



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 2nd SESSION

Standing Committee on the Status of Women

EVIDENCE

NUMBER 016

Thursday, February 18, 2021

Chair: Ms. Marilyn Gladu



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• (1100)

[English]

The Chair (Ms. Marilyn Gladu (Sarnia—Lambton, CPC)): Welcome to meeting number 16 of the House of Commons Standing Committee on the Status of Women.

Today's meeting is taking place in hybrid format, pursuant to the House order of January 25, 2021. The proceedings will be available via the House of Commons website. Today we're continuing our study of women's unpaid work.

To the witnesses, welcome. When you're speaking, please speak slowly and clearly for the translators. When you're not speaking, your mike should be on mute.

We're pleased today to have Tracy Johnson from the Canadian Institute for Health Information. She is the director. From the Ontario Caregiver Organization, we have Amy Coupal, the chief executive officer.

Each of you will have five minutes to make your initial comments before we go to our round of questions. When you have one minute left in your five minutes, you will see the yellow pen. That's how you will know to wind it up, and then we will go to questions.

We will begin with Ms. Johnson for five minutes.

Ms. Tracy Johnson (Director, Health System Analysis and Emerging Issues, Canadian Institute for Health Information): Thank you.

On behalf of the Canadian Institute for Health Information, thank you for the opportunity to appear before the committee. I acknowledge that the land I'm speaking to you from today is on the traditional territories of the Wendat, the Anishinabe nation, the Chipewewa, the Haudenosaunee Confederacy and the treaty lands and territory of the Mississaugas of the Credit. I recognize that it is now the home of many diverse first nations, Inuit and Métis people.

Today I will share information on the distress experienced by caregivers, including those who care for people with dementia and for people who require palliative care. While our data sources are rich, there are some limitations. We aren't able to break down caregiver data by sex, because that type of data isn't collected. Information about caregivers, such as caregiver distress, is collected indirectly through home care assessments that are done on the people who receive home care. However, these assessments don't include the sex, age or ethnicity of the caregiver.

Our data shows that approximately 96% of Canadians who received home care services on a long-term basis had an unpaid care-

giver. More than one in three unpaid caregivers in Canada were distressed. Distress was twice as high among people who lived with the individual they cared for, compared with those who did not. Among the caregivers who co-resided, about half were spouses and a third were adult children who cared for their parents.

Distressed caregivers spent an average of 38 hours a week providing care, which is the equivalent of a full-time job. Seven out of 10 caregivers in distress cared for someone who needed substantial help in at least one personal care activity. Personal care can include activities such as bathing, eating, dressing and personal hygiene.

Caregivers who cared for a senior with dementia were more likely to provide more hours of care. CIHI's report, "Dementia in Canada", found that caregivers of seniors with dementia provided an average of 26 hours of care each week. This is substantially higher than the 17 hours provided by caregivers of those without dementia. Caregivers of seniors with dementia were also more likely to experience distress than those caring for other seniors, and they were even more likely if the person with dementia displayed verbal or physical aggression.

There are also added financial challenges to caring for people with dementia, such as home modifications, professional health care or rehab services, assistance with daily activities, transportation, travel or accommodation, specialized aids or devices, and drugs. The Alzheimer Society of Canada estimates that caregivers of people with dementia paid \$1.4 billion in 2016 in total out-of-pocket costs, and it projects that this amount will rise to \$2.4 billion in 2031.

Caregivers play a critical role in supporting loved ones who receive palliative home care. CIHI's report, "Access to Palliative Care in Canada", found that almost all palliative home care clients had family or friends who provided care, making it possible for them to stay at home. Across Canada, these caregivers were mostly children or spouses of the palliative care client. About two-thirds of palliative home care clients lived with their family caregiver, compared with just over half of other home care clients. In some provinces, such as Alberta, you must have a family caregiver to qualify for palliative home care.

We found that nearly one-third of family and friend caregivers of palliative home care clients experienced distress. High rates of caregiver distress might signal a need for more effective and appropriate home care services and community supports to help caregivers manage care for both their loved ones and themselves.

While our data sources are robust, there are a few caveats to the information I have presented. Our data includes information on those caring for people receiving home care services for longer than 60 days, and not all jurisdictions are included. The data represents all regions of Newfoundland and Labrador, Nova Scotia, Ontario, Saskatchewan and the Yukon, all regions of Alberta except the Calgary zone, and all regions of British Columbia except the northern health region.

Thank you for the opportunity to present this information. I'm happy to answer any questions.

• (1105)

The Chair: That's excellent.

Now we'll go to Amy, for five minutes.

Ms. Amy Coupal (Chief Executive Officer, Ontario Caregiver Organization): Thank you and good morning to the members of the Standing Committee on the Status of Women. I really appreciate the opportunity to present to you here today.

I am here as the CEO of the Ontario Caregiver Organization, a non-advocacy organization that gives voice to Ontario's caregivers and provides research, support programs and services to caregivers with the goal of enhancing the caregiver experience in Ontario. The role of caregiver is one I know well from personal experience.

Ontario has 3.3 million unpaid caregivers who provide essential health and emotional care to family members, friends or neighbours with a physical and/or mental health challenge, both in their homes and in health care settings such as hospitals, long-term care and retirement homes, group homes and treatment centres. The majority of caregivers in Ontario are women at 54%. The largest age category at 41% of caregivers is between the ages of 46 and 65.

Our organization tracks the caregiver experience through our annual "Spotlight on Ontario's Caregivers" report. This year we found that before the COVID-19 outbreak, 47% of women provided up to four hours of care in a typical week, 15% between five to nine hours, and almost one-third, at 29%, provided care for more than 10 hours per week. Since the outbreak, the hours put in for caregiving have increased, with 18% now providing care for five to nine hours and 31% providing care for more than 10 hours per week.

One of the primary needs that we hear from caregivers, which I would like the committee to understand and recognize, is that caregivers want to be valued and seen as essential within the continuum of care, as the emotional, practical and medical support they provide is vital to the journey of the care recipient. This need has become especially apparent during the pandemic. Also of primary concern with caregivers is the inclusion of the caregiver in designing health care transformation and policy.

The other predominant theme we hear from caregivers is that they are struggling to cope. Fifty per cent of women caregivers admit that the overall management of caregiving responsibilities is stressful. Caregivers are concerned about their own mental health. This was the case before the pandemic, and it is certainly worse now. The toll and stress impact work as well as productivity.

Half of women caregivers are stressed about balancing their caregiving responsibilities and work. Among those who are employed and are caregiving, a quarter have taken some time off during the day. Twenty-five per cent of caregivers have done this. Twenty-seven per cent of caregivers have taken a few days off while one-fifth—somewhere between 15% and 19%—have reduced or altered their working hours to manage caregiving.

Forty-three per cent tell us that they wish there was more support from their employers. For 38%, their work hours are not flexible enough to allow them to manage their caregiving responsibilities, and 33% are worried that they may lose their jobs because of their caregiving responsibilities, which I think is definitely notable.

The economic toll on women caregivers is also growing. One-third, or 31%, find it stressful to manage finances, pay bills and pay for care receiver's needs, medicine, supplies and more. Thirty-nine per cent of women caregivers are experiencing financial hardships, which 14% say are due to their caregiving responsibilities. Four in 10, or 41% of caregivers, use their personal finances, and 35% say they've been using their savings to pay for caregiving expenses. Between 30% and 33% of women caregivers say they are incurring more costs and are using more of their personal finances to pay for caregiving expenses since the outbreak.

Overall in Ontario, 80% of caregivers say they are responsible for paying for the expenses of the person they are caring for. Caregivers need specialized and caregiver-focused support programs, respite and services. Our organization is one of the few that offer these, but national programs and services do not widely exist.

While we can't predict how long this pandemic will last, we know that there are a growing number of new caregivers, and many of those who were caregiving before the pandemic need extra support. The caregiver experience is improved when we are inclusive of caregiver voices, especially those of women caregivers, who are the majority of caregivers, and continue to adapt and respond with new resources, policies and programming to improve the caregiver experience as we look to recover.

• (1110)

Thank you.

The Chair: Thank you very much.

We will go to our first round of questions. Each person will have six minutes. I will try to cut you off kindly when you get to the end of your six.

We'll begin with Ms. Wong for six minutes.

