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• (1205)

[English]

The Chair (Ms. Marilyn Gladu (Sarnia—Lambton, CPC)): I'd like to welcome everybody to meeting number eight of the House of Commons Standing Committee on the Status of Women. We're starting our first panel on women's unpaid work. For those of you who are joining us as witnesses, thank you for being here.

We're meeting in this hybrid format pursuant to the House order of September 23, 2020. The proceedings will be made available through the House of Commons website. The webcast will always show the person speaking, rather than the entirety of the committee.

To ensure an orderly meeting, here are a few rules.

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

For members participating in person, proceed as you usually would when the committee is meeting. Masks are required unless seated and when physical distancing is not possible.

Before speaking, please wait until I recognize you by name. If you're on the video conference, please click on the microphone icon to unmute yourself. For those in the room, your microphone will be controlled as normal. I'll remind you that all comments by members and witnesses must be addressed through the chair, and when you're not speaking, your mike should be on mute.

I would like to introduce our witnesses. From the Alzheimer Society of Canada, we have Dr. Saskia Sivananthan, chief research and knowledge, translation and exchange officer. From the Canadian Labour Congress, we have Vicky Smallman, who is the national director of human rights. From Oxfam Canada, we have Diana Sarosi, director of policy and campaigns.

Each of you will have five minutes to make your remarks before we go into our round of questions.

With that, Doctor Sivananthan, we'll begin with you for five minutes.

Dr. Saskia Sivananthan (Chief Research and Knowledge Translation and Exchange Officer, Alzheimer Society of Canada): Thank you, Madam Chair, and good afternoon to members of the Standing Committee on the Status of Women.

The Alzheimer Society of Canada appreciates the opportunity to contribute to the committee's important study on unpaid work. Today I will address how the critical role of unpaid caregiving, specif-

ically as it relates to dementia care, is almost entirely invisible in our society.

Our key point to this panel is this: Caregiving is essential to our social fabric. The work of caregiving falls primarily to women, with direct negative consequences to them as individuals, and society at large. We urge the committee to shape and drive policy changes to reflect a core reality: This is not just a women's issue. This is a crisis, with harsh consequences for all Canadians.

I will discuss this through three key points: measurement, acknowledgement and compensation.

There are well over half a million Canadians living with dementia right now. It has a range of symptoms that, over time, destroy a person's ability to function and perform everyday tasks that we take for granted. This leads to the need for 24-hour personal care, and there are no survivors of dementia.

In fact, one in two Canadians is touched by dementia. Women make up two-thirds of all people diagnosed, and more than 60% of caregivers are women. By those numbers, six members of this standing committee could become caregivers.

The impact of this is multi generational. Wives are more likely to become caregivers for their husbands than vice-versa, and daughters make up more than one-third of all dementia caregivers. Without adequate home and community care support for people living with dementia, this care falls overwhelmingly on women.

What is the impact?

Lisa Raitt, a former MP, is the full-time caregiver for her husband who was diagnosed with dementia five years ago at the age of 56. Like many women, Lisa is balancing multiple responsibilities: motherhood, her work and supporting her husband. She's unable to do other work until her husband is asleep, or unless she has a paid caregiver to support her. In Lisa's words:

...the amount of pressure that is at play on the caregiver...[needs to be talked about and] so few people talk about it meaningfully in society.... I'm the nurse that's charting all of the reactions and the treatments...I'm out of my league.... a lot of people...die because of caregiving.... They're stress-killed....

In terms of measurement, around 20% of women are forced to give up work entirely to become a full-time caregiver. This is a multi-faceted strike against the economy. What happens to the local and federal taxes when thousands of women step away from the workforce? What happens to the investments made in a woman's education by the state, or by an organization's investment in her career? In a two-income household, what happens when one of these is lost?

Caregiving is not just a women's issue.

In terms of acknowledgement, dementia itself is already burdened by the stigma associated with the disease, but this stigma also carries to the family caregivers. Study after study demonstrates that caregiving has a serious and long-lasting impact on the mental and physical health of those carrying this responsibility. Combining this with the added social stigma not only increases the negative health impacts on them personally, but on the health system at large.

In terms of compensation, women from black, indigenous and other communities of colour are not just those at greatest risk of developing dementia, they are the predominant caregivers, either paid in long-term care facilities or unpaid within their families and communities, yet the skills and strength they bring are rarely acknowledged, valued or appropriately compensated, even when paid. In fact, unpaid care is important to economic activity and an indispensable contribution to society, much like doctors, teachers and armed forces personnel. All ensure the well-being of our citizens, yet no one would ask any of them—a surgeon, a soldier or a teacher—to provide their services for free.

