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Chair: Ms. Marilyn Gladu



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• (1105)

[English]

The Chair (Ms. Marilyn Gladu (Sarnia—Lambton, CPC)): I call this meeting to order.

This is my first time Zooming as well as chairing in person, so bear with me.

Welcome to the second meeting of the House of Commons Standing Committee on the Status of Women.

Today's meeting is in a hybrid format, pursuant to the House Order of September 23, 2020. The proceedings will be made available via the House of Commons website. Just so that you are aware, the webcast will always show the person speaking rather than the entire committee

To ensure an orderly meeting, I'd like to outline a few rules.

Members and witnesses may speak in the official language of their choice. Interpretation services are available and, at the bottom of your screen, you can choose the floor, English or French.

For members participating in person, proceed as you usually would when the whole committee is meeting in person in a committee room. Keep in mind the directives from the Board of Internal Economy regarding mask and health protocols.

Before speaking, please wait until I recognize you by name. If you are on video conference, please click on the microphone icon when I recognize you to unmute yourself. For those in the room, your microphone will be controlled as normal by the proceedings and verification officer.

This is a reminder that all comments by members and witnesses should be addressed through the chair. When you are not speaking, your mike should be on mute.

With regard to a speaking list, the committee clerk and I will do the best we can to maintain order, and I think it's much better now that I'm in the room and I can see people.

To begin, let's start first with committee business. You all received a copy of the subcommittee's report from last week—

Ms. Jag Sahota (Calgary Skyview, CPC): Madam Chair, I have a point of order. My staff is still in the waiting room and has not been allowed in.

The Chair: Clerk, there's someone in the waiting room waiting to get into the meeting.

The Clerk of the Committee (Ms. Stephanie Bond): Normally in a public meeting the staff are asked to log into ParlVU and to watch the proceedings on ParlVU. That's the case with public meetings at this point.

Thomas is welcome to go onto ParlVU and watch—albeit there's a bit of a delay—or to use the phone lines.

The Chair: For those of you who haven't had a chance to review the meeting of the steering committee, basically we approved all of the motions that were submitted. In short, we like all of those topics, and we consolidated the study on the impact of the pandemic on women and agreed that we would begin with that study.

I think I need a motion to approve the report. If the committee concurs with the recommendations in the report, then we will go ahead and commence our study.

Some hon. members: Agreed.

(Motion agreed to)

The Chair: Very good.

I also have to ask for the committee's approval. We have a lot of witnesses who were submitted for the list. If we don't make our way through them before the schedule to make the report by the end of the year, we will be requesting briefs from them. Is that agreed?

Some hon. members: Agreed.

The Chair: Very good.

Our first panel today is on long-term care. Our witnesses are Pat Armstrong, professor at York University; Carole Estabrooks, professor at the University of Alberta; and Jodi Hall, chair of the Canadian Association for Long Term Care.

Welcome to all of our witnesses. Each of you will have five minutes to give a summary, then we will begin our round of questions with six minutes for each party.

We'll start with Ms. Armstrong.

Dr. Pat Armstrong (Distinguished Research Professor of Sociology, York University, As an Individual): Thank you.

Thank you for inviting me here to talk about the long-term care labour force. Long-term care is primarily care for older women by women, many of whom are racialized and immigrant. These facts help explain why so little attention has been paid to this sector and so little value is attached to this work. These are care places called “homes”, in part to indicate that people live there for a significant period of time and their care needs are not exclusively medical. This too contributes to the limited attention paid to the sector and to the notion that, just like in the home, this is work any woman can do by virtue of being a woman.

It's taken the high death rates in long-term care during the pandemic, combined with the military reports, to draw attention to both the conditions in long-term care and the skilled nature of the work. The military reports make it clear that the required skills are both medical and social and that everyone working in these homes, including housekeepers and dietary and laundry workers, need specific skills to become part of the care team. Having tempting food appropriately prepared, having knowledgeable assistance in eating, having infectious laundry efficiently handled, and being decently dressed can be just as important as ensuring that medicine is swallowed.

The overwhelming majority of these paid workers are variously called “personal support workers”, “care aides” or “orderlies”. There's no consistency in their formal training or in their access to continuing education necessary to keep up with the ever-increasing complexity of resident needs. Those who work as nurses, therapists, recreation directors and physicians have more formal and consistent education but often lack special training in long-term care. It's obvious that we need to recognize, appropriately value and educate for the specific skills required.

It should be equally obvious that this is demanding work too often carried out under poor working conditions. Compared with other industries, this labour force has the highest rates of absence due to illness and injuries, with back injuries particularly common. Work absence is just one indicator of the risks. Our research indicates that Canadian workers were almost six times as likely as those in Scandinavian countries to say they faced physical violence on a daily basis, even though resident needs are similar. The major differences were staffing levels. According to the Canadian Institute for Health Information, Canada has fewer health care workers per resident than other OECD countries “with a rate that was half as high as the rates in the Netherlands and Norway”. Study after study demonstrates that an absolute minimum staffing is four work hours of direct nursing care per resident per day. No Canadian jurisdiction has such a requirement.

The physical environments also create risks, with toilets jammed into corners, making assistance hazardous, with carpets making pushing a wheelchair back-injuring, and with malfunctioned lifts creating dangers for both residents and staff. The risks are also mental and social, and are also linked to staffing. Going home feeling you could not provide the care your education taught you to provide—that puts enormous stress on both the women and their families. Racism and sexual harassment are common. Death is a

daily occurrence. It's frequently the death of someone they know well. They share the grief with the families they also know well.

These are just some of the excessive demands and poor conditions pre-pandemic, which the pandemic has worsened. As we've said for a long time in our research, the conditions of work are the conditions of care. Unions provide some protection for workers' pay, benefits, sick leave and job security, but unions have been less successful in their efforts to get minimum staffing levels, pay equity, more full-time employment and safe physical environments, and to prevent contracting out, often to non-union workers who move from place to place and fragment teams.

The pandemic also draws attention to some ways in which workers' precarity creates risks for residents, as do some government strategies. B.C. recognized that those seeking full pay by working in multiple homes could carry infections with them, raising wages to attract and keep workers. Some even attended to sick leave, day care and transport.

• (1110)

Quebec's offer to train and pay more for 10,000 additional care workers acknowledged the low staffing level.

However, too many of these measures are temporary. They fail to recognize that secure employment in one workplace, with benefits such as paid sick leave, can help not only reduce infections but also provide for the continuity of care and the support for teamwork that is essential to quality of work and—

The Chair: I'm sorry, Ms. Armstrong, but that's your five minutes.

I'm going to have to move along to Ms. Estabrooks.

You have five minutes as well. When you have one minute left, I'll raise the good finger. You may begin.

Thank you.

Dr. Carole Estabrooks (Professor, University of Alberta, As an Individual): Thank you very much for the invitation.

Let me be very clear: The pandemic did not cause the problems in long-term care, deep-seated attitudes about sexism and ageism did. The pandemic was just the proverbial straw on top of long-term, long-standing neglect.

We have the highest death rate in long-term homes as a percentage of national COVID deaths in the world, over 80%, nearly double the hardest-hit countries. This is both a national tragedy and an international shame.

We've failed older adults who need this specialized care. They have died in excess numbers from both the virus itself and from the conditions it created. They have died alone, afraid, often in great suffering, and in the worst outbreaks, they died of dehydration and starvation in their own excrement. Tragically, disadvantaged women have borne and continue to bear the brunt of the impact of COVID in long-term care.

The residents, the older adults there, are extremely vulnerable: half of them are over 85, and are frail, with many co-existing conditions. About 80% of them have dementia, a progressive life-limiting neurological disease.

In the Canadian population at large, over two-thirds of older adults with dementia are women. In nursing homes, over two-thirds of residents are women, usually women of lower economic means.

However, the population of older adults in long-term care is not a homogeneous group of old white people. The population there is increasingly heterogeneous, as is our general population. These are people with not only dementia, who are not only overwhelmingly female, but also people with disabilities, of various religious and ethnic backgrounds, with and without family, members of the LGBTQ community and so on.

Over 90% of all long-term staff in this workforce, as Pat indicated, are women, with care aides, personal support workers, being by far the majority. They provide 90% of hands-on direct physical and emotional care. They are overwhelmingly female—90% to 95%—unregulated, middle-aged or older, and half are immigrants in urban settings.

The educational standards for this group are not standardized and vary from province to province and are the lowest of any required in the system. They are the most poorly remunerated workers in the system. As many as a third of them worked more than one job pre-pandemic to make ends meet. They work in homes that, pre-pandemic, were underfunded and high-stress environments, and are now facing serious mental health challenges because of the pandemic: anxiety, insomnia, depression, substance abuse, and in the most extreme cases PTSD, which will persist for years.

Our complacency and neglect, our attitudes toward the old and infirm, our attitudes toward women and the work of caregiving, our belief that anybody can care for an old person with dementia got us precisely where we are today—that and our baffling belief that we could manage the system without data.

The problems are solvable, but they are complex and wicked, tangled as they are with practical, readily solvable issues and the much harder to solve deep-seated values issue. However, if we do not solve them, this will assuredly happen again and again. We

have thus far failed in our duty to care for our most vulnerable citizens, with particular savagery in some places in Canada. It is incumbent upon us to do better.

What needs to happen? We have to first fix the worst of the workforce conditions. We must help women workers whose children are out of school and whose own parents may need care. We must treat families like families, not visitors. We must have data. For heaven's sake, we need data.