Hon. Alice Wong (Richmond Centre, CPC): Thank you, Madam Chair.

Thank you to both witnesses. Caring for the carers has always been close to my heart. I am a caregiver myself.

Both of you have given us alarming figures and statistics telling us, and telling the whole nation, hopefully, especially national policy-makers, that this has become a very urgent concern. There's an urgent need to support those who care for their loved ones. We are looking at terms like "unpaid family caregivers" or "unpaid work". Globally, we have different terms. In England they call them "carers". Caring for the carers is one line of focus, and I have questions for both of you.

First of all, you mentioned the role of business owners and employers in terms of support. What would you suggest? While I was the minister for seniors, I started a panel for employers and their support. It's very important, especially for people who are working and balancing between family and work. Could either of you shed more light, please, on the need for business owners and other employers to understand the importance of their staff who now have to give up their productivity?

• (1115)

Ms. Amy Coupal: This is a really critical question. We know that some caregivers feel safe and comfortable raising the issue of their caregiving responsibilities with their employers. However, some do not. They fear reprisal or even termination in asking for something as simple as understanding, or for practical accommodations or modifications to their work circumstances. I think the number one thing we would love to see is a greater understanding on the part of employers about the things caregivers are doing and why it's so important that there is a context for having that dialogue in any employment situation.

The other thing is to recognize and understand that different working circumstances require different types of conversations. Many of us in this meeting right now have the luxury of being able to work from home, but that is not always feasible in certain working circumstances for anyone in an employment situation. We encourage employers to look at other creative solutions around scheduling, split shifts and different ways employees could potentially fulfill their responsibilities outside of the standard schedule or accommodations that might be available.

The first step, surely, is dialogue and understanding. In many ways, the pandemic has helped to shine a light on that.

Hon. Alice Wong: Thank you.

My other question focuses on palliative home care. Obviously, end-of-life care is very crucial, not only for the one who is going but also for the one who is staying. The need for more palliative care and, therefore, hospices is so important for end-of-life caring.

Tracy, you mentioned this. Can you add more information on it?

Ms. Tracy Johnson: Our data talks specifically about caregivers' distress. These are folks who are on home care. We know that only about 15% of people who are on home care actually receive palliative home care. The combination of getting home care in when you have an illness, any kind of an illness, is compounded yet again when you have cancer. There are various programs across the country. There's no evenness with respect to who gets home care and how they can access it.

What we hear from home care clients, or caregivers of folks who require palliative care, is that often they don't know what the options are that are available to them until it's really too late. Having that kind of support is very important. We don't have a lot of data on it at the moment, because not all provinces are required to work using our interRAI palliative care assessment. That would give us more information on what actually happens with palliative care in home care.

Hon. Alice Wong: What strikes me is the experience of our former colleague who passed away and who actually was the champion for more palliative care and hospices. That's why it's so close to my heart.

My other question is about—

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

Now we're going to Ms. Zahid for six minutes.

Mrs. Salma Zahid (Scarborough Centre, Lib.): Thank you, Chair, and thanks to both witnesses for the important information they have provided us.

I will start with a question for Ms. Coupal.

You mentioned in your opening remarks that the number of hours for caregiving has increased for women during this pandemic, and you mentioned that over 39% are facing financial hardship. As a pandemic measure, our government introduced the Canada recovery caregiving benefit, which replaces income for someone who needs to stay home to care for a loved one who needs supervised care.

In diverse communities such as Scarborough, we have a lot of multi-generational households, where care is provided across generations. What specific measures would you recommend on an ongoing basis post-pandemic to allow this intergenerational care to continue? Also, what other recommendations do you think are important? Could you provide some light on that?

• (1120)

Ms. Amy Coupal: Thank you. It's a really important question, and there are so many different layers to it.

First, I think it's important that you know about the positive feedback we have received from caregivers on the caregiver benefit. It is a welcome opportunity for caregivers to be recognized for their commitment and the sacrifices they make as a part of their caregiving role.

Prior to the pandemic, one of the most common questions we received from caregivers on our helpline was, “What do I do with these tax credits if they don't make a difference to me based on my financial circumstances?” I think that's an important piece of information for us to convey to you: The kinds of financial supports that caregivers often benefit from may be dependent on their particular financial circumstances. They would like to see more opportunity for things like the caregiver benefit to be available in the long term, so that it is a recognition of that time and the input that they're making.

The other thing that I think your question highlights in terms of that intergenerational caregiving is that many people who receive care from caregivers will receive that care from several different people, whether they are family members, community members, etc. Whilst we are in firm support of the recognition of essential caregivers—and that's been very important in hospital and long-term care and other settings—we want to recognize that caregiving is often a collaborative effort amongst family and community members.

One of the challenges that I would ask you to explore is, “How do we recognize the constellation of caregivers that come together and that those caregivers may play different roles and be in different places?” Many families who are dispersed across the country may have different roles. I've certainly experienced that within my family. My sister, who lives in Alberta, did everything she could do at a distance, while I did everything hands-on with my mum while she was going through her cancer and palliative care journey. Recognizing the nuances in that caregiving is very important.

Mrs. Salma Zahid: Thank you.

My next question is for Ms. Johnson.

We know that the task of caring for aging parents often falls on women as unpaid work. If women are to be able to choose to participate more fully in the workforce, they need to have the confidence that long-term care is available and that it will provide safe, affordable, quality care.

We have seen that this confidence has eroded during the COVID-19 pandemic. Would you agree that establishing national standards for long-term care is vital to building trust? What would you recommend for what should be included in those national standards?

Ms. Tracy Johnson: At CIHI, we don't take positions on policy. We're neutral. What I can say is that we see a wide variation right now in infection rates and deaths across Canada in long-term care and, certainly, there is a call for national standards. Really, we don't take a stand on that, so I really can't answer your question any more directly than that.

Mrs. Salma Zahid: Ms. Coupal, would you have any suggestions on that? Have you any recommendations that should be included in the national standards, and would you agree that establishing national standards for long-term care is important?

Ms. Amy Coupal: Similar to CIHI, we take a non-advocacy position on these things. We have been a part of a weekly round table focused specifically on long-term care, and the direction of that dia-

logue has certainly been in support of that among a wide group of stakeholders who have a very vested interest in long-term care.

From my perspective, our position on standards in any context has been the importance of recognizing caregivers and having a formal mechanism for including them as a part of any policy or standard. We've seen this included in hospitals and in long-term care, where there is a process for recognizing and including family caregivers, not only in terms of access but also as a part of the overall care journey for the person being cared for.

• (1125)

[*Translation*]

The Chair: Thank you very much.

[*English*]

Mrs. Salma Zahid: Thank you.

[*Translation*]

The Chair: Ms. Larouche, you have six minutes.

Ms. Andréanne Larouche (Shefford, BQ): I want to thank Ms. Coupal and Ms. Johnson for being here. It's very important.

I am my party's status of women critic and seniors critic. We're obviously aware that older women are particularly affected by the caregiver and invisible work issues.

Ms. Johnson, you mentioned home care services. You said you didn't have all the data you needed.

What could help you obtain more data? Would having more data on invisible work and home care services help establish policies to provide more assistance to caregivers in dealing with the mental burden and invisible work?

[*English*]

Ms. Tracy Johnson: That's a really good question. Right now, as an organization, we would be more interested in expanding the home care data we get and expanding the breadth of that data. As I noted earlier, not all provinces are covered, so we are working hard at CIHI to increase the coverage for that home care data, which gives us a fair amount of rich information on the patients themselves.

At the moment there are no plans to expand what there is around caregivers. It is inadvertently collected, but understanding the palliative care needs, as was spoken about earlier, and expansion of interRAI data to include palliative care assessments across the country would be helpful.

[*Translation*]

Ms. Andréanne Larouche: Thank you very much for your answer, Ms. Johnson.

Ms. Johnson and Ms. Coupal, both of you discussed the data and the importance of providing more assistance to caregivers who are under financial stress. Yes, tax credits are available, but they're entirely non-refundable.

How could at least partly refundable tax credits benefit caregivers, apart from the fact they'd give them a little more money in tax season and relieve financial stress?

I'd like to hear what you have to say on that subject.

