. What I hear a lot is a huge focus on small and rural communities. I think that CMHC and the Public Health Agency together could really make an impact, as I said earlier, by focusing on the public and the development community to help them realize that there's a huge opportunity as well as a growing need.

● (1700)

The Chair: Thank you very much.

That brings us to the end of two complete rounds of questions. What we've been doing throughout this study is giving folks an opportunity to ask a final question. We have plenty of time today, so we could do one of two things. We can continue with that strategy, or we could do a whole other standard round.

I'm looking to the committee for some guidance. Are we good with one more question each?

Mr. Dan Ruimy: Keep going as a round.

The Chair: Do you mean keep going in a whole new round?

Hon. Alice Wong: A round.

The Chair: We'll start a whole new round of questioning.

It would go Conservative, Liberal, NDP, Liberal. Would we be fine with that?

Hon. Steven Blaney: We have two folks who haven't talked yet.

The Chair: I'm looking to the Conservatives, then.

Karen, the next six minutes are yours. Go ahead.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Thank you very much. I will share my time with Alice. She does have some more questions.

Mr. Lee, I want to start with you.

We're looking at projections of the growth for our senior population and we know that in the next 30 years it will grow by 51.3% at a low average rate. Prior to being in this role, I also worked for a member of Parliament and I remember calling the provinces, saying “We have a problem: people can't get into beds when they're at the nursing homes.” I was told that the projection was for the future, which now is just absolutely not there.

Can you advise us on what our current deficit is if we're looking for...? How outnumbered are we already when it comes to our population versus the beds that we need for health care, the beds that we need for hospice care, and what we need for seniors' homes?

Do you have some of that data with you?

Dr. Ian Lee: I don't have the exact data. I've got some fragments I can quote to you. I've got it packaged, obviously—

Mrs. Karen Vecchio: Everything that's in that brain of yours, just share whatever you have.

Dr. Ian Lee: Let me do it this way.

First off, even though I did come up with sort of apocalyptic numbers, it's because they're there. It's real. In 20 years, 25% of the totality of Canada is going to be over 65. That's a reality. That's not a theory; that is hard data. It's the same for the U.S., as it is for Europe. We have to confront that. I don't want to leave the idea, though, that old age is an illness. I think you said it very nicely: not every elderly person is sick.

Mrs. Karen Vecchio: Absolutely.

Dr. Ian Lee: I see people around me. My mother lived on her own until age 91, and she died in her own house. It was her own choice. It was her own choice with hospice at home. I haven't had the chance to shout out to the hospice movement. I can't say enough good about them. We need to be funding them way more than we do. We should be hospice-centric, or at least community based-centric and not legacy monstrous hospital-centric. I just wanted to get that out, and I'm not anti-hospital.

I think we have excellent doctors, excellent nurses, and so forth. To answer your question, I'm not worried about the transportation issue either, because no one today has brought up autonomous technology. Google and some incredibly smart companies are pouring gargantuan amounts of money into autonomous technology. In 10 years from now, we won't be talking about that. I think that will not be an issue.

Now I want to come back to your issue, and I see this. I'm in an older neighbourhood of Ottawa, where everyone on the street is.... I'm probably one of the youngest people there. There are people in their 70's, 80's, even in their 90's, living on my street. I can see the issues they're facing. They want to stay in their home, absolutely, but there are some things they can't do anymore.

I said earlier in response to the question from the MP from Quebec that it's about the services to the person in the home. Most of our elders are not homeless. There may be elders who are homeless; I just haven't seen them. It's about trying to stay in the house and finding it more challenging because of steep stairs to the basement, where the washer and dryer are. What do you do in the wintertime with the snow in the laneway, or how do you walk down municipal streets when they're no longer removing the snow on the side streets, on the secondary streets? That is a problem in Ottawa.

Mrs. Karen Vecchio: Absolutely.