What must not happen is another commission, inquiry, report. We can read the hundred, literally hundreds, that we have done over the years, and they all point to the same solution again and again. We must not favour acute care over long-term care. We mustn't be unrealistic. This is not easy, and it will take resources, and if we engage in endless acrimonious debates over federal issues versus provincial jurisdictional issues, we will not be able to progress.

We cannot solve the immediate or longer-term problems in Canada's care homes if we do not acknowledge and address the highly feminized environment of a long-term care home and what that means, if we do not value the work of caregiving, if we do not value lives that have been largely lived.

Thank you.

• (1115)

The Chair: Thank you.

Now we'll go to Ms. Hall for five minutes.

Ms. Jodi Hall (Chair, Canadian Association for Long Term Care): Thank you, and I appreciate the invitation to appear before you today to discuss the impact of COVID-19 on women and, of course, the long-term care homes right across the country.

My name is Jodi Hall, and I'm here today as the chair of the Canadian Association for Long Term Care, also known as CALTC. We are the voice of quality long-term care in Canada, and our members deliver publicly funded health care services to seniors right across the country.

In addition to being here as a representative for CALTC, I did want to share with you that my roots are in long-term care. I started in high school, when I worked in food services in a long-term care home. Eventually I became a member of the care team and from there progressed to being an administrator of a long-term care home. For the last several years I've served as the executive director of the New Brunswick Association of Nursing Homes. I share that with you to show that my perspective is very operational, and I hope that it is helpful for the committee's perspective today.

There certainly are a number of areas of significant impact for women. As we have heard, this is a predominantly female workforce that we care for, and we commonly see issues related to child care and the many challenges around that, as well as the provision of care outside the homes to other vulnerable individuals, like aging parents. It does have a significant impact on the homes and their overall ability to manage.

I want to start the rest of my testimony by acknowledging the seniors who have lost their lives as a result of COVID-19, and we certainly extend our sincere condolences to families who have experienced a loss in that way.

I'd also like to pause and thank the front-line workers—again, many of whom are women—who continue to this day to provide very compassionate care to seniors in our homes across the country.

Some of these challenges that I'll be discussing have been exacerbated by COVID-19, but they represent many systemic issues that our members have been raising for several years. We believe that if the government had been proactive in supporting the sector, the impact of COVID-19 could have been mitigated.

This is an incredibly painful time for everyone involved in long-term care, including their families and front-line staff, and we fully acknowledge that and hope that our efforts as a nation become far more focused on stabilizing the situation in long-term care as we now face the second wave of COVID.

There have been differences in experiences with this virus among provinces and among individual homes, and that has been impacted by a range of factors—things like aging infrastructure, the staffing situation in individual homes, how rapidly homes were able to access PPE early on, and a host of other things, such as access to infection control specialists.

I'd like to focus the rest of my remarks today on the health and human resource needs. We are at a crisis point in Canada with respect to supply of health care workers in the senior care sector, and this is the critical issue that will make a significant difference for seniors as we respond to COVID-19 going forward. Between 65% and 70% of long-term care residents are women, many of whom have multiple, complex and chronic conditions, including different forms of dementia.

Attracting and retaining individuals who can provide the type and level of care that's needed has become increasingly challenging. Structured education and continued training are required to support health care aides, continuing care assistants and personal support workers—again, most of whom are women—in providing the highest quality of care. It requires a structured governance mod-

el to affirm the credentials, the conduct and the competency of these individuals.

● (1120)

To harness this opportunity, the long-term care sector does require the federal government to support policy changes aimed at solving the chronic labour shortage and aimed at supporting individuals to make the choice to have a career in long-term care.

Additionally, specific to COVID-19, the federal government has a role it can play in long-term care, including a dedicated focus on funding for homes across the country. We have been calling for predictable and stable funding for long-term care homes across the country. In our recent budget submission, we asked for \$2.1 billion over two years to go to support PPE, staffing and other associated costs related to COVID-19 to ensure the health and safety of residents and our workforce.

We're also asking for additional support for recruitment and retention of infection control experts. We've also—

The Chair: Thank you very much. I'm sorry, but that's your five minutes.

We're going to start our first round of questioning, so people can follow up on your comments.

We're going to begin with Ms. Wong, who is splitting her time with Ms. Shin. Alice, go ahead for three minutes.

Hon. Alice Wong (Richmond Centre, CPC): Good morning, everybody.

First of all, I would like to thank all the witnesses who spent their valuable time, at this very challenging time, to share their experiences and their views on the very important topic of the impact of COVID on women.

I would like to say that I also come from the perspective of somebody who has visited many long-term care homes before COVID, in a good number of years. Also, even during COVID, I was able to deliver masks to staffers at different seniors homes in the Lower Mainland. I heard them. I saw them. I will definitely appreciate all the good work they've been doing, and all the challenges as well.

Now, with respect to CALTC, Ms. Jodi Hall, I believe your association has written a letter to the Prime Minister stating that long-term care should be included in any statement of shared principals, and that long-term care homes be a top priority in a shared health system planning on moving forward. That is something you wanted the Prime Minister to ensure.

I just want to know whether you received any response from him.

Ms. Jodi Hall: A response was received just recently, kind of acknowledging the requests and creating an opportunity for us to have an exchange with the employees of the office going forward.

Hon. Alice Wong: Thank you.

My next question is on the importance of an holistic approach, like the one you've outlined in your letter.

How important is it not to look at one facet only, but holistically?

Ms. Jodi Hall: Yes, we completely agree with that, especially when we consider the needs of our workforce, which again is predominantly female. Their needs often extend outside of the home itself, as they continue to provide care to children, to aging parents and to other vulnerable individuals. Considering things like how we support them in these areas is critically important.

• (1125)

Hon. Alice Wong: Thank you.

Caring for the carers, in other words, means we don't only care for those who need care, but those who are giving care. We call them "carers" using the British term. We do need to care about them as well, and also about the families that have been affected, definitely. Thank you for restating that.

Now, with respect to federal money, I know that you also have specific concerns regarding federal dollars being invested in long-term care to help seniors. Do you think the federal government has already committed to increased funding?

Ms. Jodi Hall: Well, certainly we acknowledge the assistance that's been given with the safe restart agreement money. That hasn't always translated...or it has translated differently in each province, if I can express it that way. The homes in each province have not all necessarily received the funding that was given. We're still working towards achieving that. We are forecasting that in the next few years, the needs will be much greater. Although we appreciate the safe restart money as a start, we know that much more support is needed as we face COVID-19 in particular, but also the systemic challenges that existed long before we were faced with a pandemic.

The Chair: Very good.

Now we will go to Ms. Sahota for the other three minutes.

Thank you.

Ms. Jag Sahota: Good morning, everyone.

Thank you for your time, for being here and for everything you guys are doing.

I have a question for you, Ms. Hall. On your website, your organization has listed several priorities, one of them being "three critical areas where federal policy changes and investments will make the largest impact on the quality of life for seniors living in long-term care", those being "health and human resources...infrastructure, and digital solutions".

Could you please expand on those?

An hon. member: Madam Chair, we can't hear the witness.

The Chair: You're on mute, Ms. Hall.

Ms. Jodi Hall: I've unmuted. My apologies.

Ms. Gudie Hutchings (Long Range Mountains, Lib.): Also, Madam Chair, could the witness put the microphone closer to her lips, please? It's difficult to hear her.

Thanks, Ms. Hall.

Ms. Jodi Hall: Okay. Hopefully, this will help you to hear a little better. My apologies for that.

In regard to health human resources, we are calling on the federal government for support in the development of a pan-Canadian health human resources strategy. This is an area that is the most consistent top-level issue for long-term care right across the country. We are facing a crisis as it comes to available staffing. I have noted several different types of examples for the support for immigration but also for enhanced efforts in regard to education and the promotion of careers within long-term care. Those are areas that we have immediately identified and could potentially offer support in.

For infrastructure, we have been noting this as a critical issue, with aging infrastructure in many jurisdictions across the country. We saw the full impact of that as it relates to COVID-19 and the spread of that virus. It was incredibly challenging for some homes that have very narrow hallways, small rooms and shared dining areas that made it incredibly difficult for the infection control practices to be fully implemented in the way that we knew public health intended. There is an incredible need for that to be addressed going forward.

On the side of data, it's very challenging to compare long-term care across the country because of the data void we have. There are many homes across the country that are using an interRAI resident assessment instrument, in which the data are submitted to the Canadian Institute for Health Information. That does allow for some comparable information, but we're also advocating for the addition of a management information system that would allow for more of the business type of information, such as the administration, the spending, the impact and where the money is going to be included, for us to be able to track that.

We acknowledge in our ask to the federal government that being able to adequately report on the impact of those investments and to better understand the care needs of residents and where investments need to go are critical, so we would ask for that added support.

• (1130)

[Translation]

Ms. Andréanne Larouche (Shefford, BQ): Madam Chair, there's no interpretation.

[English]

The Chair: I have to go now to Ms. Sidhu.

I'll give everybody enough extra time to make up for the long answer.

Thank you.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair.

Good morning, everyone.

I would like to begin by thanking the witnesses for their testimony. I'd also like to thank my colleagues across all parties for working together and agreeing to continue to study COVID-19 and how it impacts women. It is good that we are looking at how COVID-19 has impacted women in long-term care, as we all know just how hard long-term care homes across Canada have been hit by this virus.

My question is for Professor Armstrong. In my region of Peel, we have had over a total of 962 cases and 200 deaths among staff and residents in long-term care due to COVID-19. Without a doubt, this is a tragedy. I have been working, along with my colleagues, to advocate for a national standard in our long-term care homes, even though long-term care homes come under provincial jurisdiction, we all know. I know that between 2015 and 2019, our government increased long-term care funding to over 500 organizations, and the horizons for seniors program focused on the seniors as well, but there's a lot more that we need to do.