[*English*]

Ms. Amy Coupal: That's an interesting question. I don't have specific data on that, but I think the statistics on what caregivers are paying out of pocket are very notable. When you have 80% of caregivers saying that they are responsible for paying the expenses of the person they are caring for, that gives cause for pause. Financial support for those expenses is really critical, and that includes more than just caregiving expenses. That may be living expenses, such as rent, groceries, etc., so the financial burden there is significant. If there was a method for accounting for and supporting those kinds of expenses, that would make a very significant difference for caregivers.

The other thing I noted in my statements and that I think is related to this question is that caregivers are dipping into their own savings—their retirement savings or savings for some other milestone in their life, such as saving for a home. If a caregiver is dipping into their personal savings, is there a way to offset that if they are putting themselves under a greater financial burden as a result of caregiving?

In terms of your question about refunds, I'd like to gain more insight on that. Generally, what we hear from caregivers around tax credits is that, if they have had to give up work in order to provide care or if they are doing less work, the tax credits may not be of significant benefit to them. It only benefits a certain portion of caregivers, so that's an area we'd like to look into more.

The financial impact on caregivers persists, and ways to assist them would be most welcome.

● (1130)

Ms. Tracy Johnson: I would agree with that. While we don't go into the financial aspects, we do know that financial stresses contribute to caregiver distress. If you have caregivers caring for the equivalent of a full-time job, especially the ones who are distressed and are at up to 37 or 38 hours a week, then they may or may not be working. The likelihood is that they aren't working. Then they are dipping into cash, dipping into their savings, potentially.

We have heard from caregivers that when services are difficult to access, or they have a cost, then their distress increases. When you combine that, I think anything you can do to alleviate the financial impact would be of benefit.

[*Translation*]

Ms. Andr anne Larouche: There was no interpretation, which is unfortunate. The sound quality wasn't good enough for us to hear the last speaker.

However, you did confirm that the financial circumstances of caregivers, particularly older caregivers, were already difficult before the pandemic. You mentioned all the expenses they had to incur and the fact that prices—rents, groceries and drugs—have risen during the pandemic. You ensured us that these are included in ex-

penses and that some recurring, longer-term assistance should be considered to increase their purchasing power.

[*English*]

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

Ms. Johnson, you will have to hold your mike closer.

MP Mathysen, you have six minutes.

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

Thank you to the witnesses.

I would like to focus first on the financial concerns of caregivers. As you said, these are non-refundable tax credits in most cases. They are income-dependent and reliant. Moving away from that reliance so it's far more across the board and supportive, that's what I hear you pushing for.

This may be on the policy side, but a lot of what the NDP is pushing for is around universal programs, ensuring that long-term care is affordable and housing is affordable. The idea of universal health care, universal pharmacare and universal dental care would ensure that, across the board, everyone is paying together so that all those costs are already covered. Those out-of-pocket costs that these seniors but also caregivers are incurring would already be covered. They wouldn't have to worry about that.

Have either of you heard from your membership, from the people you advocate for, about potentially those longer-term universal supports that would offset the costs they incur?

Ms. Tracy Johnson: Thank you, Lindsay. Maybe I will start.

While we don't have a position necessarily on financial aid or universal programs, we do know that to accommodate changing needs, things like adult day programs, respite care, meal delivery, community social supports and help navigating the health care system are all important for caregivers. They tell us this in some of our focus group work. Those are the kinds of things that might be covered by some universal programs.

Ms. Amy Coupal: I would very much echo those comments in terms of the kinds of programs and supports people are looking for. One of the most common requests we receive on our helpline is how someone can get moved up on a wait-list. If we look at respite support, there's a desperate need for respite support for a caregiver in distress, but they are going to have to wait weeks or months to get it. That was even pre-pandemic. I think alleviating some of the pressure points on the wait-lists for the kinds of services that the other witness has identified would make a big difference.

We also hear from caregivers about other household kinds of supports that don't have an infrastructure. I need somebody to shovel my snow because I'm not able to shovel the snow. I need somebody to help me with some of those household chores. I know that for those of us who are able to do that, that seems like a very simple thing, but if someone is not able to do that, either as a result of their own physical condition or their caregiving responsibilities, those things make a difference.

What we do understand in terms of the financial pressures on caregiving is that they are paying out-of-pocket for both caregiving expenses and general living expenses. They are looking for alleviation in the financial burden they have taken on, which is in addition to the hours they are committing of time that may affect their own ability to work at all, or even how much they are able to work. Caregivers are facing this double impact in terms of their challenges with earning their own incomes and then spending the available money they have on caregiving and related expenses.

• (1135)

Ms. Lindsay Mathysen: One thing that was proposed and asked for by the Canadian Labour Congress was a federal care economy commission that would study and collect that data and would have the ability to collect the data you were talking about, which sometimes is not as available as you would like it to be, or not as specific. They would have that ability, but also would use that data to design and implement a care strategy for Canada.

They talk about the creation of a broad and inclusive labour market that would look at getting to a point where those high-quality, equitable jobs within long-term care are achieved and, actually, in child care as well, because we know that it's at both ends, especially for women.

It would also examine paid and unpaid care work and look at the demands and the increasing demands and what's necessary. They would reduce and redistribute that unpaid care work, and again, leading to a lot more of that access to public care services, and potentially addressing some of the things that we are clearly missing, such as those chores, those domestic ideas, that aren't necessarily covered by traditional programs per se.

Is this something that would be helpful and that you think we should move forward with? Would that be a potential solution or idea?

Ms. Amy Coupal: Our organization focuses on those unpaid caregivers, so I'm not in a position to speak to other roles that may be professional caregiving roles, such as personal support workers, etc.

What we do find is that people reach out to our organization because there is not information or support consistently across the country. One thing I'd like to highlight from your comments—and it's come up in the CIHI data as well—is the disparity of information or the disparity of support across the country. People come to us because there may not be a provincial organization where they live and—

The Chair: I'm sorry. That's the end of your time.

Now we're going back to Ms. Wong for five minutes in the second round.

Hon. Alice Wong: Thank you very much. We definitely have learned a lot from both witnesses.

For my next question, in what ways are specific groups of women in particular, such as women living with disabilities, indigenous women—because both of you did mention that—and immigrant, refugee and newcomer women, affected by the unpaid work and care responsibilities? I've lumped a lot of things together there so that you can explore and shed more light on that.

That's for both of you, please.

Ms. Tracy Johnson: What I will say, Ms. Wong, is that I can't really speak to that. The data we have doesn't break down caregivers by sex or ethnicity at the moment.

Ms. Amy Coupal: One of the themes we've heard in the questions is, where would we like additional data? I think your question highlights an area where we would all benefit from additional data in terms of the particular needs of people from different communities.

What I can tell you anecdotally from what we hear from caregivers is that one of the challenges they may face in going into different health care settings is barriers to access based on language or based on a lack of understanding, if they're a newcomer, about how the system may work. We find that caregivers need information around system navigation. They need information around how to engage with different health care providers, and that may come with a different cultural context.

We hear from caregivers that culture really matters in terms of how they've taken on this caregiving role and how it's navigated within a family. Certainly, we hear that within certain cultures there is an automatic expectation that caregiving roles will be taken on by women, so women feel an additional burden of expectation within their caregiving role, but this isn't an area where we have clear demographic data in order to provide significant insights.

• (1140)

Hon. Alice Wong: My next question will be about the sandwich generation, the younger ones, you know, in the middle. They have to look after children, of course, and just like my NDP colleague said, there's a child care side. I'm not commenting on that side, but more on the care of the elderly.

How do you see the kind of help...or the stress levels. You both talked about the stress levels. How can we—in whatever way—help these caregivers who have double duties, especially during this time of COVID? It's so important right now to help them to be healthy, because again, I'm going back to my theme of caring for the carers. Can both of you shed light on that, please?

Ms. Tracy Johnson: I'll start by saying that it's a combination of things.

Improving home care services overall across Canada would enable us to care for the carers, as you say, in a better way. Right now, some of the other things they lack, as we talked about before, are things like adult day programs, respite programs, meal delivery or community support.

First and foremost, access to the system and what's available to them is different across all of the provinces. A better understanding of what is available when people need it would be really helpful to care for the carers.

Then, when they need—

[*Translation*]

Ms. Andréanne Larouche: I have a point of order, Madam Chair. I unfortunately can't hear the discussion.

[*English*]

The Chair: Ms. Johnson, I think you have to put your microphone up closer.

All right. Let's try again.