Dr. Ian Lee: These are the kinds of real, concrete issues facing seniors.

Mrs. Karen Vecchio: I'm hearing that. We obviously have to look at some of our new horizons programs. We need to look at some of what used to be called RRAP programs. There need to be all of those things available. I absolutely agree with you.

Before I pass it on, Ian, I want to let you know that I was at a wedding this weekend where the best man was Gladys Simpson, who will be 101 years old very shortly, and she knew more than most of the people in the room. I thank you very much because you're absolutely right.

I'm going to pass my time on to Alice.

● (1705)

Hon. Alice Wong: Thank you, Mr. Chair, and I thank my colleague for passing on her time. I'll go on with the whole theme of caring for the caregivers.

Mr. Miller, I would like to ask you for your thoughts about caring for the caregivers.

Mr. Glenn Miller: Obviously, it's not an area I know a lot about, but I would be hugely sympathetic to that. I've done some research in the U.K., where they had a program. I say “had” a program because they lost it with the change of government, but it was called “lifetime homes, lifetime neighbourhoods”.

What is brilliant about that is that it is truly comprehensive. It deals with the physical, with the social, and with the fiscal. It looks at the housing resource as an asset that has to be protected for the future, but it also deals with the social. They have an ongoing discussion in every large city with the older population to find out what's on their minds and to get advice from them on how they can pay attention to things like caregiving.

Hon. Alice Wong: I would like to look at the other aspect right now in addition to caregiving. I'm looking at the reverse mortgage area.

I know financial abuse has been one of the major abuses. Is there any way you can shed light on that, Mr. Davidoff? What kind of advice would you give to seniors so they don't fall victim to scams or financial abuse?

Dr. Thomas Davidoff: First of all, I think one reason reverse mortgages have not been more popular is a blanket policy of slamming the door on salespeople with complicated financial products to offer. It is probably not a bad blanket policy in retirement, of course, because there are scams.

That said, the U.S. and South Korea are the two markets that have the greatest market penetration of a reverse mortgage product. To my knowledge, those are the two countries where government insurance is available for a product that is sort of blessed by the government. I think you ought to give serious consideration to a somewhat improved product design, again, with a non-growing balance. You might think about offering federal reverse mortgage insurance to investors, with a standardized product that has explicit government blessing and where conformity to origination standards is monitored by a government entity. You could put a lot more cash into the hands of working-class, older homeowners, which, of course, softens some of the demographic financial pressures that we've already addressed today.

The Chair: Thank you very much.

Now we'll go over to Mr. Ruimy, please.

Mr. Dan Ruimy: Thank you very much. I'll be sharing my time with MP Vaughan.

Very quickly, Susan, I know that your capacity here is as a volunteer, but maybe you can just give me your thoughts. What's the average age of the folks in your home?

Ms. Susan Westhaver: The average age, I would say, is probably 70.

Mr. Dan Ruimy: Did you say 70?

Ms. Susan Westhaver: Yes.

Mr. Dan Ruimy: How many people live there?

Ms. Susan Westhaver: We have 10 beds, currently.

Mr. Dan Ruimy: What's the ratio of volunteers to qualified professionals?

Ms. Susan Westhaver: We have two full-time nurses, 24 hours per day, and our volunteers work a three-hour shift. We have four shifts per day of three hours each, from nine in the morning until nine at night, with one volunteer.

Mr. Dan Ruimy: So on one shift, you have—

Ms. Susan Westhaver: Two nurses and one volunteer.

Mr. Dan Ruimy: There are two nurses and one volunteer. Thank you.

I'm going to move it on to Mr. Vaughan.

Mr. Adam Vaughan: I would like to continue with Susan Westhaver around the hospice idea and the notion of training.

I assume it's not just training for family members, but training for people like yourself who would like to volunteer in these hospices and are trained to keep up the quality of care.

Ms. Susan Westhaver: Yes. I can only speak to my experience, because I had no idea. You don't know something until you face it.