The 2015 Alzheimer Disease International report measured the global impact of dementia. Overwhelmingly the cost of informal, unpaid care makes up 40% of the overall cost of dementia, which in Canada exceeds \$10 billion annually.

Women do the bulk of paid and unpaid caregiving around the globe, and it is systemically undervalued. Not only must this work be compensated, but caregiving must be an economic priority providing stability and adequate education to those who must take on this responsibility, and we must make efforts to erase the stigma attached to it.

• (1210)

The Chair: I'm sorry. That's your time. We look forward to the rest of it during the questions.

We will go to Ms. Smallman, from the Canadian Labour Congress, for five minutes.

Ms. Vicky Smallman (National Director, Human Rights, Canadian Labour Congress): Thank you for inviting me to be a part of today's discussion. I'm pleased to appear on behalf of the more than three million workers who are part of the Canadian Labour Congress and working across the country in every sector of the economy.

I'm very happy that the committee has decided to further study women's unpaid work, an ongoing systemic challenge that has been exacerbated by the COVID-19 pandemic in ways that were well described by the previous witness.

The brutal reality is that our economy—our society—cannot function without the unpaid labour of women. There's an unstated assumption that women and caregivers will just be there when things need to get done, and this has been aptly illustrated this year.

Gender stereotypes and gender roles are deeply ingrained, and they're systemic. It's not just about individual families and who does the cooking, garbage or laundry; the impact of this unequal burden is also reflected in wage rates, labour market participation, lifetime earnings and career progression.

It's difficult to really tackle the question of the unequal distribution of unpaid work, particularly unpaid care work, without meaningfully considering the issue of paid care work—who does it and what their wages and working conditions are—as well as the question of how the care is delivered and who has access to that care.

That's why the labour movement has called for the establishment of a care economy commission, with a mandate to study, design and implement a care strategy for Canada that would create a broad and inclusive labour market strategy to achieve high-quality, equitable care jobs; examine paid and unpaid care work and develop a road map to meet the increasing demands for care; and reduce and redistribute women's unpaid care work by improving access to public care services for children, the elderly and people living with disabilities.

In 2018, the International Labour Organization released an excellent study on “care work and care jobs”. It said, “No substantive progress can be [achieved] in achieving gender equality in the labour force until [inequities] in unpaid care work are tackled through the effective recognition, reduction and redistribution of unpaid care work between women and men, as well as between families and the state.”

The ILO report sets out a “5R Framework for Decent Care Work” calling for policies to “recognize, reduce and redistribute unpaid care work; reward paid care work, by promoting more and decent work for care workers; and guarantee care workers' representation, social dialogue and collective bargaining”.

Each part of this framework includes a set of policy recommendations. A care economy commission could examine how the 5R framework could be implemented in a Canadian context.

While it's tempting to focus on the unequal distribution of care responsibilities within households, it's not enough to look for ways to encourage men to take on more responsibility. We also need to examine ways to reduce families' overall care burden and ensure the state takes on its fair share of responsibility. Quality public services are essential to the reduction and redistribution of care.

This requires a shift in thinking, with human rights at the core of a new approach. Care is a collective concern, not simply a private family matter. People who need care—children, the elderly, people with disabilities—should have the right to the care they need to support them, and care services should be seen as essential social infrastructure.

We need to act now. The need for care will only increase as our population ages. COVID-19 made this looming crisis even more obvious, revealing all of the gaps and the cracks in our fragmented and precarious system. For too long, austerity-driven fiscal policies have portrayed care as a drain on the fiscal pocketbook rather than as social infrastructure needed to sustain strong communities, reduce inequality and support labour market participation.

Canada's market-based approach to care and the off-loading of many care services to for-profit companies has driven down wages and working conditions for a workforce that is primarily women, many of whom are racialized. This has a direct impact on the quality of care overall, something that was demonstrated in long-term care throughout this pandemic with tragic results. For those who cannot find or afford services, the burden falls often to women caregivers.

Our collective challenge is to find ways to relieve the short-term pressures of the pandemic while ushering in long-term integrated shifts that will build robust care systems to help us weather future crises. While it's tricky to walk and chew gum at the same time, I'm confident we can do it.

- (12:15)

Let's make the right care a reality in Canada starting with a care economy commission to develop our 5R road map.

Thank you.

The Chair: Very good, thank you.

Now I'll go to Ms. Sarosi for five minutes.