Ms. Tracy Johnson: I'll start by saying that to care for the carer we need to have, first of all, a way they can understand and access home care services in a much more equitable way across the country. I'm talking about the data we have, which is around carers or caregivers of people already on home care. These would be long-term home care clients, so greater than 60 days. They often have multiple chronic conditions, could be palliative with cancer and could also have things like lung disease or Alzheimer's. We have home care across the country, but how it plays out and what's available to you is very different across the country. Geography plays a part.

In order to care for the carers, we need to be able to ensure that there is information on access, but then that they understand what access they get. If we beefed up home care, we would be better able to care for those carers.

Some of those ancillary programs—

The Chair: That's the end of your time. Sorry about that.

Now we're going to Ms. Sidhu, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair. Thank you to all the witnesses.

My first question is for Ms. Coupal.

I note that your organization has a helpline and live chat services. What are the benefits of virtual support that you have observed during this pandemic? What kinds of calls are you getting? What impact does the burden of unpaid work have on women's mental health?

Ms. Amy Coupal: Thank you for that question. I'll draw on different sources of data.

In terms of the helpline, we have a 24-7 helpline available in English and French that people can call. It actually speaks to the comments that were just made to the previous question on what supports are available in my community and how to reach them.

We can actually help to facilitate a warm hand-off to some of those organizations. Of course, what we're not able to do is accelerate any wait-lists or anything like that. That is one of the pieces of feedback we receive on the helpline. Someone will say, "Okay, so you've referred me to the organization, but they say it will be six to eight months before I can get what I need." That's a frustration for caregivers for sure.

What we have found through the pandemic is that there has been an increased demand for our helpline as well as our online chat by caregivers, particularly because the services they are looking for are often changing in terms of whether they moved to virtual or shut down, or what a person should do now that the kinds of supports they've been looking for may not be available.

Another significant concern for caregivers during the pandemic has been that they're not sure they feel safe to access the services that they previously accessed, because they're concerned about infection prevention and control, whether that's home care or even going into appointments. It's been an important education tool to talk with caregivers about what's available to them and how to communicate their needs.

In terms of your other question, I think what we've certainly heard from caregivers out of province through these resources, because they don't have these types of tools available across the country, is that they need additional support with system navigation. When you call our helpline we can help make those referrals and pass them on, but sometimes people actually need to understand how all the pieces of the puzzle fit together. Especially with patients who may have multiple diagnoses or have complex care needs, it becomes the caregiver's role to be the system navigator, to become the project manager. That's an area where they need assistance as well.

● (1145)

Ms. Sonia Sidhu: Thank you for your important feedback.

Ms. Johnson, one thing I want to highlight is the federal government investment of \$240 million into a virtual care solution that includes Wellness Together. Do you think it's effective? I'm getting lots of positive feedback from my residents, but I'd like your views on that.

Ms. Tracy Johnson: Across Canada, provinces with respect to health have been trying to move towards more virtual care. When we looked at physician billing during the pandemic, we saw that while physician visits dropped significantly in April and May and June of last year, for the visits that physicians did do, up to 50% were virtual. There was a huge increase in virtual care. Some provinces, such as Newfoundland, very specifically used virtual care to deviate people from the hospital. They wanted to ensure that they freed up beds.

Virtual care is being seen as very important. I can't comment on whether the money is appropriate or not. One of the other things that we're working towards and that we need to work towards with virtual care, if we're targeting this money, is measuring it appropriately, understanding whether or not it's effective for patients and they get the care they need—

[*Translation*]

Ms. Andréanne Larouche: Madam Chair, I still can't hear the interpretation.

[*English*]

The Chair: Let's try it with the mike closer.

Ms. Tracy Johnson: With respect to virtual care, while I can't comment on the absolute dollars to be put into it, we recognize it as being an important component of the health system going forward. All provinces do. There was a very large increase in it during the pandemic. Over 50% of physician visits for family doctors were done virtually.

We do need, however, standards for measuring that care across the country and understanding how the experience works for patients and physicians so that the outcomes are just as good with virtual care as they are with a face-to-face visit.

The Chair: That's your time.

[*Translation*]

Ms. Larouche, you have the floor for two and a half minutes.

Ms. Andréanne Larouche: Thank you very much, Madam Chair.

Earlier you said that certain long-term care centres, and even some caregivers lacked...

• (1150)

[*English*]

The Chair: Ms. Larouche, can you raise your mike a little bit?

[*Translation*]

Ms. Andréanne Larouche: Of course.

You said that some centres lacked resources, whether financial resources or personal protection equipment, to care for patients during the pandemic. You said that also applied to caregivers.

Can you confirm for us that the needs of long-term care centres are actually financial in nature and that those centres need a helping hand in that area?

That's for either one of you, since you both raised the issue and mentioned the provinces. Here's another example. Where I live, we have respite homes to assist caregivers. We're already trying to help them in Quebec, but we lack the resources, both finances and equipment. I'd like to hear what you have to say on the subject.

[*English*]

Ms. Amy Coupal: I'm not able to comment on the provisions within long-term care or other settings. I'm not sure if that was the full extent of your question, but that's just not an area where we have insight. Is there another part of your question that I may answer?

[*Translation*]

Ms. Andréanne Larouche: What I mainly wanted to say is that caregivers, those who do invisible work, need better support from the health system, but the system itself lacks the financial resources to support them.

[*English*]

Ms. Amy Coupal: I do think that caregivers primarily are looking for recognition and inclusion as a part of the health care team and as a part of the health care system. There's a microcomponent to this when it comes to the individual care of the person they're caring for. This doesn't mean simply being something like a substitute decision-maker. There are many caregivers who take on this role and wouldn't be in a substitute decision-making capacity, but who play a fundamental role in the care of the person they're caring for. Recognizing that person, ensuring that they are a part of that health care team, including formal structures like caregiver identification, which make very clear what the permissions and responsibilities are for an individual caregiver, can go a long way.

The other thing that's very critical is the inclusion of caregivers at the individual hospital or long-term care or broader policy levels, so that caregivers are at the table and part of those processes. It's really an important consideration to make sure that caregivers can be part of that input and decision-making process through health care transformation.

The Chair: That's very good.

Now we'll go to Ms. Mathysen for two and a half minutes.

Ms. Lindsay Mathysen: Thank you.

The other study we're discussing at the same time as this is the impacts on rural women and how there is a disproportionate disadvantage for them.

I'm not sure if your organizations advocate heavily for that idea, the fact that there's a rural-urban divide. You were certainly talking about the shifting of resources, especially during COVID, to virtual supports for caregivers. Can we talk about what you're seeing in terms of unavailability in those rural areas for caregivers, and potentially if you've heard that they are specifically having issues?

In a lot of rural areas, the cost of the Internet is very high. They don't have access yet to some of the broadband services they need. They travel to cities where they may be able to receive that respite or those services that you were talking about. Is there a divide there and a recommendation that you could make or that you've heard from your members and your advocates?

Ms. Tracy Johnson: We haven't specifically done an analysis on a rural-urban split for the caregiver distress that we see for those on home care.

We do know we have geographical access challenges across the country. Because home care is the purview of regional health authorities in some provinces and other bodies in other areas, there are disparities, and those rurally are likely at a disadvantage. We certainly see it when we look at how primary health care is delivered in the rural areas.

There was another aspect to this I was going to...but I'll leave it at that. Thank you.

• (1155)

The Chair: That's the end of your time.

Thank you to our witnesses for their excellent testimony today.

We'll suspend while we do sound checks for the second panel. Everybody, just hang on, grab a coffee and we'll be ready to go.

Thank you.

• (1155)

(Pause)

• (1155)

[*Translation*]

The Chair: I'd like to welcome our witnesses.

Today we have H  l  ne Cornellier and Lise Courteau from the Association f  minine d'  ducation et d'action sociale and Marianne Pertuiset-Ferland from the Inter-organizational Committee for the Recognition of Invisible Work.

Ms. Cornellier, you have the floor for eight minutes. Please go ahead.

• (1200)

Mrs. H  l  ne Cornellier (Director, Policy and Communications, Association f  minine d'  ducation et d'action sociale): With your permission, Ms. Courteau will speak first for four minutes, and I will speak for the remaining four minutes.

The Chair: That's fine.

Ms. Lise Courteau (President, Association f  minine d'  ducation et d'action sociale): Good afternoon, everyone.