Professor Armstrong, you talked about a lack of special training, special skills and specialized care. What unique consideration should we give to women who live in these long-term care homes? We all know that we need more staff, as there's a shortage of staff as well. Can you elaborate on that?

Dr. Pat Armstrong: There have been studies by the World Health Organization, the OECD and the ILO. Just a year ago, we were warned that we were going to face a terrible crisis in recruiting and retention in long-term care unless we did something about the entire range of working conditions, including—and this relates specifically to what you were saying—a recognition of the skills involved in this work and the valuing of the labour force.

I interviewed a resource director in Norway who said that what surprised her most when she went to long-term care was how demanding the work is and how hard people work. That's been made invisible, including all of the extra work they do without pay in long-term care.

We must have minimum staffing. We must have decent wages. We must have as much full-time employment as possible and permanent part-time to fill the rest on the casual side. We must have people work in one place, as B.C. showed us. We must recruit more people, and we must make sure that they have training that recognizes, as Carole said about what is required in this job.

The work is medical, and it's also social. It involves the full range of people who work in a long-term care home. We need all of those things at once. It's been laid out for us again and again. As the recent Ontario long-term care commission said, and as Carole

also repeated, "We don't need more studies. We need action." In parallel with the Canada Health Act, I think we need federal action that says, "You meet these conditions, and we'll give you money," but you have to prove that you meet these conditions, the standards that the throne speech talked about.

Ms. Sonia Sidhu: I know that women are also much more likely than men to provide unpaid care to family and friends who live in these facilities. How can provincial governments address this gap in compensating the unpaid work of women who work in these homes and family members to support residents in long-term care? What role could the federal government play in this? You said that the federal government could play a role, but what role could it play, and how can provincial governments address this gap?

• (1135)

Dr. Pat Armstrong: There are two kinds of unpaid care—I didn't get to that in my talk. One of them is the unpaid care by the people who are otherwise paid for the work. They do a lot of it. They work through lunch, they take home people's cloths to wash, they shop for them, they do all kinds of things. That's the women who do that work. For most of the people Carole talked about who come in as family, "family" is usually a term we mean for women. How can we support them?

First of all, we can support them by making sure there are enough staff there to do the necessary work. That's why they do all this unpaid work; otherwise it doesn't get done. That's the first thing we have to do.

Second, we have to provide the kind of training and protections for those family members who do that unpaid work and who want to do it as an option. I think that by setting decent staffing levels and training and infection control, the federal government could help all of those who are doing unpaid work.

Ms. Sonia Sidhu: Thank you.

My next question is for Ms. Estabrooks.

I know that some provinces have emphasized policies around aging in place or aging at home for seniors. I wonder if you can explain what impact this has on residents who are in long-term care homes today, especially female residents. Has this resulted in increased chronic disease, such as diabetes? Can you explain that?

Dr. Carole Estabrooks: One of the primary effects of successful aging-in-place programs here in Alberta is that we've had a very aggressive aging-in-place set of policies as early as 2006 to 2008 to keep people in their homes, in the community, or in alternative living, to keep people out of long-term care as long as possible. That's been quite successful.

One of the challenges with that is that it's meant that the women, primarily, who go to long-term care in a nursing home go very much later in the trajectory of their life, their dementia and their other chronic conditions. It's not that it has increased the chronic conditions themselves, but as you get older and closer to death, within the last year or two of your life, if you have advancing dementia, in particular, your needs become much more demanding—"acute" is not the right word in long-term care—with a heavier workload. Moreover, they're more complex. They're not just complex medically, requiring the management of symptoms, which we don't always do very well in long-term care, but socially as well. There are now longitudinal data that show us unacceptable levels of symptom burden in the last year of life in many places, and their social needs are more complex because as your dementia gets to those stages, you have difficulty communicating.

Things like a pandemic where you're isolated are catastrophic for a person with dementia, both in the community and especially in the nursing home. Even if you have staff coming in, they're dressed in masks and clothing, so they can't hear well, they can't see their faces, and they're afraid. These people that we see in many jurisdictions—

The Chair: I'm sorry to cut you off, but that's the amount of time you have, Ms. Sidhu.

We'll continue with Madame Larouche.

[*Translation*]

Ms. Andr anne Larouche: Thank you.

I want to thank the witnesses for coming to the committee today.

I'm both the status of women critic and the critic for seniors. So you can understand that I'm particularly interested in the issue that you're addressing today. Clearly, the COVID-19 pandemic has had a serious impact on senior women.

I first want to make one thing clear. There has been a great deal of talk today about national standards. However, health comes under the jurisdiction of Quebec and the provinces. This principle is essential for us. Quebec and the provinces have asked that this jurisdiction be respected. The issue is mainly financial. There's a lack of money to ensure better wages for health care providers and support staff.

The labour shortage issue was also discussed. Some areas of jurisdiction can be addressed. In terms of the labour shortage, there was the situation of the guardian angels and their immigration status. It was acknowledged that some residences lacked personal protective equipment. The federal government could have taken action in these areas.

The financial aspect wasn't discussed. I'd like to hear your views on the importance of proper funding for the health care system. This would ensure that the staff who work with seniors receive better wages and that they have the proper protective equipment.

• (1140)

[*English*]

Dr. Carole Estabrooks: In terms of federal-provincial jurisdiction, there's absolutely a need for additional resources, particularly

in the workforce. To think that we ought to transfer substantial resources without ensuring that across the country we have some reasonable, at least minimum, standards around education and care hours, care quality and the quality of life of residents, seems perhaps to fall short of what we ought to be doing.

Many of us believe that we need to have a co-operative federal, provincial and territorial effort that neither tramples on people's jurisdictional rights nor falls short of demanding that certain standards be met before transfers are made.

I'll open with that and see what the others have to say.

Dr. Pat Armstrong: I want to say two things. One is that how much we spend, which I understood to be part of the question, is a matter of values, as the Romanow report made clear. We haven't sufficiently valued this labour force or those people who need this care. I think it's time we did value them. The federal government has an important role to play and, as Carole said, shouldn't just give away the money, because it doesn't necessarily go there.

The other thing that I think is really important to remember, and what I was coming to, is that there is a care economy. Putting money into this sector would be an economic stimulus. The money doesn't go into a pit somewhere. It goes to people who then spend the money. If we're talking about infrastructure and stimulating the economy, the care economy, as the U.K. Women's Budget Group makes clear, is a very sensible way to go.

Ms. Jodi Hall: I completely agree when it comes to the jurisdictional question between the federal and provincial governments. For us, this has become a time when we need to look at this as a shared responsibility. I think the transition of the age of our population across Canada can't be borne by the provinces alone. For us, that is a critical consideration in terms of how the provinces and federal government work together.

For national standards, we absolutely will work with the federal government. As I noted before, we strongly support the implementation of the use of data to be able to understand what standards are needed and how they can be looked at in different jurisdictions.

We do have a very specific financial ask that we've put forward as part of our federal budget submission, which is \$2.1 billion, specifically targeting needs around COVID over the next two years. We believe that is required to stabilize the situation in long-term care. It's for immediate repairs and infrastructure. It's for staffing and looking at issues around wages and recruitment incentivization. It's of course for purchasing PPE.

Beyond that, there absolutely is a discussion required to address these long-standing systemic challenges. We know it's required for the future of long-term care.

• (1145)

[Translation]

Ms. Andr anne Larouche: Thank you. However, Quebec and the provinces are working together to ask for an increase in funding, which has been drastically cut in recent years. Almost \$10 billion has been lost. The Canada health transfer has accounted for 50% of the costs. We're now asking that the transfer be increased by 35%. Quebec and the provinces want the necessary money to reinvest the funding in their seniors.

This money could fund home care programs and home adaptations so that seniors can remain in their homes longer. Ms. Armstrong, I want to hear you speak about invisible work and the need to acknowledge the work of family caregivers. You spoke about the economic stimulus and about how people can participate in it. People could be given better wages or family caregivers could be given refundable tax credits.

We should acknowledge the importance of invisible work. This would enable us to develop better policies, and thereby encourage and acknowledge everything that these people do to keep seniors at home. What do you think about this?

[English]

Dr. Pat Armstrong: I think our strategy has to begin by recognizing the difficulties of doing that work. We have a current project that is looking at the move into long-term care. We have interviewed so many women who have reached a breaking point in terms of trying to provide care for someone at home. Certainly we need more care. Certainly we need to have better physical environments. We need to have what many people are talking about in terms of the "15-minute neighbourhood". We have to think big, I think, in terms of the notion of home care.

We have to understand that staying at home is good for many people, but many people don't have a home. Many people, especially women, have a home that is abusive—physically, mentally, socially. While we need to support care at home, we also need to understand the intensive labour that goes into it. We have to provide alternatives for that as well as supports for that, which I think is the case in terms of long-term care. Certainly we need home care, but we also have to think of what that requires in terms of the extensive labour done by women.

The Chair: That's very good, and that's your time.

We'll go now to Ms. Mathysen.

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

I thank all of the witnesses for sharing their expertise with us today.

I think one of the key problems I see stemming from this—and, Ms. Armstrong, you talked about this, as I think all of the witnesses did—is the value of people. When we talk about one of the major problems within long-term care, it's the fact that it's majorly for profit. When we see the expiration of medications and the lack of adequate staffing and staff not being provided the proper PPE because it costs too much, and so on, ultimately we're talking about profit being at the centre of it.