Ms. Diana Sarosi (Director, Policy and Campaigns, Oxfam Canada): Thank you so much.

Dear committee members, thank you for inviting Oxfam Canada to present on the important issue of women's unpaid work.

At Oxfam Canada, we put women's rights and gender justice at the heart of everything we do, both here in Canada and in our work with some of the most disadvantaged communities around the world. As a global confederation, Oxfam has been raising the alarm bells on rising inequality over the past decade.

In 2019, the world's billionaires had more wealth than 4.6 billion people combined. This great divide is the product of an exploitative and sexist economic system that values the wealth of the privileged few, mostly men, over the billions of hours of hard and essential work that women and girls do every day.

As COVID-19 has shown us, much of this work of caring for children, elderly people and those with physical and mental illnesses or disabilities and domestic work to keep households running is essential to our communities, our societies and our economies, but it is nearly all unpaid and invisible.

Make no mistake, our economies are built on the backs of women, especially women of colour who provide 12 billion hours of unpaid and underpaid care work each day. The monetary value of unpaid care work globally for women aged 15 and over is at least \$10.8 trillion annually, three times the size of the world's tech industry.

In Canada, women spend 50% more time on unpaid care work than men. Despite increases in women's participation in paid work and changing social norms around the male breadwinner model, men's participation in unpaid care work has not increased in any substantial way. Instead, women have taken on a double burden of paid work and unpaid care duties, increasing their total working hours and reducing their ability to rest.

The double burden of paid and unpaid work has been significantly exacerbated by the COVID-19 pandemic. In a study conducted by Oxfam in June on the impacts of the pandemic on unpaid care work in Canada, four in 10 Canadians stated that, as a result of the pandemic and social distancing measures, their household's amount of domestic and care work had increased, with the bulk of the work falling to women. Over 70% of women surveyed reported feeling more anxious, depressed, isolated, overworked or ill because of having to shoulder even more unpaid care work as a result of the pandemic.

Unpaid work is one of the biggest determinants of women's economic security. Globally, 42% of women cannot get jobs because they are responsible for all of the caregiving compared to just 6% of men. In Canada, too many women are stuck in part-time and contract work due to care responsibilities.

The pandemic has severely increased women's economic insecurity. Take the example of Asha, a 32-year-old communications professional who had been steadily promoted in her company over the past few years. She was on maternity leave with her first child until April of this year. Then she went back to working full-time without daycare options and no extended family to help her. With her partner working in an essential occupation, she was routinely staying up until 2 a.m. to 3 a.m. to meet work deadlines while caring for her new baby. In October Asha quit her job.

Women living in poverty and ethnic and racial minorities suffer more acutely from the social and economic fallout of the pandemic. In the same Oxfam study referenced earlier, indigenous women and black women reported greater challenges due to increased house and care work due to COVID-19 than their white peers. Indigenous women were three times more likely as white respondents to say they have had to give up looking for paid work. Women make up 70% of all pandemic-related job losses in Canada, and women's labour force participation has fallen to 50%, the lowest in over 30 years.

The best investment Canada can make right now to address the widespread social and economic fallout of the pandemic-induced recession—now termed the “she-cession”—and get women back to work is to invest in child care. After decades of dragging their feet and leaving care to market forces, government inaction has resulted in the near collapse of the sector during the pandemic, leaving more families without essential care.

A recent survey of licensed child care centres in Canada found that 70% laid off all or part of their workforce, and more than one-third of the centres across Canada are uncertain about reopening.

• (1220)

The government's commitment to a significant, long-term sustained investment to create a Canada-wide early learning and child care system announced in the throne speech, and underscored in the fall economic update, comes at a critical time. Canada needs a public child care system and federal leadership is needed to realize it.

The Chair: I'm sorry, that's your time. We'll have to get the rest of it during the questions.

We're going to start into our first round of questions with Ms. Wong for six minutes.

Hon. Alice Wong (Richmond Centre, CPC): Thank you, Madame Chair, and thank you, witnesses.

Certainly this is a topic very close to my heart. For the Alzheimer Society of Canada, I've worked with your organization before and definitely have already heard about all of the challenges, especially for caregivers, whether paid or unpaid.

You hit the nail right on the head. There are so many important issues related to family care, an unpaid job mostly done by women. My question is what about support from employers because very often women who have caring responsibilities will have to take time off and will also have to give up promotion opportunities because they want to spend more time. At the same time, their co-workers, who will probably pick up the rest of the responsibilities they've left behind will say, how come this colleague of mine is always absent and how come I'm always doing her job?