The Association f  minine d'  ducation et d'action sociale, or Afeas, was established in 1966, and its mission is to promote and advocate women's interests and gender equality.

The recognition and valuing of invisible work are central issues in achieving equality between men and women. They have been at the very heart of our association's demands since it was founded, when we addressed the invisible work issue head on by attacking flagrant injustice.

In 1968, Afeas submitted a brief to the Bird commission denouncing the invisible work done by women as a factor of dependence and poverty. Since 1974, Afeas has sought legal and financial status for women who work in family businesses and those of their husbands. These women perform work for family businesses and as mothers and homemakers without being recognized or receiving a salary. In 1980, Jacques Parizeau, then Quebec's finance minister, granted "spouses" the same rights as those of all other employees.

For more than 50 years now, Afeas has adopted numerous recommendations for the recognition of legal status for "homemakers" and recognition of this still invisible work and has submitted those recommendations to the governments of Canada and Quebec and to delegations to international conferences on the status of women.

Despite some progress made in 2015, women farmers in Quebec perform \$108 million worth of unpaid work every year. Unpaid work is considered "invisible" work because it doesn't appear in the national accounts and is thus not considered part of the labour market economy in the same way as consumer spending and business, commercial and institutional transactions.

The unpaid, or "invisible," work we are discussing today is directly linked to the social roles that have been assigned to women in all patriarchal societies and that fall within the private sphere. We therefore define invisible work as unpaid or underpaid work, particularly work performed within the family by mothers, fathers and other family members, and includes domestic tasks, care provided to individuals, planning work that is considered a mental burden; work performed by caregivers for family members who are sick, aged or losing their independence or who have special needs; work done within a family business or a spouse's business; volunteer work for various organizations or public, private or community institutions providing essential services to the public; and work mostly performed by women as part of an unpaid practical training course.

On the first Tuesday in April for the past 21 years now, Afeas has drawn attention to the same issue: invisible work by informal caregivers and invisible work by homemakers who, in many instances, are also in the labour force. Nor should we forget volunteer work, which is of inestimable value to society yet is neither recognized nor recorded in public accounts.

We at Afeas feel it is essential that we continue seeking political, social and economic recognition for invisible work.

Thank you for listening.

Mrs. H  l  ne Cornellier: The gap between male and female representation in the Canadian labour market declined from 32% to 9% from 1976 to 2017. Although that development has brought changes in the allocation of tasks within families, inequalities still persist.

As regards parents, according to a 2017 Statistics Canada survey, the distribution of domestic tasks is still gendered and varies with spouses' participation in the labour force and certain characteristics such as type of union and age group.

Some 8.1 million Canadians, one in four Canadians aged 15 and over, were informal caregivers in 2012. Of that number, 46% were men and 54% women. In that same year, the number of hours during which those individuals provided care was equal to the number of hours worked in 1.2 million full-time positions.

What can we say about the amount of unpaid work performed since the pandemic began? According to the Canadian Research Institute for the Advancement of Women, women are still the main providers of unpaid work within the family, even where they are still working outside the home during the pandemic. If they are teleworking, they must juggle both paid and unpaid work 24 hours a day, 7 days a week.

Some task-sharing is possible in certain families where a spouse is present, but all work falls to one and the same person in single-parent families.

Informal caregivers who provide care and services in a person's home, or who live with that person, have become doubly invisible as a result of what has occurred in long-term care facilities and private residences. And yet these individuals work in the homes of family members in need every day. More than 80% of seniors live in their homes or with a caregiver. We therefore need to form a clear idea of all the work these informal caregivers do and of the impact the pandemic has had on them and on those they help.

As regards the recognition of invisible work, in 1970, the Bird commission analyzed the unpaid work done by women in the home and those in the workplace. At the first UN conference on the status of women, in 1975, recognition of invisible work was front and centre in the discussions. Over the years, Canada and the other UN member countries have undertaken to value and record that work and to include it in their GDP. In 1995, the UN valued all unpaid work performed by women and girls around the world at \$11 trillion U.S. In 2020, Oxfam reported a value of \$10.8 trillion U.S., roughly the same figure.

In Canada, it is essential that Statistics Canada assess and include the monetary value of unpaid work in our GDP every five years. It should also expand its analysis of the invisible work performed by families and informal caregivers by adding the number of hours per task and per responsibility, direct and indirect costs and their impact on the finances and health of the individuals who perform that work. This will make it easier to assess what social, physical and economic measures may be needed.

Thank you for listening.

• (1205)

The Chair: Thank you very much.

Thanks to you as well, Ms. Courteau.

Now, Ms. Pertuiset-Ferland, you have five minutes.

Ms. Marianne Pertuiset-Ferland (Director, Inter-organizational Committee for the Recognition of Invisible Work): Thank you.

Good afternoon.

In recent years, Afeas has observed that, while many associations worked to achieve recognition for invisible work, the lack of a concerted approach was undermining that effort. As a result, in early 2020, with financial support from Quebec's Secrétariat à la condition féminine, we established an inter-organizational committee for the recognition of invisible work to combine our efforts to achieve genuine social change. The timing was all the more appropriate since invisible work, both unpaid and underpaid, had been making the headlines since the coronavirus pandemic started. Confinement, school and business closings and the additional workload for parents and caregivers alike made the scope of that work obvious to all and sundry.

Together with a dozen other organizations, the names of which you will see in the brief we have submitted to you, we formed the

Inter-organizational Committee for the Recognition of Invisible Work. Based on the joint definition that Ms. Courteau presented, the committee wishes to highlight the economic and social contribution of invisible work, establish a clearer understanding of the issues associated with invisible work among the public, employers, public institutions and decision-making bodies, and develop new solutions for a more balanced sharing of tasks among men and women and of responsibilities among families, governments and the private sector.

Afeas and the Inter-organizational Committee for the Recognition of Invisible Work hereby present the following recommendations, which the federal government should promptly implement, above all, to recognize invisible work and to offset the pandemic's impact on the women who bear that burden. We present them under three headings.

First, with respect to the recognition of invisible work, we ask that the government designate the first Tuesday in April, by law, as national invisible work day across Canada and encourage UN member countries to designate that same day as international invisible work day.

We hope it will then apply intersectional gender-based analysis, or GBA+, and integrate it as a cross-cutting issue in assessing labour levels and evaluating and implementing government measures to recognize invisible work. We want to deconstruct gendered stereotypes and introduce incentives for a more equitable sharing of tasks and responsibilities within households and across society.

Second, as regards the valuing and recording of invisible work, we ask that government include the economic value of unpaid invisible work in calculating gross domestic product, or GDP, every five years and add a question designed to assist in calculating unpaid work hours to the long-form questionnaire used in the census that Canada conducts every five years.

Third and last, with respect to tax, economic and social measures, we ask that the government: convert existing non-refundable income tax credits to refundable tax credits for relatives and informal caregivers and create new tax measures truly suited to their circumstances; introduce fair and equitable benefits to government pension plans, such as the Quebec pension plan and old age security, for relatives and informal caregivers to compensate them for periods of time during which they are required to withdraw from the labour market to care for their children or other family members who are sick, elderly, disabled or losing their independence; add paternity benefits to the maternity and parental benefits currently provided under the employment insurance system; amend the compassionate care, adult caregiver and child caregiver benefits provided under the employment insurance regime to make them more accessible; and establish a Canadian public network of low-cost educational childcare centres from which Quebec may opt out with compensation.

In conclusion, the unequal sharing and non-recognition of invisible work undermine de facto gender equality in Canada. Invisible work is essential to our society's proper operation, particularly in the circumstances of the current pandemic, and the government has a central role to play in ensuring that the people who perform that work, who, for the most part, are still women, enjoy better protection and support and in promoting a more equal division of those tasks within families and across society. These measures will directly contribute to greater gender equality in our society.

Thank you.

• (1210)

The Chair: Thank you very much.

We will now go to the first six-minute round of questions. I will raise my yellow pen when you have only one minute left.

[*English*]

Ms. Wong, you have six minutes.

Hon. Alice Wong: Good day and thank you very much to both of you. I really love the work your two organizations have been doing. I think we have a lot to learn from different provinces and territories.

[*Translation*]

Mr. Marc Serré (Nickel Belt, Lib.): I have a point of order, Madam Chair. Ms. Wong's mic is causing problems for the interpretation.