One of the things we propose is that long-term care ultimately be pulled into the Canada Health Act, that the profit side be taken out and funding be tied to strong national standards—ensuring that those national standards of course mean something when you provide staff with the time they need to provide that high level of care.

Ms. Armstrong, I know you talked about the right to care and linking that with something as strong as the Canada Health Act. No matter how much money you have, no matter where you are, you have that right to care—but all of the witnesses will talk about that, I'm sure.

Dr. Pat Armstrong: I agree that public money should be going to public care and not to for-profit care, but I think we should also be clear that nothing in the Canada Health Act prohibits for-profit delivery. It only requires public administration by a not-for-profit agency. If we're looking to the Canada Health Act for protection against public money going into for-profit care, then I don't think that's the place to go.

I do think our strategy ought to be raising the standards and making sure that those standards are met and enforced and based on verified data. We've talked a lot about data, but those data have to be verified. We have to make sure—and this came out in the report by the seniors advocate in B.C.—there's a very strong emphasis on verified data, because she argued, convincingly I think, that the data, especially around staffing, for instance, was not verified. I think we should be raising the standards to an extent that there isn't room for profit.

One other thing: it's a pattern. Not all for-profits are terrible, not all municipal homes are wonderful. We're talking about patterns, as we always are in any health or social service.

• (1150)

Ms. Lindsay Mathysen: Are there others? No? Okay.

In addition to that, in terms of that value of people, it comes down to the workers and respect for workers. We've heard a lot from those in early childhood education, and the idea that care and that role of care is done by women, but not valued because the majority are women. That gendered aspect doesn't provide them with the respect, the professionalism, that ultimately those professions require. I'd like to share a little about that. There was also a mention of ILO conventions. I believe there's been an ILO convention on the recognition of unpaid work for about 10 years now and that passage of that by the Canadian government could help.

Dr. Pat Armstrong: I'll go ahead, although Carole had her hand up.

I think that passage of that could help, but like other legislation, it will only help if we have an implementation strategy. We have a lot of legislation on the human right to care, for instance, that we've adopted, but haven't really done anything about. If we're going to adopt it, I think it has to come with a series of strategies, not just to recognize it. Health care workers don't want to be heroes. They want to have decent pay and decent supports, rather than just being called heroes. We have to do more about unpaid care than call them heroes and wonderful, loving people. A labour of love is still labour, and it still requires supports.

The Chair: I think Ms. Hall wants to speak next.

Ms. Jodi Hall: Thank you.

I wanted to make an additional comment in regard to the question regarding for-profits in care. I just want to simply highlight that there are significant provincial standards and budgets that are set.

Funding that goes to all homes, including private organizations, is received in protected envelopes for things like staffing, food and care supplies, and items of that nature. If the money is not fully spent, it does have to be returned to the provincial government. That is something that is overseen at the provincial level.

COVID certainly affected all types of care homes—municipal, public and private—and that impact was not exclusive to any one type of organizational model.

The Chair: We have a final comment from Ms. Estabrooks.

Dr. Carole Estabrooks: Yes. I wanted to go back to the issue of respect that was mentioned. If we think back to George Orwell, we know or we believe that if we take a word out of a language, the concept ceases to exist. In Canada, we don't even count personal support workers and care aides accurately. We don't track their wages easily or accurately. We don't assess the quality of work life that they have routinely. They're not paid very well. They're not educated very well. In English-speaking provinces, half of them in urban centres don't speak English as a first language, and the testing for whether that's sufficient to give care is variable across the country.

Those are just symptoms of how we don't respect and regard for this workforce that is looking after a population that we don't respect and regard very much. We have to think of nursing homes as places that are driven by dementia care. Dementia is on the rise; we're getting older and it's not going to slow down. There will very likely always be a smaller population of people with dementia who are going to need nursing care, and if you need it in a nursing home, it's the right place to be if the care is acceptable.

Recently, a survey in the U.S. reported that half of the people surveyed said they'd rather die than go to a nursing home. That's just not okay. We have a high-income country and these are all issues of values. I can't think of an existential fear greater than that of dying alone, but that's exactly what happened during COVID, and it's still happening for these older people—often women.

I think we need to step back and ask, how do those values influence us? When we say that we must have data—and we all say this—we don't just need quality of care data or data on wages. What we need data about is how this workforce is managing. Are

they resilient? Are they able to manage the clientele they have? Do they have the right education? Did they ever get continuing education? Do they get child care? What about their aging parents at home?

In the matter of unpaid family caregivers, we have relied disproportionately on family to carry the burden of what we don't want to pay for as a country. By 2050 there will be a third less family caregivers, who are largely women, and that will —

• (1155)

The Chair: I'm really sorry, but that's the end of our time. I really apologize.

I wish I could listen to our witnesses all day. You have so much information to share, but I'd invite you to send any other comments you want to make to the clerk. I want to thank you for your time.

We're going to suspend the meeting for two minutes to do a sound check of our next panel. We'll do that now and we'll be back in two minutes.

• (1155)

(Pause)

• (1155)

The Chair: All right. We're resuming.

Our second panel today is on human trafficking and on support for sex workers. We have with us as witnesses Julie Bauman, the co-founder and executive director for SafeSpace London; Jenny Duffy, the board chair for Maggie's Toronto; and, Julia Drydyk, the executive director of the Canadian Centre to End Human Trafficking.

I understand that Julie Bauman and Jenny Duffy are going to share their time.

I'll leave you to share your 10 minutes. I'll put one finger up when you get one minute away from the end. We'll have Julia after that.

Jenny and Julie, go ahead.

• (1200)

Ms. Julie Bauman (Co-Founder and Executive Director, SafeSpace London): Hi. My name is Julie Bauman, and I'm the executive director of SafeSpace London. I'm joined by my colleague Jenny Duffy, who is the board chair of Maggie's sex workers action project. Thank you for the invitation to speak with you today.

SafeSpace London is our city's only organization centring the needs of sex workers and guided for the past 11 years by our mission to nurture a community of mutual care by, with and for sex workers.

Ms. Jenny Duffy (Board Chair, Maggie's: The Toronto Sex Workers Action Project): Maggie's is Canada's oldest by and for sex workers' rights organization, which exists to provide community support services and advocates for the dignity and safety of sex workers.

For the sake of clarity, it is important to emphasize at the outset that as organizations with and of sex workers, SafeSpace London and Maggie's honours and supports the strength, wisdom, experiences, freedom and agency of sex workers who choose to engage in sex work and who wish to work in a safe and dignified work environment—just like workers in any other profession—while also opposing any kind of exploited or coerced labour for sexual purposes.

On the ground, SafeSpace London offers a safe and secure community drop-in space for women and gender minorities who either currently or formerly have engaged in sex work. They offer companionship, the sharing of wisdom, clothing, food, information about bad dates, access to the Internet, harm-reduction related equipment and linkage to other services.

Ms. Julie Bauman: All of this changed dramatically as soon as the COVID-19 pandemic hit in the spring of 2020. While social distancing can be an inconvenience to those who are more comfortably situated within our communities, for those who are isolated, abandoned and otherwise left for dead by both governmental bodies and social services, this kind of enforced distancing can be absolutely death-dealing.

During the pandemic, everyone has suffered in some way, but the most vulnerable, to say the most oppressed, suffer in ways that are unbearable, humiliating and extremely painful. As one woman who came to our space early on in the pandemic said to one of our coordinators, with tears in her eyes, “You are my last hug.”

First off, overnight at SafeSpace, we were no longer able to host community members within our small space. Instead, we were only able to offer a very brief, socially distanced peer contact with community members outside of our space, in the parking lot, with no privacy or shelter from weather.

Ms. Jenny Duffy: Prior to COVID-19, Maggie's provided street outreach and in-person programming, which included community meals, drop-in legal services, support groups and indigenous-specific programming. Due to the pandemic, we have been challenged to shift our programs online. However, many of our service users lack access to stable Internet connections, and as a result, our indigenous programming in particular has seen a significant drop in participation.

Secondly, the inability of community members to access previously open public spaces has meant that now many lack access to any kind of washroom. Public washrooms are vital spaces for individuals with limited options in our community to have a place to wash their hair and body in the sink, to change, rest while working and to use a toilet. COVID closures left no space for these needs.

Ms. Julie Bauman: It took us several weeks of sustained advocacy on behalf of our community members before the City of London finally installed a porta-potty by our address. However, porta-potties, as we all know, are not exactly as safe, clean or private.... The City chose this simply because it was the cheapest, which again demonstrates the ways in which people actually view those classified as priority populations.

Our ability to continue to rent at our location, which we chose not only due to its cost but because of where it is in relation to sex work that occurs in our city, is now in jeopardy because of the backlash to the porta-potty.

Ms. Jenny Duffy: Thirdly, at Maggie's, where many of our service users struggle already to meet their material needs, the pandemic and the exclusion from the Canadian emergency response benefit put them at even further disadvantage. Due to the lack of government response, we took aid into our own hands and established a mutual aid fund, which received donations totalling over \$100,000 that we disbursed to sex workers across the industry who are now struggling to provide for their very basic needs.

While Maggie's has received international praise for establishing one of the biggest mutual aid funds in North America, we continually remind the public that we should never have needed to do this. The creation of a mutual aid fund was the last resort to the government failing vulnerable communities, despite already having heard from countless advocacy groups, including sex workers themselves—receiving thousands of pages of empirical evidence across social service and legal fields—that decriminalization is the first step to an equitable existence for sex workers, and that sex workers are labourers who are entitled to access government support and labour protections just as any other worker.