Of course, the pandemic has already created more challenges in the house, but what about the workplace in general? Can I ask Saskia to comment on that please.

Dr. Saskia Sivananthan: Yes, I can. Thank you for bringing that up.

I think you make a very good point. There are two pieces to it. The first is, you're absolutely right from a workplace perspective, caregiving—informal and formal—has a significant impact on

women, but the question for me comes back again to how we economically frame caregiving. Because informal caregiving is seen as unpaid work and not adding value, from a workplace perspective then it can be viewed the same way.

This is why it's essential that we recognize what caregiving is, what the value is that we bring and we compensate it as such, because then it would not be a competing responsibility. It is valuing the caregivers who are providing essential services to the economy. That would be the approach I think would help us to recognize and move forward the agenda on caregiving.

Hon. Alice Wong: You're exactly right.

On the other hand, sometimes the caregivers themselves are only friends. There are seniors and other people with challenges who do not have family at all and so their friends actually would have to pick up that kind of responsibility.

Now, I'm coming back to caring for the carers. What about them? Just now we heard from all three of you that these caregivers are unpaid, and suffering stress and anxiety, especially during the pandemic times. What kind of support do we actually.... For some, we could just give them a day off, if someone could take the responsibility for just one day. It's like a one-day day care for their seniors or those with Alzheimer's. Of course, with the pandemic it's very challenging to do that.

My question to you, again for the Alzheimer Society, is this. On the one hand, we value their work and on the other hand, we do have to care about them. For example, in England they have the National Care Association, which recommends policies to the British government and what kind of support they have to do. I was able to visit with them when I was the minister. Can you shed some light on this?

• (1225)

Dr. Saskia Sivananthan: Yes, absolutely. Thank you so much for bringing that up.

I think Canada has the opportunity to be a leader, from a policy and legislative perspective, when it comes to caregiving and really driving change. In my previous role—I was with the World Health Organization on the global dementia team—this was one of the issues we looked at. Globally, when you look at countries, what have they done from a legislative and policy perspective to support caregivers by recognizing them and compensating them? Sadly, it's very limited. Ireland, for example, in 2017 did recognize caregivers and extended financial allowances for caregivers, so this is one of the policy tools that could be leveraged, but outside of that, there are very few. I think this goes back to your previous point about extending work hours, extending allowances just as we would for women who have just given birth, recognizing that caregiver responsibility and financially compensating for it, and doing so through appropriate policy and legislative changes.

Hon. Alice Wong: How about mental wellness? Right now we talk about the challenges for mental wellness. These unpaid caregivers need that very crucial point to keep them going and also to let them know that they're not alone. What would you suggest?

The Chair: Unfortunately that's your time.

We're going to go to Ms. Sidhu for six minutes.

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

Thank you to all the witnesses for being here and giving us this valuable information.

My first question is for Dr. Sivananthan. You make an excellent point about caring for the caregivers. That is why our government recognized this with the Canada caregiver benefit, because we know it is very important for families.

Without a doubt, one of the most devastating outcomes of the pandemic has been on long-term care homes. It is a fundamental responsibility of all of us to ensure that our seniors are safe and well cared for. Just this week, our government announced \$1 billion for the safe long-term care fund. In partnership with the provinces and territories, we will establish a national standard for long-term care facilities. We also made the largest investment in home and community care in Canadian history.

Doctor, other than these investments, what can the federal government do to help seniors age in the comfort of their homes? Additionally, what can the government do to ensure the safety and well-being of the family members who want to be involved in their care?

Dr. Saskia Sivananthan: I do want first address your earlier point and commend the government on making that investment and committing to bringing forward these national standards that are so essential in long-term care. Within long-term care, where the majority, again, of personal support workers who are providing those daily care duties are women and are women of colour, part of the concern has been that these women are not being appropriately compensated. They're not being given the appropriate benefits that they require. They're not even being given appropriate full-time employment, and so they're trying to make ends meet by taking part-time work at multiple locations. I was speaking to a long-term care director just the other day who talked about the difficulty where many personal support workers are being forced to leave this work and in fact work for their local LCBO, because they—

Ms. Jag Sahota: Madam Chair, on a point of order, there are six Liberal members on right now.

The Chair: I believe that Mr.—

Mr. Peter Fragiskatos (London North Centre, Lib.): On a point of order, I'm here as an associate member, and should Ms. Sidhu have to attend to a family matter then I will step in for her again, as noted at the previous meeting.

The Chair: That's correct. Thank you.

Sorry to interrupt.