Ms. Andr anne Larouche: I was going to make the same comment.

[*English*]

The Chair: Alice, could you put it up by your nose? Thanks.

Hon. Alice Wong: Can I start again and count the time from now?

The Chair: Sure.

Hon. Alice Wong: Thank you.

Thank you very much to both of you for shedding light on the different organizations you've been working with. I especially like the idea of interorganization. Very often we talk about intergovernmental coordination and working together.

My questions are for both of you. In what ways, if any, has the COVID-19 pandemic affected the distribution of unpaid care work and domestic workload between men and women in Canada, including in your province?

[*Translation*]

Ms. Marianne Pertuiset-Ferland: Many people have been teleworking since the pandemic began, and children have to do their schoolwork at home. That's definitely had an impact on the distribution of invisible work. The family situation isn't the same for everyone, but it's generally up to mothers to do the invisible work. Mothers provide much more support to children doing their schoolwork at home even when both parents are teleworking. If the children have problems during the day, the mother's work is interrupted far more often than the father's. That's obviously not always the case; it's a generalization

I nevertheless think that the pandemic and telework have increased responsibilities for mothers in many families.

• (1215)

[*English*]

Hon. Alice Wong: Thank you.

My next question will be about access to information. A couple of our panellists mentioned the fact that for unpaid family caregivers, they wanted a lot of information. For example, benefits and supports differ from province to province. There are supports in Quebec that may not be present in my province of British Columbia. If I have a parent who's moved to Quebec, I would love to know what kind of support there will be there.

I understand that there is a need for access to information so that people know, from province to province and territory, where to go, especially in these days when everybody is trained or self-trained to use the Internet. Can either of you shed light on this, please?

[*Translation*]

Mrs. H l ne Cornellier: I'll answer that question, Madam Chair.

Quebec doesn't provide caregiver benefits like those available under Canada's employment insurance plan. We at Afeas are working so that, within a few years, our parental insurance plan will include caregiver benefits like those currently paid to Quebec parents.

A caregiver who needs compassionate care, adult caregiver or child caregiver benefits applies to the Canadian employment insurance plan, but she obviously has to be eligible for it.

Federal and provincial tax credits, which are different, are available for other persons. I won't go into all the details. Some measures provide for the reimbursement of expenses, but that's quite complex. I myself find it hard to understand it all.

[*English*]

Hon. Alice Wong: In other words, would a helpline really be able to help? I mean a helpline across the nation. All you need to do is dial a number, 211, for example, and then you'd get the information in French and English and in different languages or dialects as well. Do you think that would be of use to all the provinces and territories?

[*Translation*]

Ms. Marianne Pertuiset-Ferland: Yes, that would help. In many instances, the measures already in place that should be enhanced don't benefit the people who need them because those individuals either have trouble accessing them or don't have enough information.

But, yes, a helpline would be very good.

The Chair: Mr. Serr , you have six minutes.

Mr. Marc Serré: Thank you, Madam Chair.

Thanks very much to our witnesses.

Witnesses usually come and tell us about problems, but you've spent a lot of time outlining solutions. Thank you very much for your recommendations, which will help us prepare a national report so that we can support the provinces on this issue.

My first question is for Ms. Pertuiset-Ferland.

Have you conducted any studies or collected data on the rural situation? Do you have any specific recommendations on ways to address the problems experienced in the rural areas of Quebec, Ontario and Canada as a whole?

• (1220)

Ms. Marianne Pertuiset-Ferland: We unfortunately don't have a lot of data on that subject.

And one of the problems we really want to emphasize is the lack of information. That's why we truly want measures put in place that will quantify the work done in the various regions, distinguish between the sexes and take into account intersectionality.

One of the member associations of our inter-organizational committee is *Agricultrices du Québec*. Some of our demands are based on their problems.

In particular, much of the work that women farmers do is neither recognized nor paid. Much of the work done within family businesses is unpaid, and this non-recognition can penalize them. In the event of a separation or death of a spouse, their contribution to the family business is not recognized.

That's the only piece of information I can give you on that subject.

Mr. Marc Serré: Thank you very much.

Ms. Cornellier and Ms. Courteau, have you conducted any studies from which you could make special recommendations to the federal government to include men and boys in the conversation on invisible work and caregivers?

Ms. Lise Courteau: I'll let you answer that, Ms. Cornellier.

Mrs. Hélène Cornellier: It's somewhat difficult to propose specific solutions to the federal government because, unlike the provincial government, it doesn't deal with education. A lot of information is transmitted through childcare centres, elementary schools and families, of course.

At the federal level, national campaigns should be organized that are tailored to the populations of the provinces and reflect their cultural diversity. You can't address a newcomer from North Africa or Asia in the same way you do a family that has been living here for three or four generations.

As far as possible, you have to deal with people in their language and use images that are appropriate to their culture. Otherwise they're feeling indifferent because they don't understand what they're hearing or think it doesn't concern them. The same is true of indigenous families, for example.

So you have to work with the communities to ensure you convey messages that are appropriate to them. For example, newcomers, and even indigenous persons, have to be told what better task-sharing and family balance are.

Mr. Marc Serré: Thank you very much.

Ms. Courteau and Ms. Pertuiset-Ferland, our federal committee is examining recommendations and national standards for supporting the provinces.

Do you have any other specific recommendations to offer the committee on invisible work and the work done by caregivers so that we can provide better support to the provinces?

Ms. Lise Courteau: First of all, establishing an invisible work awareness day would definitely help put the issue in the public arena. Then it would be easier for us and others to include it in our discourse. Invisible work is so invisible for some people that they don't know it exists. And yet it does exist.

So dedicating a day to the cause would definitely be a step in the right direction.

Ms. Marianne Pertuiset-Ferland: I'd like to add that including a question on the subject in the census questionnaire and adding the value of invisible work in calculating GDP would help distinguish the various situations of all the regions, which would help the provinces.

Mr. Marc Serré: Do you have anything to add, Ms. Cornellier?

Mrs. Hélène Cornellier: I second what my two colleagues just said.

As regards other, more financial measures, we discussed the tax credits that should be changed. That's a demand that our members have been making for years now. Many of them are caregivers and are unable to claim tax credits because they don't earn enough income now that they're retired. You have to understand that many caregivers are between 45 and 65 years of age. Many of them are 65 or older. I saw my mother help one of my aunts when she was 80 years old and my aunt 86. So you have to take that into account. It's an important fact.

• (1225)

The Chair: Thank you very much.

Ms. Larouche, go ahead for six minutes.

Ms. Andréanne Larouche: Thank you very much, Madam Chair.

Thanks to our witnesses.

It was very interesting to hear what you had to say, Mrs. Cornellier, Ms. Courteau and Ms. Pertuiset-Ferland. It's a pleasure to have you here today before the Standing Committee on the Status of Women.

I'd like to continue along the lines of what my colleague was saying. You mentioned national invisible work awareness day, which would be on the first Tuesday in April. That was also the purpose of the bill that former Bloc member Nicole Demers introduced in 2010. This is 2021.

Ten years later, can you tell us how important it is to have an awareness day that would be the first step in establishing greater recognition for the invisible work of caregivers in particular?

Ms. Lise Courteau: Mrs. Cornellier, would you answer the question, please?

Mrs. Hélène Cornellier: Afeas introduced invisible work day to the public in 2001, 20 years ago. Our aim was really to increase awareness among citizens and decision-makers. It was in the wake of that move that Ms. Demers introduced a motion in the House of Commons in 2010 requesting that the day be created. A Conservative government was in power at the time, and no action was taken on the motion. That's often the case with motions.

That's why we aren't requesting a motion, but rather a bill or an order. Our purpose is really to establish this day. This is consistent with the international commitments Canada has made to recognize this kind of work since 1975. Canada has made a commitment to it. So the idea is to take one more step toward making this work visible by establishing a national day, across Canada, as has been done, for example, with the National Day of Remembrance and Action on Violence against Women, which was established following the Polytechnique tragedy and which occurs on December 6. Other days have been created as well.

I saw that, in one of your reports, your committee called for a day against human trafficking to be created, on February 22, I think. I saw that a few days ago. One could say that these are critically important days. They help fix in people's minds that these issues are important. This compels the government in power, whatever it may be, to highlight those days and to do so every year. As a consequence of this, Statistics Canada should provide us, generally every five years, and during the five years between censuses, with data on unpaid work via the General Social Survey, particularly under the heading of time use.