Lastly, but perhaps most importantly, when the COVID-19 pandemic first hit, numerous other community services raised barriers and began to serve fewer people. Meal programs closed, shelters were overcapacity and many organizations stopped taking new referrals. Almost all community services moved from in-person conversations to virtual or telephone conversations with clients.

We saw an explosion of need in our community. In the sex work community, there is newly created job insecurity. Our community is being further stigmatized due to the government's handling of the pandemic, and without evidence, ordering the closing of safer spaces to work, such as adult entertainment facilities.

• (1205)

Ms. Julie Bauman: A lot of people ended up with nowhere to go for food, nowhere to go for diapers for their babies. A lot of people ended up feeling lonely, stigmatized, with nowhere to go for support or companionship. We recognized the great need in the London community and we committed ourselves as well as we could to pushing onward, because we chose to expand our support to other oppressed, impoverished, criminalized, dispossessed people. We did receive some emergency funding grants, which have supported us to attain PPE and proper sanitization, and we have received some additional support for providing hot meals and other basic-needs items.

As a result, the number of people coming to us for assistance has increased dramatically. We do this, despite what it costs, because we feel that nobody, regardless of who they are, regardless of our particular area of focus, should be abandoned and left to die. Indeed, it costs us. We've literally pooled our own money together to house people when they were turned away from full shelters and couldn't access other organizations to help with funds for hotel rooms. It cost us as individuals as we are trying to meet a far greater need, who are volunteering longer hours without any compensation, all while many of our own jobs are being legislated again, and many of our own bodies are being treated as high risk or dangerous to the public.

Our hours have been expanded from being open three days a week and serving 80 unique individuals before COVID, to now being open five days a week. We went from serving no hot meals pre-COVID, as doing that is not a core mission of our service delivery, to now serving hot meals six days a week to 200 unique individuals. It costs us because we are people who care. We are doing everything we possibly can just to help anyone and everyone to survive.

We are still working through the repercussions of these costs.

Ms. Jenny Duffy: Being sidelined while being told you are a priority population is expensive. It costs us.

Thank you very much.

The Chair: Very good.

Now we will go to Ms. Drydyk.

Ms. Julia Drydyk (Executive Director, Canadian Centre to End Human Trafficking): I would like to thank the members of the committee for having me here today. My name is Julia Drydyk. I'm the executive director of the Canadian Centre to End Human Trafficking. The centre is a national charity dedicated to ending all forms of human trafficking in Canada. We work to mobilize systems change by collaborating and working with various stakeholders to advance best practices, share research and eliminate duplicate efforts across Canada.

In May 2019 the centre launched the Canadian human trafficking hotline, a confidential, multilingual service that operates 24-7 to connect victims and survivors with social services and/or law enforcement, if they so choose. One of the questions we get asked the most is whether or not we have seen an increase or decrease in calls to the hotline since COVID-19. What I can say definitively is that human trafficking has not decreased in any capacity since the pan-

dem. While there are ebbs and flows in the volume of the calls we receive, overall the demand for our service has been stable over the last six months.

On the other hand, we have no quantitative evidence to suggest that there's been a significant increase in the prevalence of human trafficking since the pandemic started. Our average weekly and monthly call volumes are pretty consistent with what we were experiencing prior to COVID. While we have seen a slight increase in call volumes, this could be due to a number of other factors, such as it being our first year of operation, or our ongoing improvements and adjustments to our outreach and communication strategies, meaning we're doing a bit of a better job of targeting the people who directly benefit from our services.

I want to take a moment to talk a little bit about the impact the pandemic has had on our ability to do our work and serve the victims and survivors of human trafficking across Canada. Like many non-profit organizations across the country, we had to adapt really quickly to the COVID-19 pandemic. As soon as the lockdowns began, we had to find a way to transition to remote operations. While this has been a learning curve for everyone at the centre, we're very fortunate to be working safely from home. We've been functioning at full capacity in operations since April.

However, many of our front-line service delivery partners experienced far greater challenges in providing services. As soon as the lockdowns began, we issued a survey to 755 of our service delivery partners across Canada, coupled with extensive follow-up and on-line research to update our national referral directory. The results of that were quite shocking to us. In April and May of 2020, roughly one in every five, or 22%, of the total number of individual services and programs available to our hotline callers were not being offered at all or weren't accepting new referrals because of the pandemic. In addition, 71% of the programs and services in our national referral directory were still accepting referrals, but they had implemented changes to how they were providing services, including such things as reduced or modified hours of service, remote or digital service only, the prioritization of crisis over non-urgent referrals, and of course the introduction of health and safety guidelines for shelters and residential programs.

All of these protocols created additional barriers for victims and survivors looking to access services. For example, we heard that some survivors struggled to maintain emergency housing services, as many really struggled to comply with the COVID precautions. As an example of this, if a survivor leaves a shelter to visit friends or family, or to try to access a food bank, they may not be allowed back because of the risk of exposing other shelter residents to COVID-19. Some survivors have also mentioned that the physical restrictions that have been placed on them during quarantine reminded them of their trafficking situation, which can be both triggering and re-traumatizing.

Shelters having also been reaching capacity more quickly due to the requirements of physical distancing. This is decreasing the overall number of beds available to human trafficking survivors. Some survivors have lost altogether their access to such needed services and supports as drop-in programs and counselling services. Survivors have simply had fewer supports available to them because of COVID.

In conclusion, I want to emphasize that sex trafficking survivors are often placed in a continuum of sexual and gender-based exploitation. I really do applaud the work of this committee for including this issue as part of its broader research agenda. I would also encourage the committee to consider what the impacts might be for women who are experiencing sex and labour trafficking. There are gender dimensions of labour trafficking as well, especially in home care and garment and manufacturing sectors, that require additional research. We're currently working on how to improve engagement with those communities, as they can be traditionally hard to reach, but anecdotal evidence from the field suggests that we're only scratching the surface in understanding the depth and breadth of labour trafficking in Canada.

Again, thank you very much for the invitation. I'd be happy to answer any questions I can.

• (1210)

The Chair: Excellent.

We will go now to our first round of questioning. Everyone will have six minutes. I apologize to the witnesses in advance: I cut people off at six minutes so that everyone will get a chance to ask their questions.

Ms. Sahota is splitting her time with Ms. Shin.

Ms. Shin.

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Thank you so much. I just want to thank all of the guests today for the incredible work that you do to give women dignity. This is a very sensitive area and a topic that really is rooted in the concept of slavery and the demoralization of women on so many levels. I applaud you for approaching this with compassion, and I thank you, especially during this very difficult time with COVID and the complications caused by that.

I would like to direct my question to Ms. Drydyk. Globally, the United Nations has reported that COVID-19 has driven human trafficking further underground and made it more difficult to identify cases of human trafficking, and that strains the capacity of enforce-

ment agencies and non-governmental organizations that provide services to victims of crime.

In what ways has the COVID-19 pandemic driven human trafficking further underground? Could you elaborate on the ways in which the COVID-19 pandemic is affecting the capacity of enforcement agencies and non-governmental organizations to provide services to victims and survivors of human trafficking?

Ms. Julia Drydyk: Absolutely. Thank you for the question.

I want to start off by saying that as an organization, we're very clear in differentiating between consensual sex work and trafficking. However, what we see in Canada is that there is human trafficking that exists within the commercial sex market, so we're very clear on that front.

One of the major trends we see in where and how human trafficking is taking place in Canada is that is largely through hotels, motels, Airbnbs and the online escort industry. I have to say, based on what we've been monitoring, there are no evidence-based trends to validate the claim that we're seeing the same push into the underground market. Folks who may be working more closely and more on the ground, also with consensual sex workers, might understand some of the impacts that has had, but largely we're still seeing that this is operating in that space of online escort services.

• (1215)

Ms. Nelly Shin: Thank you for that. With regard to this happening in hotels and motels and with online escort services, how can hotels and the other spaces where this is taking place co-operate more, and what would that co-operation look like?

Ms. Julia Drydyk: The hotels have been quite strong in starting preliminary training with many of their staff. We would like to see training across the board, but they have made good inroads.

Where we're seeing a major gap is with Airbnb. Often the people renting out the premises will never see the people renting it, so there aren't those kinds of checks and balances that allow you to pick up on the signs of exploitation.

One of the things we offer is a hotline to provide that immediate education and support for people who are seeing something that doesn't seem right, to really help them differentiate between indicators of human trafficking versus consensual sex work.

Often, we will get people from hotels and the service industry calling and suggesting that they're seeing something that seems suspicious, and really we look for those indicators of comprehensive exploitation, such as individuals who aren't able to speak for themselves, who are not talking for themselves, whose ID or other pieces of money might have been taken away from them, or where there are signs that they are being physically controlled.

The Chair: Very good. Now we'll go to Ms. Sahota.

Ms. Jag Sahota: I want to start by thanking all of the witnesses for their testimony and time. I will be asking questions of Ms. Julia Drydyk.

I'll just call you Julia if that's okay.

Ms. Julia Drydyk: That's completely fine. Thank you.

Ms. Jag Sahota: Julia, in your testimony you said that you haven't seen the volume of calls increase in the last six months. Well, we've been in a pandemic for longer than that. I'm just wondering if you saw an increase at the beginning of the pandemic?

Ms. Julia Drydyk: No. I will be honest, too, in that we had to suspend operations for about two weeks at the beginning of the lockdown because we weren't able to create a safe space for our colleagues. Through our funding agreement with Public Safety at that time, we were prohibited from working remotely because of the sensitivity of our data. We suspended operations entirely for two weeks and then were able to start up partial operations until we were able to go completely 24-7 again. There we saw some disruptions in our services, but it also took a little while to be able to get back to our normal volume.