Mr. Adam Vaughan: I went through the same experience with my mother, so I understand.

● (1710)

Ms. Susan Westhaver: When I realized, a few years after Bob died, that I was ready to give back, it was just huge how that whole process, as well as the counselling that was still available, helped me after he died. As a volunteer, I recognize when people come in now that I can really help because I know what they're feeling on both sides. I've been there as a patient's wife and also as a volunteer.

Mr. Adam Vaughan: One of the issues we have to contend with, especially in public treatment centres, is making sure that the highest standard of care is provided, and that includes making sure that areas are free of discrimination. We come across all walks of life at the end of life, because all life has an end. You would support training, for example, to make sure homophobia is not present in the treatment of individuals or that racism or colonialism isn't extended. Is that part of the training?

Ms. Susan Westhaver: Absolutely it is.

Mr. Adam Vaughan: Thank you, and thank you for the work you do. It's incredibly important.

Marika, I have a couple of questions. In terms of how we proceed with this, I'm going to assume that co-op housing is one of the models that could wrap around the proposal you're suggesting and that the creation of co-op housing is, in some ways, a modified version of the same model you're talking about.

This links back to the earlier questions. Women who age into care and into the need for affordable housing often emerge from very marginalized economic communities, from social or physical marginalization and threats, and require specified care and care that is unique, care that is different from what it might be if men were present. In fact, the presence of men may undermine their sense of security and sense of safety.

Would you support a carve-out that was aimed specifically at aging women to create communities for women who have emerged from these vulnerabilities to make sure their situation is spoken to directly, as opposed to a more general housing fund that was simply competed for by all groups equally?

Ms. Marika Albert: Thank you for bringing that up. I totally agree. There is a model of shared accommodation specifically for women that's very popular in the United States. It's called the Golden Girls Network. In this model of housing, smaller groups of women share collective space. It's a safe space they create together. They have in-house supports. I think that's a model we can use to recognize the unique needs of women and elderly women who have experienced trauma and violence.

Mr. Adam Vaughan: Then you would support a specific recommendation within a report on seniors, but also a report generally around housing, that would support housing for women and particularly for older women?

Ms. Marika Albert: That's correct. I would definitely support that.

Mr. Adam Vaughan: Certain segments of society are easier to house than others. For example, veterans are easier to house than schizophrenics. It's part of the prejudice marginalized people face. There's almost a hierarchy of privilege, even among those who are poor.

In terms of making sure people aren't zoned against or certain groups aren't privileged over others, how would you build a human rights framework around the right for housing, beyond just saying you have a right to a house? Getting the right kind of housing is even more critical than just simply having a roof over your head. How would you make sure funding partners respect that process to make sure people who have dementia aren't treated differently from those who have addictions, are indigenous, or are veterans of the armed forces?

Ms. Marika Albert: That's a good question. It would take much more time for me to get into it at this point. I would love to be able to do some research around it.

However, I think fundamentally we do have some tools available to us now. In British Columbia, for instance, we have just reinstated the Human Rights Commission. Also, we're currently working on a project locally. We're trying to find some funding to do a project on how zoning and human rights can be at odds. We're currently looking at how to address that and how permit hearings, for instance, can be a place where people are being actively discriminated against. Local municipal officials are challenged in that they want to build more, but at the same time they have neighbours who are actively discriminating against people who are going to be living in those homes.

I can't say there's one answer at this point. I would love to do some more work looking into a framework, but we have the legislative pieces there and we have the human rights code. We need to be able to knit those two together and then work with local governments particularly, because I think that is where a lot of this takes place. We have many examples I can share of what's happening here in Victoria around this to actively work with them and the local neighbourhood organizations involved in the permit hearing and land use processes to educate them about what behaviour contravenes our human rights.

● (1715)

Mr. Adam Vaughan: Mayor Helps is a tremendous help on that file. I've met with her several times.