The data should also indicate the number of hours worked by a given number of individuals in a given age group in Quebec, British Columbia or elsewhere in the country. It should also indicate the monetary value of that work. In addition to hours worked, it should also show direct and indirect costs. As noted in our brief, it should also indicate income that caregivers have foregone. One of the witnesses—I believe it was Ms. Coupal—also discussed direct costs, such as where the caregiver is required to pay rent for the person cared for, as well as the costs associated with that person's transportation, activities, diapers or, if that person is bedridden, support pillows and so on. All that involves costs, and many caregivers face costs of up to \$6,000 per year in performing this work. Some pay more.

This is important. I would say it creates an additional moral obligation for government to gather and report this information. Groups such as ours, which are engaged in an effort to have this necessity recognized, rely on the data that Statistics Canada provides. We can't do that work because it's too costly. We can't commission Statistics Canada to do it because we would have to pay for it. It's truly up to the government to shed light on the situation rather than allow unpaid work to remain invisible, as it still is.

It is time to include it in GDP, as is everywhere the case of business, commerce and institutions. It has to be important and recog-

nized. The pandemic and all it has brought in its wake prove that it is time to take action and promptly address this question.

The study you are conducting today is proof of that.

● (1230)

Ms. Andréanne Larouche: Absolutely. Thank you for recalling the work that Afeas has done. It's much more than what was contained in the motion that Ms. Demers introduced in 2010. This will make you reflect on the bill, as we did in committee last week in connection with the motion on National Human Trafficking Awareness Day, which falls on February 22.

In short, you feel that more figures should be provided, that the matter should be reflected in the long-form census questionnaire and that it is essential so that social measures can be introduced to provide greater support for caregivers, whose work is invisible. There really is a direct connection between the data and what we can implement.

Mrs. Hélène Cornellier: Yes, because, without data, we can't prove this approach is valid.

I discussed the Canada recovery caregiving benefit in the brief. According to the data we were able to obtain—I think it was on February 7—327,000 persons have applied for it. More of them were probably women.

In 2012, 8.1 million persons were caregivers. I don't have the exact figure for 2021. Whatever the case may be, it's a really small number...

[English]

The Chair: You're out of time on that one.

Now we're going to Ms. Mathysen for six minutes.

Ms. Lindsay Mathysen: Thank you so much.

I appreciate the witnesses and what they've brought to us today. I am appreciative of all those suggestions. As Mr. Serré mentioned, those recommendations that you brought forward are extremely helpful. I absolutely agree that there needs to be far more recognition on this. The refundable tax credit is key in terms of equalizing the ability of people to access it.

One thing that we heard in a previous report, too, was that ease of accessibility and the need for a simplified process for access to supports and all the benefits through CRA and so on. Hearing that again is really key, and I'd like to make sure that it's in the report that we put forward for this study.

You mentioned affordable child care, which I'm a huge advocate for, the availability of a universal affordable child care program—of course with the recognition that Quebec already has much of that in place with respect to the province of Quebec—and ensuring that it is provided nationwide. What we've put forward is the idea that there needs to be a legislated act, similar to the Canada Health Act, so that the availability of universal affordable child care is put forward.

With respect to Quebec, and obviously ensuring that it receives funding and so on separately, would you support that legislated act?

[*Translation*]

Mrs. Hélène Cornellier: Yes, we will definitely have to analyze it once it's introduced. The present government has already discussed it. It's an essential need for Canadian women. When we do business with national groups, as we do from time to time, it's one of the things we hear. As a result of the pandemic, among other things, women, in many cases, have been unable to go back to work if they don't have access to adequate childcare services.

Even at home in Quebec, where childcare services are quite good, they weren't available for a period of time or else were offered only to certain workers. So that was a very difficult situation and people—generally mothers, but fathers as well—had to stay at home and not go back to work. And this is still happening, when school is closed or the childcare service is unable to take in children as a result of a new epidemic.

That shows you how important childcare services are because they are directly related to women's ability to enter the labour market and thus to become financially self-sufficient. Everything is related to that. It's an essential starting point.

• (1235)

[*English*]

Ms. Lindsay Mathysen: Thank you so much.

In addition, you talked about the flexibility—it was mentioned in the recommendations too—the flexibility of parental leave.

In Quebec, if you could just jog my memory, currently what exists? I know there's more time for fathers to access time off as well, and it would be interesting to see if we could expand that to all provinces potentially through our already existing EI system. Could you just explain that briefly and elaborate on that point too?

[*Translation*]

Mrs. Hélène Cornellier: We obviously have maternity leave. Parental leave can also be shared between mothers and fathers, as is the case at the federal level. We also have maternity leave of three or five weeks, depending on the model selected.

Maternity and paternity leave is better paid. Instead of 55%, parents receive 70% of their salaries, which is already better. Parental leave is paid at 55% of salary because we couldn't do better than that.

So it's important that the employment insurance system provide better-paid leave and that there be no waiting. I'm not absolutely sure of this, and I apologize for it, but I believe there are still waiting periods for federal benefits. That shouldn't be the case because

no one is looking for work. Since claimants have just had a baby or are fathers of a new child, the dynamic isn't the same.

The same is true of caregiver and compassionate care benefits. There is a week during which claimants are not paid, whereas this is an essential need. One could make the same criticism of the situation facing those who have just lost their jobs, but I won't go there. It's important that there be no waiting period for this type of benefit, which is granted for essential work that's done for the family, but also for society.

As regards parental leave, it's important that Canadians be entitled to paternity leave. The regime's legislation has just been amended, and the government has agreed that, in single-parent family cases, the mother may take paternity leave or give it to her mother, who would act as the father and take charge of the child, for example.

So there have been improvements for which Quebec groups and the government have worked very hard, where the regime...

[*English*]

The Chair: That's your time.

We're now going to our second round of questioning for five minutes each, starting with Ms. Sahota.

Ms. Jag Sahota (Calgary Skyview, CPC): Thank you, Madam Chair.

Thank you to the witnesses for appearing today. Thank you for your time and your evidence.

We've heard quite a bit over the last year about how COVID has impacted the mental health of Canadians. My question relates to that unpaid work.

How, if at all, has the COVID pandemic and the associated burden of unpaid work affected women's mental health?

[*Translation*]

Ms. Marianne Pertuiset-Ferland: We don't have a lot of data on that subject. Our organization unfortunately doesn't collect data in that area.

However, as a result of COVID-19 and related health measures, people have far fewer support systems. For example, parents who used to be able to ask grandparents or other members of their circle to babysit children no longer have access to that network or assistance.

In addition, people who telework are constantly at home. They are responsible for their children in a much more constant way and don't really get a break. That definitely has an impact on mental health.

Furthermore, the mental burden is greater as a result of all the measures that have to be taken to limit the risk of contagion, and an effort has to be made to reduce the stress on children in the family. All these factors obviously have an impact on mental health.

My colleagues may have comments to add on that.

• (1240)

[English]

Ms. Jag Sahota: We'll try a different question, then.

What measures do you believe are needed to reduce or eliminate gender inequality related to unpaid work?

[Translation]

Ms. Marianne Pertuiset-Ferland: First of all, we have to quantify work done and value it properly. We have to make people aware of and recognize the essential nature of that work. We think that will permit a better sharing of tasks within the family. All too often, that's still taken for granted. People don't realize it. It's as though they believe the refrigerator magically fills up on its own and that the laundry does itself. Measures must be introduced to recognize this invisible work, without which the economy and society as a whole cannot function.

I think people must be made aware of this, in particular by establishing a national invisible work day, which should ultimately be recognized internationally. By quantifying and recognizing the value of this essential work, we can better distribute invisible work within households and in society.

Mrs. Hélène Cornellier: If I still have a little time, I would add that unpaid work within the family is not recognized. All the jobs that follow from this, whether you're talking about childcare workers or patient care attendants, who were discussed at length at the start of the pandemic—they were called "arms," which I consider somewhat insulting because they're people who have more than arms—are underpaid because they're associated with work that women do.