There has been an increase, controlling for that period of time when we weren't operating at full capacity. We've seen about a 20% increase in signal volume since COVID began. Again, that's not insignificant, but we can't specifically attribute it to one part of COVID. We don't know if it's because there's additional exploitation taking place of people who might have been really poorly affected socio-economically from COVID.

We have no direct insight into how it might have affected the sex market generally as well. Because we really meet people where they are and we just focus entirely on providing them those services they need in that moment, we just have not been seeing those same forms of trends.

The Chair: Now we'll go to Ms. Dhillon for six minutes.

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Good afternoon.

Thank you to all the witnesses for being here and testifying about these very serious and disturbing parts of our society, especially the vulnerable state of victims of trafficking.

My first question is for the Canadian Human Trafficking Hotline, Ms. Drydyk. You spoke at length about how operations had to be shut down due to the pandemic. There was a lack of services for the victims of sex trafficking.

What are your recommendations? How do you think we can prepare better for a future pandemic or another state of emergency? What are the best practices you've found that would be beneficial to other organizations through the experiences of your own organization and to help the victims at the same time? Could you please tell us how we can prepare for a future pandemic or a national state of emergency so that such vulnerable people don't get left behind and become even more vulnerable than they already are.

• (1220)

Ms. Julia Drydyk: I think one of the challenges we've seen since the pandemic is that the baseline that we were working off re-

lating to access to emergency shelter services was based on individualized needs. When you look at the general state of the social safety net in Canada and these programs specifically for people who are generally oppressed, stigmatized and marginalized, we weren't working from a great space to start with.

Part of what I think people need to consider is the fact that human trafficking services should not be considered in complete isolation from other services associated with homelessness, housing and other supports for women experiencing other forms of intimate partner violence and gender-based violence. We don't always necessarily need to have a human trafficking specific system, but when the overall system is struggling and it's hard to place anyone in those systems, then those who have gone through the traumas and have other kinds of specific needs associated with having a trafficking experience means that it's just that much harder to find a place for them.

One of the trends we're seeing in the requests for services is that, especially because of the trauma when people initially exit human trafficking, being in a highly regulated emergency shelter system does not work for them. The hours of when they're expected to wake up and go to sleep, and then being controlled in terms of what they're eating, when and how... Also often people will use substances to try to deal with the traumas experienced.

I think, because we've got a general lack of harm reduction, trauma-informed housing and wraparound services in Canada, the addition of a pandemic to that only makes it worse. If we're really going to get at the heart of this, it means that we're going to take a coordinated, evidence-based approach to really mapping out these services across the country and making sure that in every area across Canada we've got the services in place to provide those supports when they are needed.

Ms. Anju Dhillon: As you know, since the beginning of the pandemic our government has given a lot of funding to women's organizations and women's shelters. We are trying to keep up with the demand. It's a day-by-day thing, based on the day-by-day requests for more services, more funding.

How can our government directly help your organization and organizations like yours with the phenomenal work you are doing to help those who are most vulnerable in our society? What more can we do to help you be a bigger source of support and to help you keep doing your work?

Thank you.

Ms. Julia Drydyk: Thank you.

I want to recognize all members of the committee, but also all levels of government, including the current governing party, as well as everyone else and their commitment to this issue. I think it's so important that it remain a non-partisan issue. That support is so important and is moving the bar in addressing this issue.

We have a great relationship right now with the federal government. I think part of it is also being willing to look at those jurisdictional boundaries. Specifically in the most updated federal anti-human trafficking plan, they added the element of empowerment. We're seeing the federal government invest directly in social programs, which normally are not under its purview as the federal government. I think that being able to look at where there are gaps and to come together and collaborate and work together to address those gaps in a long-term and sustainable way is fantastic. Similarly, depoliticizing the issue, making sure everyone is on board and that there is ongoing and sustainable funding for these organizations doing this work....

We're still learning a lot about best practices, but we also need people to have enough funding and resources so they can conduct proper evaluations and learn from their successes and not constantly be worrying about the administration of funding or potentially running out of it based on short project timelines.

• (1225)

The Chair: Now we'll go to Madame Larouche.

[*Translation*]

Ms. Larouche, the floor is yours for six minutes.

Ms. Andr anne Larouche: Thank you for your remarks. They shed light on sad situations and on the links between sexual exploitation and the pandemic.

I'm a member of the all-party parliamentary group to end modern slavery and human trafficking. I'd like to point out that a Senate bill will address the issue of sexual exploitation. I imagine that you'll be able to look at it.

There has been a great deal of talk about sex work. However, exploitation and modern slavery are much more than this. There are two schools of thought. Some argue that, no matter what women do, they can decide how they use their bodies. Others say that women will always be victims of sexual exploitation and this industry.

In addition, some say that, in situations where these women decide to pursue the trade of their own free will, they could be entrepreneurs. Others believe that these women are truly victims, regardless of the circumstances.

Human trafficking constitutes sexual exploitation, and there's no longer any talk of consent. How important is prevention when it comes to young people, girls or boys?

We could even broaden the debate to include online pornography. During the pandemic, people turned to the Internet a great deal. There's a link between the increase in online pornography and the Pornhub site, which is headquartered in Montreal. This site has become a hub for this type of activity. We must revisit the whole issue of education in relation to this problem.

Also, how can we align our legislation with international legislation to facilitate arrests?

How can we increase educational efforts to better assist women who are working in this industry?

[*English*]

Ms. Julia Drydyk: Is this question for me or for the other witnesses?

[*Translation*]

Ms. Andr anne Larouche: My question could be for you, but other people may want to speak as well.

[*English*]

Ms. Julia Drydyk: I've done a lot of talking. Do the other witnesses want to speak, or should I go for it?

Ms. Jenny Duffy: We often talk about sex work and exploitation as the same topic. It's often assumed that sex work, the very act of selling sexual services, is inherently exploitative. It is a long-term moral debate that is false. We are being treated to harmful laws as a result of that moral debate.

Human trafficking is not the only form of exploitation that could take place at work. At your work you could experience exploitation by being overworked and underpaid or by working in unsafe conditions. This is the exploitation that sex workers are facing as a result of their criminalization and being pushed into unsafe spaces.

At Maggie's: The Toronto Sex Workers Action Project, we advocate for the decriminalization of sex work. Decriminalization, just to be clear, is the removal of any and all criminal offences that target sex workers, clients and third parties. We're not asking for the repeal of trafficking laws, but we're asking for a less problematic application of the laws. There's an assumption of abuse and exploitation in sex work, and the conflation of sex work with human trafficking.

There's an overbroad application of anti-trafficking laws. In particular, they target migrant sex workers. There's aggressive law enforcement profiling and surveillance, which pushes sex workers into further isolation, where they're even afraid to access key services like health services.

We will always advocate for decriminalization of sex work. We would love to see the day when we can talk about sex work like any other respected profession, like agriculture—where even trafficking takes place. We can have a conversation about agriculture without a conversation about human trafficking and the choices that individuals are making. I would love to see that conversation take place.

• (1230)

Ms. Julia Drydyk: I'll just jump in quickly, if that's okay.

Again, we're very clear. We're the Canadian Centre to End Human Trafficking. We're focusing on this issue. We intentionally don't look at the broader moral question of what is inherently exploitative. I think it really distracts us from focusing on where gross exploitation is taking place right now. We need to be practical about it.

Again, we're aligned with the Canadian Criminal Code, in part because we want to align our statistics with Stats Canada, and also because there are points, as well, where people choose to ask to be referred to law enforcement, and it helps in being able to refer that case.

We define human trafficking as the recruitment, transportation, transferring, receiving, holding, concealing or harbouring of a person, or exercising control or direction over their movements to exploit them or assist in facilitating their exploitation. We really—

The Chair: I'm sorry, I'm going to have to move on. We're going to Ms. Mathysen for six minutes, thanks.

Ms. Lindsay Mathysen: Thank you, Madam Chair.

Again, thank you to all the witnesses.

We've heard really interesting, compelling testimony today. I'm really grateful for it, in addition to a clear understanding and a clear explanation of the differences between the choices that women have or don't have.

I would like to hear a bit more about that push for decriminalization and what steps we can take. You've talked briefly about how that's impacted women and those who choose to define themselves as women, but with regard to a future path, I'm looking for your vision of where the government needs to go. Obviously, decriminalization is one of them, but maybe there are some supports the government could put in place, but which you haven't necessarily seen. I think about what a universal basic income might mean, or certainly, in terms of decriminalization, what larger social supports would do to help the industry.

Ms. Jenny Duffy: I wanted to double-check if this question was for me and Julie.

Ms. Lindsay Mathysen: All of the witnesses are certainly welcome to add their thoughts on this, for sure.

The Chair: Go for it.

Ms. Jenny Duffy: Certainly decriminalization is the first step, but it's still not sufficient, as it won't prevent all communities of sex workers from being profiled and over-policed. It would be a first step in reducing the stigmatization and the isolation of sex workers.

We would also like to see greater funding for community, peer-led organizations that are on the ground supporting their communities and that can relate, understand and offer appropriate referrals and services. These organizations are massively underfunded, even though they are doing incredible work.

I think more recognition from the government of how important this is through funding is really vital. I can't emphasize enough the need for decriminalization. The government has committed to do a review of Bill C-36, and there's yet to even be a committee to review it. We've been waiting, all the while submitting evidence of how harmful these laws are.

It's a little bit frustrating. We're continuing to say the same thing over and over again because it hasn't happened yet, and there hasn't been the political will for it. I think that's very sad.