• (1230)

Dr. Saskia Sivananthan: It's no problem.

Just to wrap that point up, it was that personal support workers were working at their local LCBOs because they had more stability and better compensation. Even for paid caregivers, such as personal support workers, this is an issue. For home and community care, however, the way the government can take more ownership and really move forward the agenda is by building more robust home and community care supports so that seniors, people living with dementia, and their caregivers have the appropriate supports to be able to age at home and in their communities.

Ms. Sonia Sidhu: Thank you.

For the other two witnesses, anybody can answer that. Our government recognizes the extraordinary toll that the pandemic has taken on women—you talked about women of colour and indigenous women—but we are moving forward with our plan to create a Canada-wide early learning and child care system. Beginning with the federal secretariat to support this work and new investment to support early childhood educators, how do investments in early learning and child care and long-term care help address the challenges and barriers that come along with the non-paid work?

Ms. Vicky Smallman: Maybe I'll start.

I think the investments that were announced this week have been very welcome. The establishment of the secretariat is an essential step towards building a comprehensive pan-Canadian system of early learning and child care. What needs to happen next, though—and in short order—is the funding necessary to sustain the creation of a system in the long term. Without that, we will not get closer to the kind of universal access that is required to redistribute that unfair burden that is currently shouldered by women and to enable their participation in the labour force.

Diana, I don't know if you have anything to add.

Ms. Diana Sarosi: What I would like to add is around how this money is spent. Obviously, this is going to provinces and territories through their transfers. At the current time, there just aren't enough measurements and targets put in place to ensure that this money is actually spent in a way that increases affordability, quality and flexibility in child care. That is one thing that I think needs to be strengthened through the multilateral framework that currently exists with the provinces.

One thing that I would like to underscore, also touching a bit on what was previously said, is the fact that there is a bit of a difference between elder care and child care. Child care does really provide sort of a path for women to enter the workforce that wouldn't be possible otherwise because they have children at home. It's not quite like that for elder care, for example. Child care really is sort of a stepping stone for increasing women's participation in the labour force.

The Chair: I'm sorry. That's the time for that question.

We're going to go to Madam Larouche for six minutes.

[*Translation*]

Ms. Andréanne Larouche: Thank you very much to the witnesses for their testimony, which is touching.

We see that invisible work is much more widespread than we might think and that it affects many more aspects than we think, for volunteers, caregivers or women supporting their families.

That said, perhaps we are missing data. I have many discussions with a major association called Afeas in my home province of Quebec. I would like to ask you some questions based on my discussions with that association.

Since the beginning of the pandemic, what are the statistics on the invisible workload for women and men? Are there any figures on that? Can they be compared with pre-pandemic figures?

We have seen data on the impact on the economy, for example. Why wouldn't there be information on invisible work as well?

I think Statistics Canada should address this issue given that organizations, even well-funded ones, do not have the opportunity or even the capacity to paint a complete picture of invisible labour in Canada.

Why is it important to have a picture that is much more reflective of the reality?

• (1235)

[English]

Ms. Vicky Smallman: Maybe I could just reply quickly to that. That was an excellent question, and I think data is extremely important to help us shape a coherent policy response to a systemic problem. The general social survey that Statistics Canada conducts does analyze the time use. What you need is a time-use survey, but I do think that a sort of pre-pandemic and post-pandemic look at unpaid care or how Canadians use their time is extremely important. The data does exist to some extent; it just may not be taken as regularly as it should.

Ms. Diana Sarosi: This was really the impetus of why Oxfam Canada conducted the survey in June, because we felt there just wasn't enough data and understanding of how things have shifted throughout the pandemic. As I mentioned, the burden has definitely increased, but again, it hasn't been equally increased for men and women, so women do really feel like they're having the lion's share of these additional responsibilities.

Of course, that differs according to whether schools and child care spots are open or closed. Even that in itself is something that will need to be factored in.

Dr. Saskia Sivananthan: If I could add to that as well, we are conducting a national survey with caregivers to address exactly that same issue and to understand what has changed pre- and post-pandemic.

We are also conducting a national research scoping project to look at the administrative data and the health system data to understand how this has shifted and how the pandemic has also maybe shifted people's ability to access the health care system and the resources that they would need in home and community care. Of course, by that you would indirectly be able to measure the impact on caregivers, who then are having to make up for not having access.

This is an excellent question. We need to measure it appropriately to be able to drive the appropriate policies forward.

[Translation]

Ms. Andréanne Larouche: The data are very important, but we must also think about providing help to people who do invisible work, especially caregivers. That means more support at home.