Here in Quebec, Mr. Legault had people trained and gave them a more appropriate salary for one year. As far as I know, it will revert to the pay level that's offered within the network after the year has elapsed. If that's the case, it will have been fine for getting them through the pandemic, but then those persons, who are mainly women, many of whom are immigrants from various cultural backgrounds, will wind up with low salaries and unable to support their families.

The time when a woman's salary was a second wage, pin money to pay for who knows what, is over. It's not being used to pay for lipstick; it's used to pay for childcare, groceries, the house and so on. That's today's reality.

It's 2021, it seems to me.

[English]

The Chair: That's very good.

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

[Translation]

Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.): Good afternoon to all the witnesses, and welcome to our committee.

I'm going to start by asking an open question. As you know, our government has established shared parental benefits.

Can you tell us a little about the positive effect that has had on work shared between men and women?

Mrs. Hélène Cornellier: The parental benefit dates back to 2004, if memory serves me. That was a much appreciated addition to the Canadian employment insurance plan, and we copied that part in the Quebec system.

Of course, a mother who has just had her first child will, in many instances, use all the parental leave so she can stay with the baby as long as possible. I think we still see the same trend today, although I've seen many different cases.

When one of my nephews had his first baby, for example, the mother took maternity leave in Quebec and he took paternity leave. When they had twins the second time, she took maternity leave, and he took his paternity leave and six months' parental leave. So she was able to go back to her job and studies, which she wanted to do, and handed off to my nephew, who took charge of the household and children.

That was a great help to the entire family. He understood, for example, what goes on in the household when you're there 24 hours a day, 7 days a week. They also suddenly found themselves with three children.

I've seen many fathers in similar cases. My niece did the same thing. She and her spouse still share parental leave. That gives the men an understanding, even if it's only partial, of the everyday life and mental burden that women bear, which advances the idea of this family model when they discuss it with their friends and neighbours.

So that has a beneficial effect, a very significant one.

• (1245)

Ms. Marianne Pertuiset-Ferland: I would add that the mother often plays the main role. The father frequently asks her questions such as where the baby's milk is, for example. He often turns to the mother.

However, when the father takes a significant amount of parental leave and truly takes on his responsibilities toward his children, that helps balance the parents' relationship more fully in other areas. Sharing parental leave helps the father take on more responsibility than when that leave is used mainly by the mother.

Ms. Anju Dhillon: As you know, our government has also introduced an additional five to eight weeks of parental benefits. Do you think that has helped families and young families even more?

Ms. Marianne Pertuiset-Ferland: I imagine so, but I'm not really aware of it.

Would you like to answer that question, Mrs. Cornellier?

Mrs. Hélène Cornellier: I don't remember when that was done. We don't have any data on how those benefits are being used. I haven't done that research.

However, it definitely can't hurt. On the contrary, it gives parents a little more time that they can share, a replacement income when babies and young children are at home.

Ms. Anju Dhillon: I see.

Do you have any ideas or recommendations for our government regarding the introduction of a national childcare system?

Ms. Pertuiset-Ferland had many. We would be grateful if other witnesses wanted to add to them.

Mrs. Hélène Cornellier: The Canadian system that will ultimately have to be introduced—that's our view—and should be based on the Quebec system. Without turning this into a partisan or parochial issue, the system in place in Quebec works well and is satisfactory. However, it could be improved because there aren't enough daycare spaces.

The Chair: Your speaking time is up.

Ms. Larouche, you have two and a half minutes.

Ms. Andrée Larouche: Thank you very much for being here today, Mrs. Cornellier, Ms. Courteau and Ms. Pertuiset-Ferland.

You've cited Quebec's unique approach to recognizing invisible work. We can see that unique approach in the daycare centres issue and in the establishment of the inter-organizational committee funded by Quebec's Secrétariat à la Condition féminine. These are good initiatives.

I'd like to take another look at what the federal government can do on the invisible work issue.

You've discussed the importance of introducing gender-based analysis, GBA+. We have federal legislation on the subject, but it isn't adequately enforced. There's even talk of employment insurance reform because the present system has too many disadvantages for women. You also mentioned women caregivers who are 65 years old or more. Purchasing power and old age security have to be increased.

How could those three government measures actually assist in recognizing the invisible work done by mothers and caregivers?

• (1250)

Ms. Marianne Pertuiset-Ferland: It's definitely essential that we get gender-based data that can help us understand the situation more clearly and address the inequalities that are still very much present in the way invisible work is shared.

There has to be greater recognition, respect and support for the people who do invisible work, particularly the elderly and older women, who are already at greater risk of falling into difficult financial circumstances. So these measures are definitely essential in supporting these people, who perform extremely important work for society as a whole.

Would you like to add to that, Mrs. Cornellier or Ms. Courteau?

Mrs. Hélène Cornellier: I would add pay equity to the three important measures that Ms. Larouche mentioned.

Once again, I'm going back to the example of Quebec, because it has made progress in this area. Unfortunately, at the federal level, the Pay Equity Act isn't entirely or adequately enforced, as far as I know, and doesn't look as though it will be. So that's significant.

I would also add gendered budgets. Every policy that's introduced, whether to make changes to employment insurance, old age

security or the guaranteed income supplement, must be analyzed to determine whom it affects and how so it can be adapted to women.

Ms. Andrée Larouche: The Standing Committee on the Status of Women has already examined that issue, by the way.

[English]

The Chair: We have Lindsay Mathysen, please, for two and a half minutes.

Ms. Lindsay Mathysen: Thank you, Madam Chair.

I really appreciated what you were saying about pay equity. It's an additional study that we are trying to move forward in this committee as well. Hopefully, we'll get some really good answers on that out of the minister next week.

There were discussions about the UN and things brought forward to the status of women commission on the recognition of unpaid work. The International Labour Organization also brought forward a convention on domestic work, on the recognition of unpaid work. Convention 189, which has not been adopted by Canada, specifically addresses that.

Do you think that would help in addition to all the other things we've been talking about today, with a day and that recognition and that advocacy? Would that help?

[Translation]

Ms. Marianne Pertuiset-Ferland: I'm not familiar with that convention, but it would definitely be very helpful if we could pool the resources of several countries to address the issue on an international scale.

[English]

Ms. Lindsay Mathysen: If I can squeeze this in, in terms of that push for gender equality within care work, it is seen entirely in a gendered way. It is underpaid. It is undervalued. In addition to things like pay equity, a federal minimum wage and a livable wage that we can provide those standards for, what are the things the federal government can do to take apart that inequality?

[Translation]

Mrs. Hélène Cornellier: I believe you're alluding to the guaranteed minimum income. On that issue, Afeas...

[English]

Ms. Lindsay Mathysen: We could talk about that too, yes.

[Translation]

Mrs. Hélène Cornellier: So that's not what you were talking about.

[English]

Ms. Lindsay Mathysen: I was talking about potentially the minimum federal wage, a minimum wage and raising that, but a guaranteed livable income could be part of that conversation as well.

[*Translation*]

Mrs. Hélène Cornellier: I don't want to commit myself on the guaranteed minimum income issue. We don't have a position on that.

• (1255)

[*English*]

The Chair: That's okay. We're out of time anyway.

I want to say thank you to our excellent witnesses today. We certainly could have asked you questions all day, I think. This was very good information.

I just want to give some information for next week to the folks on the committee.

On Tuesday, we'll be continuing with the rural study and then, hopefully, we can finish up the consideration of the report on COVID-19 impacts on women. We will also do any committee business drafting instructions, so start thinking about those for the two studies that we're doing right now.

On Thursday, for the first hour, we will have the Minister of Labour coming, with the officials, on pay equity. In the second hour, we have the panel on unpaid work.

That's what's coming up for us.

Now I'm looking to the committee. Is it the pleasure of the committee to adjourn—

Ms. Anju Dhillon: I'm sorry, Madam Chair. I just wanted to add as a bit of information that there were statistics collected in 2017. I was asking one of the witnesses about this.

I wanted to put this in because I thought it was very important. Maybe the witnesses can send us more information about this, please. Nearly 50% of fathers took five weeks or less of parental leave, whereas just over 80% of mothers took 27 to 52 weeks of maternity and/or parental leave. I thought it was very interesting, because we were discussing the inequality of men and women.

The Chair: Yes. I think that's good data to put into the study.

Ms. Anju Dhillon: Thank you so much.

The Chair: All right. Is it the will of the committee to adjourn? Very good.

I will see you again, then, on Tuesday next.

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