We're here today talking about the impact of COVID on women, and sex workers who are afraid to file their taxes. It's such a simple thing that every other worker can do. So many sex workers have missed out on the emergency funding because they're afraid to submit their name and their profession to the government. That's so unacceptable, and decriminalization would be a massive shift to help prevent that from happening.

• (1235)

Ms. Julie Bauman: We'll connect this in the brief that we're sending. The Canadian Alliance for Sex Work Law Reform does have a comprehensive guide of next steps for people who do sex work. It's all there, and like Jenny said, it's something we're constantly going through and describing over and over again. We do have this promise from the government to review the bill, and there's been no committee. We're doing all of this labour consistently for nothing.

Ms. Lindsay Mathysen: That additional report to the committee is very welcome, of course.

Ms. Duffy, you mentioned the review of Bill C-36, which was supposed to happen in December 2019. Unfortunately, the government isn't moving as it's supposed to on that.

It's my understanding that the justice committee is really quite overwhelmed by a lot of legislation going through. One of the suggestions we had was to create a special committee to look specifically at the review of Bill C-36 and to insist that sex workers be participant ex-officio members of that committee. I was wondering how that would help going forward.

Ms. Jenny Duffy: I think that's essential. Sex workers need to be in control of their own lives. They need to have input on laws that affect their work. Yes, just as a basic principle, sex workers should absolutely be involved in that committee.

I also recall that in the Bedford case, sex workers were involved and were consulted and submitted reports then, and we still ended up with these bad laws.

It's not enough to have sex workers at the table and to be able to check a box and say that we consulted sex workers. They need to be listened to. It's not even just sex workers saying this; it's legal and social work professionals who are saying this as well. They have evidence as well that these laws need to be repealed.

The Chair: Very good.

Alright, we are going into our second round. We're going to start with Ms. Sahota and Ms. Shin, who are splitting their time.

Go ahead, Ms. Sahota.

Ms. Jag Sahota: My question is for Julia.

Are you familiar with the 2014 report of the National Task Force on Sex Trafficking of Women and Girls in Canada?

Ms. Julia Drydyk: I am, yes.

Ms. Jag Sahota: The task force urged governments to invest in jobs, training, affordable housing, counselling and other supports.

Are there any specific ideas that the centre has for how the government could help prostituted women and girls exit or escape sex trafficking through these types of initiatives?

Ms. Julia Drydyk: Absolutely.

I think part of it is that there are general trends, but there is no one set of programs or sponsored services that are going to support trafficking survivors in that space. It's really dependent on their experiences and also the level of trauma and the length of their trafficking experience.

In moving forward, when we look at job readiness but also re-training programs, models that include comprehensive wraparound support systems, which include everything from basic needs and shelter to counselling, case management and referral, generally show better outcomes for those individuals as they start transitioning out of sex work or their trafficking experience.

I will say that those programs and services focus on individuals who are independent, and consensual sex workers aren't our wheelhouse.

Again, we work specifically with individuals who have been coerced and forced and exploited into sex trafficking, and again, their needs and services are very different. The trauma is often quite intense. There needs to be a full suite of wraparound supports to continuously meet with them along that journey.

Just because someone has experienced a lot of trauma doesn't also mean that their lives are over. It just means that we need to be focusing on equipping them with other tools to be able to survive through their trauma.

• (1240)

The Chair: We will now go over to Ms. Shin.

Ms. Nelly Shin: Earlier this summer, Megan Walker, from the London Abused Women's Centre, testified that "Trafficking and sexual exploitation did not suddenly disappear or slow down during COVID. It increased. Men who believe"—now this is very disturbing—"they have a right to pay to rape women and girls increased their demand for underage and young women and girls."

We also know that with this appalling kind of insight, despite growing awareness, we are still seeing insignificant sentences in human trafficking convictions, with judges deferring to the minimum rather than meaningful penalties that convey the seriousness of this offence.

As you know, in Parliament, we've been reading Bill C-3. Do you feel that something like Bill C-3 could also be applied to human trafficking to increase sentencing for that? What are your thoughts on the kinds of Criminal Code legislation that could help send the message that this is wrong?

Ms. Julia Drydyk: Again, looking at our own data, we have nothing to suggest there's been a huge or significant increase in trafficking. I don't want to say that Ms. Walker isn't correct. She's speaking to her own caseload and people she is serving through her organization. However, from a national snapshot perspective, we can't reasonably make that claim.

In terms of the prosecution rates for traffickers, I think one of the issues is that our legal system is not designed to effectively support any victims of sexual-based violence. Right now the way that our Criminal Code and legal system are set up is that it's very dependent on victim testimony. Traditionally, there's also been a lack of training for judges, so there's a lot of victim blaming that takes place. There's usually very strong cross-examination, which often includes gaslighting and making victims question their own reality and their role in their own exploitation. For very straightforward reasons, knowing that, a lot of people don't choose to go through that system. It can be incredibly—

The Chair: I'm really sorry. We're going to move to Madame Larouche.

[*Translation*]

Ms. Andréanne Larouche: I want to thank our three speakers, who provided valuable input.

Since we're the Standing Committee on the Status of Women, we want to look at how COVID-19 is affecting women in particular. For my second turn, I want to address this.

Ms. Bauman, do you believe that the various government support measures implemented during the crisis were adapted to the reality of sex workers, particularly in terms of accommodation and hotels?

Can you briefly describe how things weren't well prepared to help them get out of the situation?

[*English*]

Ms. Julie Bauman: I guess I can take this one.

[*Translation*]

Ms. Andréanne Larouche: Ms. Bauman, can you hear me?

[*English*]

Ms. Julia Drydyk: I can—

[*Translation*]

Ms. Andréanne Larouche: You can also respond.

[English]

Ms. Julie Bauman: I just want to ask for some elaboration on what she means to “get out of” which...?

[Translation]

Ms. Andréanne Larouche: What can we learn from the government's measures during the crisis? Were there areas where the government didn't respond properly? How were the measures not adapted to sex workers? I want to look at some of the specific measures that weren't adapted to sex workers. This question can also be for Ms. Duffy.

The various measures taken by the government included the tax measures discussed. Sex workers haven't been able to benefit from programs such as the CERB, for example. During the pandemic, it became clear that the measures implemented by the government weren't adapted to sex workers.

You can all respond. This may concern direct action, the funding of organizations, accommodation, connections with hotels, or assistance programs such as the CERB.

In your view, what aspects should be kept in mind?

• (1245)

[English]

Ms. Julie Bauman: Well, it's a very big question, because it's hard to think of anything that was well adapted to sex workers' needs. Right away, what comes to mind in Ontario is the closure of strip clubs within hours of notice. This was not based on any empirical data. There was no real evidence that there was an increase of COVID within strip clubs, while there was evidence that there was an increase within other types of commercial businesses, such as restaurants that were literally a few doors down from some of the clubs. This was overnight.... I mean, I think that because of the stigma, people who work at strip clubs were maybe an easy target for the government to feel like they were doing something while causing the overnight loss of employment for many workers.

The Chair: I'm sorry. I skipped over you, Ms. Zahid, so I'll go to you for five minutes.

Mrs. Salma Zahid (Scarborough Centre, Lib.): Thank you, Chair, and thanks to all the witnesses for their very important testimony. I will be splitting the time with my colleague Ms. Hutchings.

My first question is for Ms. Drydyk. I saw on your organization's website that a number of issues have been raised in regard to how Canada's immigration programs, such as the temporary visa program, can be exploited by human traffickers and how people in these programs can be vulnerable to exploitation. Have these vulnerabilities increased due to COVID-19? Do you have specific suggestions that we could recommend to the government to better protect women and other workers?

Ms. Julia Drydyk: I think that labour trafficking is incredibly important here in Canada and really deserves more attention. When COVID first began, we saw that there was a real trend in transmission in our agricultural sectors, specifically among temporary foreign workers. This, for a very good reason, rang a bunch of alarm bells and brought attention to the issue, but I have to say that it's incredibly long-standing. The prevalence of labour exploitation

along the continuum, and insofar as human trafficking is concerned, is quite rampant across our agricultural sectors.

As for how to respond to that, I actually think labour trafficking is a bit more straightforward, in that we actually have labour laws and rules that have been established to protect the rights of these workers. They are just not being implemented properly and are not being regulated by the appropriate level. I do believe that this is done through the provincial governments, but I think that actually enforcing the laws we have would go a really long way in addressing this. Labour traffickers are clearly breaking the law, and it's much more black and white to be able to determine where a crime of trafficking has actually taken place.

Mrs. Salma Zahid: Thank you. I will share my time with Ms. Hutchings.

The Chair: You're on mute, Ms. Hutchings.

Ms. Gudie Hutchings: Thank you, Madam Chair. That always helps.

Thank you to all of the witnesses who are here today. This topic is certainly important to all of us, and hearing your testimony really makes us work even harder.

I also want to thank you for your advocacy. Your advocacy has truly made a difference, because year over year we have increased our investments. We've provided stable, long-term funding for organizations such as yours to empower women and create change across communities. Between 2015 and 2019, our government has increased the funding to women and gender seeking organizations from under \$20 million a year to over \$65 million per year. That's giving long-term funding to over 500 organizations.

This year we are going to approve the funding of \$110 million, and that is in addition to the \$90 million given by WAGE to help organizations due to COVID-19, and another \$10 million from Indigenous Services Canada. That's helping a thousand organizations. It's your advocacy that is truly making a difference for this.

My question today is for you, Ms. Duffy. Based on your experience, do you find that the LGBTQ community has faced additional risks and barriers in sex work, especially during COVID-19? If so, how can we all work hard to address that?