You raised the issue of the health care system. This week, the Bloc Québécois moved a motion to congratulate health care workers who have been working since the beginning of the pandemic, and to help the health care system, which would also help caregivers.

Why is this important?

National standards will not look after people, but wouldn't an increase to 35% in Canada health transfer to Quebec and the provinces give the health care system some breathing room, allow for more and better paid staff, and recognize the work of those who support caregivers every day?

I would like to hear what you have to say about the fact that our health care systems are underfunded in Canada.

[English]

Ms. Vicky Smallman: I would totally agree. Unless we invest in robust health care and other care systems, we're not going to be able to address the gaps that have been really exposed by this crisis.

You can't just provide funding. There also has to be a coherent strategy to ensure that we are expanding the system in ways that will help relieve the burden on unpaid caregivers—the invisible labour.

We need an expanded home care system. We need the kind of respite care that is available to help to relieve the pressure on family caregivers. We need better options. If we shift to seeing the need for care, whether it's health care, home care, care for persons with disabilities or child care, as a right rather than as an expense and a drain, then I think that's what we really need to be able to build the robust systems to help us into the future.

The Chair: Very good. Now we will go to Ms. Mathysen for six minutes.

Ms. Lindsay Mathysen (London—Fanshawe, NDP): Thank you, Madam Chair, and thank you to all the witnesses.

This week we saw the announcement of the fiscal economic update. Also, previous members had discussed the caregiver credit. I find these to be half-measures, temporary measures. We know that money is being given to child care, but it's not what experts and stakeholders in the system have asked for—it's actually far less.

When there was an announcement for long-term care workers and increases, I believe the number that they were trying to achieve was 4,000. We heard that to provide the four hours of necessary care per day, Ontario alone would have to hire 10,000 additional health care supports and workers.

Diana had mentioned that while all this money is being put into place there don't seem to be strings attached to it. In terms of going forward, how we look at these long-term solutions and how we get into them, Ms. Smallman had talked about implementing them with that future focus, that long-term focus.

How would something like a universal child care act or national standards in an act that fell under the Canada Health Act ensure that universality and that fairness? How would that help build up those systems?

● (1240)

Ms. Diana Sarosi: That is actually something that the child care movement has been calling for for many years now—to actually legislate child care. I think that goes back to that point that care is a right, but also to shift our economic thinking around what is an investment and what is a cost. The benefits of a public child care system in Canada would be tremendous. It would generate government revenues up to \$29 billion, therefore paying for itself. It would increase employment for 725,000 women in Canada and increase GDP by \$100 billion a year in 10 years from now, which is how long it would take to set up such a system.

I think it's really time to stop thinking of these kinds of investments as a drain on the budget and see them as an investment that will help us tackle these issues systematically rather than trying to leave it to market forces or to individual benefactors.

Dr. Saskia Sivananthan: I would add to that as well.

I very much agree with the last witness that shifting our perspective of caregiving as value-adding and value-generating to the economy is crucial to how we would then be able to shape policies. From the dementia perspective, we currently have a national dementia strategy. However, it is not a fully funded national dementia strategy and it does still need to be implemented.

The proof will be in the pudding. It will be in how we implement the strategy that will help with setting the road map. We have to think about the implementation of that strategy. Where we will be able to support the invisible work and the caregiving that is occurring in the home, community care and the long-term care is by appropriately paying the personal support workers, compensating them and...the benefits that they need, and appropriately compensating and building a robust home and community care.

Ms. Lindsay Mathysen: I also wanted to add that the previous witness had discussed wealth inequality. As New Democrats, we are consistently trying to work on that. We're trying to address and introduce a wealth tax and close tax loopholes and tax havens. The government seems slow to this.

We talked about the inequality that existed there in terms of how workers within the system are valued. Certainly they require more workers, but paying them more is certainly a big deal as well. The government had promised and hasn't delivered yet on a \$15 federal minimum wage. They were also supposed to implement pay equity legislation that actually hasn't been acted on yet. How would those things also help women workers in all fields?

Ms. Vicky Smallman: I certainly feel quite strongly that we need to have the pay equity legislation enacted yesterday. For care workers, many of them are covered under provincial and territorial

labour legislation, so we would need to have some legislative action there. However, federal leadership in raising the minimum wage and bringing in proactive pay equity is super important to helping usher in changes at the provincial and territorial level.

The way that we raise the wages and the way that we address the poor working conditions and the undervaluing of care workers and child care in health care, home care and long-term care is to really examine and have a coherent strategy. I do think back to the previous question about enshrining the right to care in legislation and connecting investments with it and recognizing in that law that quality care depends upon decent work, working conditions and wages for care workers. Uruguay did it.