Thanks for your help today.

The Chair: Thank you very much.

Now we'll go over to MP Benson.

Ms. Sheri Benson (Saskatoon West, NDP): Thank you. I'll do my best to live up to my colleague's efforts here on the committee.

Susan, I'm wondering if I could put some questions to you. I'm interested in your feedback.

One issue is that things start under one government and then they end. We get a new government, and sometimes things don't continue. In the previous government we had an end-of-life secretariat that was working toward a national palliative care, end-of-life strategy. Because of your personal experience and expertise.... I think I know the answer, but I'm interested in how you frame it. Should an end-of-life care strategy be part of a national seniors strategy? How would you see palliative care being part of that?

I guess the obvious answer is yes, but maybe you could think about—

Ms. Susan Westhaver: It's more so just for the person that's sick and the caregiver as well. I don't know how it could happen that this could be possible. It's really important for both the dying person and the caregiver to get that care.

Ms. Sheri Benson: I came in on the tail end of your comments. One way to ensure that we focus on all parts of the strategy is to identify important stakeholders, for lack of a better word, that need to have a point of view. That needs to be part of a big point of view, but stakeholders have a specific one. You've talked about caregivers and that, but speak to that piece in particular.

Ms. Susan Westhaver: I think when people are admitted or when they're put into palliative care, if they're dying, the doctors could be a little more.... I shouldn't even say that. More awareness should be placed on when people are elderly and they're dying in their home. Perhaps some more support could be offered, more support than what may be available now—namely, more home care and definitely more hospice beds. Again, the hospice environment offers help for both the dying and the family members.

Ms. Sheri Benson: Thank you.

Do you have a sense that it might be important to have the federal government play a role in developing standards around care? I think it's possible to do that and still allow communities and families to... not do their own thing, but you know what I mean—allow that to happen. Do you think there's a role for that?

Ms. Susan Westhaver: In our health care system in British Columbia we have our standards, and our hospice is run with the help of Fraser Health. Our nurses are employees of Fraser Health. Each hospice has its own training program, so everybody's is a little bit different.

I'm saying that Langley Hospice is probably the best in the Lower Mainland. Our children's program.... It's the opposite from the seniors', but our children's program is an amazing support for children who are going through grief. Standardizing is a scary word sometimes, when you're dealing with things like emotions and death.

● (1720)

Ms. Sheri Benson: Maybe I could put it a bit differently. Do you think there's a role for the federal government to be a conduit to best practices, to provide an ability for one community to share what's working?

I think part of the challenge sometimes in a country like ours is that although we have universal health care, it depends on where you live sometimes as to how good that is and how accessible it is. Could that be something the federal government could do, be that conduit? Do you get connected with other palliative care volunteer hospice programs across the country?

Ms. Susan Westhaver: As a volunteer, no, I don't. I am not up at that level, but I'm sure the Langley Hospice association does.

I just do my shift at the residence. I don't really get too involved in the politics of it all, but I can't see how that could hurt one bit. The more information you can share and the more people you have in your army going after the same thing, the more power hospices could have as a voice for our seniors, particularly in this venue, to help them at the end of life. It's a good thing.

The Chair: Thank you. You did an excellent job.

We now move over to MP Fortier.

[*Translation*]

Mrs. Mona Fortier: Thank you.

Last week, I had the privilege of holding two consultation meetings on the issue of housing and social inclusion for seniors in my community. Housing is obviously the priority.

Ms. Albert, I'm very interested in the model you are proposing. I'm going to check whether it already exists in my riding, Ottawa—Vanier. I'm not sure, but you might know. It's likely a model that could be adapted and implemented in my community.

I am wondering about something, though, and you can help me with this. We have many vulnerable people in our society. We have people who are homeless and those who live in poverty. I'm curious as to whether your model could be tailored to help vulnerable individuals, even though it falls within the private realm, if I'm not mistaken.