Thank you.

Ms. Jenny Duffy: I will first say that the discrimination that the LGBTQ community faces in accessing what we would call “mainstream”, non-criminalized work often makes sex work the best option. It's a low-barrier entry.... We have a lot of anecdotal reports from workers saying that they experience a sense of community through doing sex work that they don't experience doing mainstream work.

However, there are ways this community is targeted and continues to be over-surveilled by the police force. For this reason, they are at risk for being sex workers, especially if a person is transgender, as they are targeted by police and subject to violence. There's a really interesting report that we can maybe send the committee about the violence that police commit with respect to sex workers.

I think that's all for now.

• (1250)

The Chair: Very good. That's your time, I'm sorry.

I'm going to Ms. Mathysen now for two and a half minutes.

Ms. Lindsay Mathysen: I want to get back quickly to one of the calls for support. I know there's a larger network across Canada for sex workers, and advocacy for that, but from SWAP Hamilton, I received a letter urgently asking the government to allocate funds to organizations working directly with sex workers, and to have far more flexible funding and granting mechanisms to allow for that, considering that we don't yet have that decriminalization part.

I wanted to ask a bit about that. Have you received from government those low-barrier mechanisms you were talking about before?

Ms. Jenny Duffy: Sorry, I'm not completely clear about the question.

Ms. Lindsay Mathysen: One of the asks was for the federal government to have more of those flexible funding and granting types of mechanisms to ensure that funding for organizations that provide support to sex workers, which are often left out of any traditional idea of grants or funding, would be a consideration, especially during COVID. They were talking about providing things like pre-paid debit cards and, again, those low-barrier funding models. Have you actually received any support from the federal government for that after your ask. I think that was months ago. Have you received any word on that?

Ms. Julie Bauman: No, we have not received any funding from the federal government at all.

The majority of our funding, especially for all of our operational expenses, even for some of our staff, who have very limited hours and whom we've been able to secure, has come from community donations from very small fundraisers: people who send five bucks through e-transfers or PayPal, or who drop something off. All of our donations, literally 95% of our funding, comes from community donors. The biggest grant we've received comes from a global organization called the Red Umbrella Fund, a low-barrier grant for sex-worker organizations. Then we have received some other small grants from the Red Cross and so on that were very high barrier and that we spent a lot of time to apply for. It is a struggle, and there's been even more than all of that where we haven't been successful in getting—

The Chair: All right.

Now we're going to go to Ms. Sahota.

Ms. Jag Sahota: Okay, I'll go back to Julie.

Julie, the task force that we talked about was clear in their recommendations for marginalized women and girls. I'm quoting it:

The Task Force believes that marginalized women are best served when selling sex is decriminalized, while sex buyers are held accountable. However, our sup-

port for this model is conditional upon a significant public investment in gender equity.

Unless Canadians support the intention behind the law, illegal acts could simply be driven underground. Our governments, supported by civil society organizations, must commit to gender equity, education at every level, and to Canada-wide public awareness initiatives.

You spoke earlier about the education material out there from your organization. Does the centre have a strategy for educating men and boys on the harm of buying sex, and the importance of gender equity? What does that look like in your educational material?

• (1255)

Ms. Julia Drydyk: That is not something we're currently prioritizing in our general education material. When looking at other jurisdictions that have attempted to either completely criminalize or decriminalize sex work, the jury is not out in terms of what models work. In some areas it has created additional safety for some sex workers, whereas others are pushed further underground. Amsterdam is a good example of this. In the regulated areas we found there were enhanced rights for sex workers, but then outside of those regulated areas we saw an increase in exploitation and in trafficking.

This is not something the centre is looking to tackle head-on or by itself. We're really focusing more specifically on where human trafficking is taking place. I do agree that we need to make sure that human rights are at the very centre of whatever approach we take. We cannot just flip the switch and decriminalize and expect that it will result in positive outcomes for everyone. Fundamentally, the reason trafficking exists in Canada is that it generates high profit for people who are comfortable with fundamentally exploiting, manipulating and controlling other people. We need to be addressing both those layers.

Ms. Julie Bauman: Am I able to add something quickly?

I just want to say that if you want to support and be inclusive of people who do sex work, you have to stop going to prohibitionist organizations who deny the existence of consensual sex work and conflate sex work with trafficking. I have heard two quotes from someone who's a prohibitionist; it eliminates the agency of people who do sex work and choose this work.

I just wanted to add that. It is so frustrating to hear something that is directly exclusive of us and our organization.

Ms. Jag Sahota: Thank you.

Julia, we talked about the task force and putting the needs of the most marginalized first. Based on the centre's research and data, what are the key steps Canada should take today to put the needs of the marginalized first during the COVID-19 pandemic?

Ms. Julia Drydyk: In the research we recently conducted there's no one demographic profile of someone who is more at risk of being trafficked. Really, it comes down to social isolation and usually emotional vulnerability. That's what traffickers look to exploit when they are trying to recruit, groom and then exploit someone within the sex market.

I'm sorry, could you repeat the question?

Ms. Jag Sahota: Based on the centre's research and data, what are the key steps Canada should take today to put the needs of the marginalized first during the COVID-19 pandemic?

Ms. Julia Drydyk: Sexual trafficking is a form of intimate partner violence; often, it can happen through other players as well, but we need to start early in integrating awareness of what healthy relationships look like and really focusing on holistically addressing and reducing sexual exploitation in Canada.

In addition, part of it is that there needs to be better co-operation amongst different law enforcement jurisdictions in pursuing different cases. Traffickers are able to move across the country quite quickly because they are able to avoid law enforcement detection. Those in law enforcement also need to be comprehensively trained in doing trauma-informed work and in making sure they understand the difference between consensual sex work and those who might be being trafficked.

The Chair: Very good.

For the final round, we have Ms. Hutchings for five minutes.

Ms. Gudie Hutchings: Madam Chair, I will be giving my time to Monsieur Serré.

The Chair: Monsieur Serré.

Mr. Marc Serré (Nickel Belt, Lib.): Thank you. I wasn't sure I would have the time.

To the witnesses, thank you for your testimony. I want to go back to one of the earlier questions about the role that you would see the government play—at all levels, but especially the federal government—first off on the role of men and boys on the education side. In previous committees we studied the role. It's always been controversial. We need to get money to women's organizations, and we know this, but there seems to be a disconnect with the current organizations and the lack of funding to ensure that more education is provided, especially at a younger age, to men and boys.

I just wanted to get a sense of this. You said earlier that you weren't in that space or that you weren't focused on that. I appreciate that, but if you had some specific recommendations to us as a committee, and then back to the federal government, what would they be?

• (1300)

The Chair: I just see Ms. Bauman's hand up as well. Is that for this question?

Ms. Julie Bauman: It is up from a previous question, but if there's time I would love to touch on this as well.

The Chair: Okay. We'll start with Ms. Drydyk and then go to you.

Ms. Julia Drydyk: I think there's a need for real national standards in having a really strong gender-based analysis of the types of things we're doing across curricula. As we know, this is completely led by the provincial government and it's under their jurisdiction. Unfortunately, in Ontario the issue had become so deeply politicized that things were changing and not necessarily aligning with comprehensive best practices and evidence-informed teaching models that can really get to the heart of what we know about addressing gender-based violence in the early stages. Again, I'm not sure how you would deal with those jurisdictions, but unfortunately the issue of sexual education, consent, and what it means to have healthy relationships has been overly politicized. We really need to depoliticize them and make sure that every youth is equipped with the tools to be able to identify unhealthy and exploitative relationships and what to do in that case.

The Chair: Ms. Bauman.

Ms. Julie Bauman: I was just going to say that saying to educate boys and young men to not pay for sex, etc., is oversimplifying. What we need to do is maybe the opposite of that. We need to make sure that youth understand consent, like Julia said, and understand that, yes, you're going to want different things and meet people who want different things, and in those moments you need to be able to express and understand consent. If it is watching porn, is it ethical? If it is participating in purchasing sexual services, make sure it's consensual, ethical. Again, this needs to be more inclusive of people who do sex work, otherwise, like Julia said, this is more about politicizing things instead of actually providing the education that evidence has shown is needed.

Mr. Marc Serré: Thank you. I'm from northern Ontario and would point out that sometimes in conversations human trafficking is dealt with just in terms of the larger cities, but I know this is an issue in rural Canada and smaller communities that possibly have less support and services. I just wanted to see if our witnesses here would have specific recommendations to the federal government on how we can best deliver services in rural areas.

Ms. Julia Drydyk: I know that human trafficking is one element.... Service provision in rural and remote communities can be so different from what we see in urban areas. I think this is such an important question.

We absolutely are seeing human trafficking in northern Ontario. One of the things that we do see, too, is that especially along highways 11 and 17, there aren't as many people, so it's actually easier for traffickers to be able to move through those areas without being detected. We also have this perennial issue of where do you place services so that they're accessible to everyone given some of the vast geographic areas?

I think northern communities have shown some great progress in service collaboration and coordination, which really goes to the heart of this, and I think a lot of our rural communities are showing best practices in that, even compared to major urban centres. But we also need to be innovative and focus on how we can use digital tools to ensure that those services are accessible to everyone. Lots of human trafficking survivors have issues with accessing virtual tools. It's not easy for everyone, but I think we need to think about how we can adapt the way that we're working to be able to reach people when they're not necessarily a 12-minute walk from services.

The Chair: Very good.

That's the end of our time, unfortunately. This has been a great panel, and I want to thank the witnesses for their testimony and all of the committee members for their excellent work today.

With that, I'll see you at the next meeting.

The meeting is adjourned.

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