● (1245)

The Chair: That's the time for that one.

We're going into our second round of questioning with Ms. Shin, for five minutes.

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Thank you so much.

I would like to thank all the witnesses who are here today to speak on an issue that is very important, especially during this COVID time where there are extra strains on women.

We're talking about a framework and a federal strategy. In order to understand what that course might look like, I would like to ask whether there are any statistics available about what has caused women to be care workers or unpaid care workers pre-COVID. For example, was it socio-economic reasons or is it a cultural expectation? Is it just personal volition because they want to be in that role, recognizing that there are some benefits they can miss out on, such as pension and retirement income? Are there any statistics that you can speak to on that?

It's for any of the witnesses.

Ms. Vicky Smallman: I'm not sure if statistics can get us into.... The ILO study I refer to is a global study, but the dynamic of the gender expectation that women provide unpaid care and the disproportionate numbers of women in the care workforce is well documented globally and in Canada as well.

The ILO study would be a really good place to start. There are also a number of Statistics Canada surveys and publications like "Women in Canada", which also get at this dynamic. The reality is that no matter what, all women provide unpaid care. The problem is that some women can afford to contract that to hired caregivers, whether domestic workers or other workers. Those workers are also undervalued and underpaid.

We have a bit of a dynamic there that has a disproportionate, negative impact on women's economic security and economic justice. It's not really about individual volition; this is a systemic problem that goes very deep in our society.

Ms. Nelly Shin: Thank you for that.

Seeing that COVID has created issues with interaction because of social distancing, what does respite support for caregiving women look like in this climate, and what can we do differently? What can the federal government do to help them get some rest and some breaks?

Ms. Diana Sarosi: I think a big part of that is a lack of paid sick leave for many workers in our economy. I talked about the double burden of care: paid work and unpaid work. If you can't take a day off from your work because you don't have paid sick leave, that absolutely adds to the stress and overwork that women are experiencing. Even something simple like that—that women have access to paid sick leave—would be a helpful first step.

Ms. Nelly Shin: Thank you.

Dr. Saskia Sivananthan: To add to that, for home and community care and respite care during COVID, particularly for caregivers of people living with dementia, we have been receiving an increased number of extremely distressed caregivers because they no longer have a break. They no longer have respite care. They don't have access to adult day programming. During COVID they can't access personal support workers who could come into their home and support them either. A lot of this also has to do with the increased caseloads that the home and community care staff themselves are now trying to manage because resourcing has been shifted to acute care or to long-term care.

Thank you for raising the question because again, it goes back to the implementation of a strategy. In the national dementia strategy, we talk a lot about home and community care, about appropriately implementing and supporting home and community care so you have enough hours provided in terms of respite to a caregiver, providing enough staff support and education and training so they can provide support in homes where people living with dementia need that support. This is where we need to focus.

• (1250)

Ms. Nelly Shin: Thank you.

Ms. Diana Sarosi: This is one of the reasons the child care sector is continuously struggling with this retention and hiring crisis. Because the working conditions are so poor, women just burn out. No benefits are available to them. It's one of the lowest paid and most precarious jobs in Canada. With those kinds of working conditions, it's very difficult for women to maintain their mental health.

The Chair: That's very good.

Now we're going to go to Ms. Dhillon for five minutes.

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Thank you, Madam Chair, and thank you to all our witnesses for being here, and all the work you do.

Before I begin, I'd just like to clarify that health care is a provincial responsibility and I think it's very important to make this correction.

The other thing is, I'd like to also say that our government is committed to and has committed itself to in-home care. According to studies and experts, it's very important that when people reach a certain age, they are able to continue living at home in the comfort of their home. It prolongs life. It helps make their health better and it keeps them mentally and emotionally strong.

We were caregivers to my grandmother. She had strokes and was bedridden and the entire family was helping. Even with the family helping, it was very difficult and very taxing emotionally, mentally and socially. When it came to work, we had to juggle our schedules, but we didn't want to put her in a home. It's cultural, too, I have to say. We don't put our elderly in homes. It was very difficult. She was almost 80 and bedridden. Listening to all of you and knowing what the people who are caregivers go through, my heart resounds with them.

I'd like to start with Ms. Sivananthan.