I was hoping you could discuss the feasibility of that.

[*English*]

Ms. Marika Albert: Yes, absolutely. The co-care model, which is the main organizing principle of co-housing, can be picked up and put in any kind of multi-unit situation, because part of it is philosophical. It is also a way to organize care across a small community. For instance, co-op housing has been a great source of low-income housing for families across Canada. You can take a model like co-care and put it in a co-op housing environment, and it would work wonderfully because people are already working together. It's about how to coordinate that care across that situation.

We can do it in transitional housing, for instance. We have transitional housing units here that are in buildings where we can also put this model in place. What's really great is that the residents are very involved in organizing that care as well, so there is a democratic element to it. The co-care model really.... I think co-housing is great, but co-care, for me, is the kernel. That's the piece we want to be able to transfer out.

● (1725)

[*Translation*]

Mrs. Mona Fortier: To help me better understand your model, I'd like to know whether the organization has some sort of governance structure that gives community members a say in the investment or promotion side. You may have already talked about it, but I'd appreciate it if you would repeat what you said.

[*English*]

Ms. Marika Albert: Again, it really comes down to where this kind of co-care model is being housed. If it's being housed in a co-housing development, then all of those individuals who are there are part of a strata, so strata legislation dictates how they make their decisions around what's affected in that particular development.

In a co-op housing situation, again, there is a democratic process. People are involved in organizing, in the committee. It's a co-owned environment, so there are already internal processes in place to have individuals involved. We have the more private side of it in a co-housing situation, and then a more public, funded side with the co-op housing situation. Both models could be easily adaptable, because they have the individuals living there involved in decision-making already.

[*Translation*]

Mrs. Mona Fortier: I see.

[*English*]

Thank you very much. That was very interesting.

[*Translation*]

I don't have any more questions, Mr. Chair. Mr. Vaughan can have whatever time I have left.

[*English*]

The Chair: If Mr. Vaughan wants a minute....

Mr. Adam Vaughan: A minute?

The Chair: One minute.

Mr. Adam Vaughan: I want to go back to Glenn Miller and the notion of universal design. It extends beyond housing, and I think that's the clear and appropriate thing. I'm curious, as we start to think about that. Universal design is not just for people who age; it's also for much more democratic, inclusive communities, so when we think about that, I'd like your thoughts on whether we focus too narrowly on mobility devices, dipped curbs, buttons for doors, and what have you, and what other areas around universal design we are particularly neglecting as we think about a seniors strategy and accommodation.

Mr. Glenn Miller: I think universal design tends to be the domain of people involved in the disability industry, if I can call it that, the people who are dealing with specific issues related to disability.

In the Olympic Village in B.C., there was an effort to introduce universal design into some of the units, and because of the way it was handled, I gather it wasn't received that well, because the generation of seniors moving into those places didn't want to be seen as seniors when their friends came round. There's a version of universal design that is more gentle and does not preclude the ability to adapt later, instead of making something that is very obvious in terms of grab bars and things like that.

I think your point is a very important one: universal design isn't just about the physical environment. It began with the physical environment, but it's actually a philosophy, and just as the age-friendly community is supposed to be good for people of all ages, certainly universal design has the same potential.

The Chair: Excellent. Thank you very much.

I do have to wrap it up there, since the clock is at 5:29 p.m. We don't really have time to start a new round at all, so I would like to thank everyone for participating today. I thank all of you for bringing forward your testimony. I always learn something new at these meetings.

Mr. Lee, your ideas around autonomous vehicles being a solution for mobility for seniors is not something I'd thought about. I've been in the autonomoose at the University of Waterloo, so that's something I'll be thinking about next time I get a chance to.... It's called the autonomoose. It's a Lincoln, a giant vehicle that's fascinating.

I want to thank everybody, thank all my colleagues, and thank all the people who helped bring us together.

Thank you very much. The meeting is adjourned.