You mentioned before that a lot of ethnic women or people of colour are the ones who end up most, in these cases, diminished. Especially with COVID, what already was there has just become worse. I'd like to know from you, please, because we need to get to the root of the problem as well, why is this happening? Why are people of colour and indigenous people more vulnerable to COVID? What can we do in the future so this doesn't happen? Is there racism against them to begin with, or job discrimination where they have to, as you said, work at the LCBO? What is causing this level of society to be even lower on social or economic aspects? Please let us know, and take your time. Thank you.

Dr. Saskia Sivananthan: Thank you for that.

I appreciate your comments, particularly about caregiving and caregiving for your grandmother, because I think it speaks to that personal connection and understanding.

To your question about the racialized communities of women who are providing caregiving, you would have heard from the other witnesses as well that this is not only for caregiving when it comes to seniors or people living with dementia. It's across the board when it comes to caregiving. You see it for child care as well. There are very many reasons for why that is the way it is. Socio-economic status is certainly one of the contributing factors, and there are social factors that really contribute to it.

I think the underlying piece I would like to emphasize is that if we valued caregiving economically, and if we compensated for it appropriately, it should not and would not matter if it is racialized women. It would be that, even despite being racialized, you're being compensated appropriately for the skills you are bringing forward.

When it comes to dementia, people of colour, indigenous people and people from Black communities are at higher risk of developing dementia as well. I think the root cause I'd like us to go back to is that, again, caregiving adds value to the economy and that if we view it as such through that lens and drive policy that reflects this, the racialized nature of caregiving can be addressed as well.

• (1255)

Ms. Diana Sarosi: I could add to that. If you're trying to make a profit out of providing care, the only way you can really do that is by cutting wages. In care, it can't be substituted, automated and so on, so if you want to make a profit from that, you're cutting people's wages. That's what's been happening in this sector for many years by leaving it to market forces and competitive forces. That's why these public investments in care are so crucial to be able to maintain labour standards that ensure greater equality, no matter what racial identity you have.

Ms. Anju Dhillon: Perfect. Thank you to both of you.

Ms. Smallman, would you like to add anything?

Ms. Vicky Smallman: I completely agree with both of the statements.

Ultimately it comes down to broader patterns of inequality throughout our society. The way we really deal with it is by developing policy solutions with the people who are most negatively impacted at the core.

If we bring that kind of gender-based intersectional lens to our policy-making, if we think about how we lift up the people who are most impacted when we are developing solutions, as opposed to how we reduce the drain on the public purse or how we make sure that companies can make a profit, then we might be able to address some of these systemic patterns.

It really is also about changing the way we think about developing policy to address some of these systemic problems.

The Chair: That's excellent.

Now we're going to go to Madame Larouche for two and a half minutes.

[*Translation*]

Ms. Andr anne Larouche: As the Bloc Qu b cois critic for seniors and the status of women, I would like to thank the three witnesses today.

You really highlight the importance of invisible work for those two groups. You also talked about the importance of being better paid. You even talked about pay equity.

I really feel that we no longer have the time and the meetings to spend on studying all the issues that we want to put forward. That is why I will humbly submit the following motion to the committee: "That the Standing Committee on the Status of Women meet no later than Monday, December 7, 2020, to complete the debate begun today on future business in order to maintain the work scheduled for next week."

I submit it humbly, because I really feel that we have a lot of work to do and I feel that we can no longer afford to waste a meeting, especially on the issue of invisible work.

[*English*]

The Chair: Is there any discussion on the motion?

Ms. Anju Dhillon: I'd like to make a point of order, please, on this motion.

The Chair: Go ahead, Ms. Dhillon.

Ms. Anju Dhillon: Was this motion on notice?

The Chair: It's on the topic that we're discussing at the committee.

Ms. Anju Dhillon: It's not on the current debate; it's not part of that.

Thank you.

[*Translation*]

Ms. Andr anne Larouche: I'm submitting a motion on the spot. We could simply vote to see if there is unanimous consent.

I humbly move that we try to meet by next Monday to continue our work.

• (1300)

[*English*]

The Chair: Excuse me. The clerk has clarified that we can't do that in this meeting. It has to be under committee business.

You have another half minute of your time for questions.

[*Translation*]

Ms. Andr anne Larouche: Does someone want to close by reiterating the importance of invisible work and that the pandemic has revealed gender inequalities? I specifically heard you mention the issue.

[*English*]

The Chair: I am sorry; the clerk has confirmed that it is not admissible.

Unfortunately we're at the end of our time for today.

I want to thank the witnesses for your excellent testimony.

To the committee, remember to bring your recommendations for the COVID study by Monday, and Tuesday, of course, will be committee business.

The meeting is adjourned.

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