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Chair: Ms. Marilyn Gladu



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• (1100)

[English]

The Chair (Ms. Marilyn Gladu (Sarnia—Lambton, CPC)): Good morning. I call this meeting to order. Welcome to meeting number three of the House of Commons Standing Committee on the Status of Women. Today's meeting is taking place in a hybrid format, pursuant to the House order of September 23. The proceedings will be made available via the House of Commons website. The webcast will always show the person speaking rather than the entire committee.

With regard to the speakers list, the committee clerk and I will do the best we can to maintain a consolidated speaking order for all members, whether or not they are participating virtually or in person.

Today our committee is meeting on its study of the impacts of the COVID-19 pandemic on women. I will make a few comments for the benefit of our new witnesses.

At the beginning, you will each have five minutes to make your speech. I will recognize you by name and when you're ready to speak, you can click on the microphone icon to activate your mike. The interpretation in this video conference will work very much like it does at a regular committee meeting. You can choose at the bottom of your screen the floor, English or French. When speaking, please speak slowly and clearly. When you are not speaking, please have your mike on mute.

Our first panel will be for one hour and the second panel will be 30 minutes. Then we'll go in camera and switch to the other Zoom link, which will take a few minutes.

Without any further ado, I would like to welcome our witnesses who will begin our discussions. We have today Penny Wise, the president of 3M Canada; Kevin McCreadie, chief executive officer and chief investment officer, AGF Management Limited; and Leah Nord, senior director, workforce strategies and inclusive growth, council for women's advocacy, Canadian Chamber of Commerce. Then we also have Vicky Smallman, national director, women's and human rights, Canadian Labour Congress. We'll start with Penny.

Mr. Kevin McCreadie (Chief Executive Officer and Chief Investment Officer, AGF Management Limited): Actually, Madam Chair, I will lead this morning.

Mrs. Salma Zahid (Scarborough Centre, Lib.): Madam Chair, I'm sorry for interrupting, but there's a lot of echoing in the voice on Zoom.

The Chair: Can we have the technical people address that?

Go ahead, Mr. McCreadie.

Mr. Kevin McCreadie: Thank you Madam Chair, vice-chairs, and committee members. It is a pleasure to be here today. I am the CEO and CIO of AGF Management Limited, and the co-chair of the Canadian Chamber's council for women's advocacy. I am joined by fellow co-chair Penny Wise, who is the president of 3M Canada, and Leah Nord from the Canadian Chamber of Commerce.

The Canadian Chamber is the voice of Canadian business. We represent 200,000 businesses across the country, across sectors and across sizes. Our network consists of 450 chambers of commerce and boards of trade, alongside more than 400 corporate members and an equal number of association members. Earlier this year, the Canadian Chamber launched its inclusive growth campaign, including the council for women's advocacy. The council is an executive table of men and women from across this country and across sectors, including the chamber network.

In the spring of this year, with the onset of the pandemic, we needed to quickly pivot the council's focus as we watched the disproportionately negative effects on women. This included nationwide lockdowns in March that immediately and drastically affected women-dominated sectors, including retail, non-profit, salon services, etc. For women who were able to work from home, as schools went online and child care was curtailed, they had to deal with family in long-term care homes and they took the brunt of other family and domestic responsibilities. It is well documented how their labour participation and utilization rates, not to mention mental health, have suffered.

Recent labour force survey numbers do indicate solid progress, but these numbers will swing, sway and even ping-pong over the winter months as we move in and out of the second and third waves and other hot spots across the country.

Through the crisis, we have used the word "emergency" in any number of programs—the emergency wage subsidy, the emergency relief benefit, the emergency business account. We are here today to underscore the emergency vis-à-vis women in the workforce.

We need to keep women in the workforce. We are here not only to talk about the urgency, but also to provide solutions. The council for women's advocacy has five key recommendation for the federal government that you, committee members and your fellow parliamentarians, need to do to provide emergency support for women through the second wave of the COVID-19 pandemic.

• (1105)

Ms. Gudie Hutchings (Long Range Mountains, Lib.): Excuse me, Madam Chair. Every time the witness, there is a garbled sound. I think it's on your end.

The Chair: Yes, we have the technical team trying to address that right now while we continue.

Go ahead, Mr. McCreddie.

Mr. Kevin McCreddie: These recommendations cover the areas of child care and schools, and facilitate the upskilling, re-skilling and job pivots for women.

I'll ask my colleague, Penny, to provide some details.

Ms. Penny Wise (President, 3M Canada): Thanks, Kevin.

Good morning, committee members.

The council initially issued five recommendations in mid-August in advance of the school year. We expanded that to 10 recommendations in advance of the Speech from the Throne, to include some recovery focus ideas.

This week we have returned to our initial five recommendations for the emergency and urgency reasons Kevin just spoke to. Women need support now. To keep women in the workforce, we need to keep children in schools and day cares. While we welcome the federal government's announcements regarding national leadership and longer investments in child care, we need action now focused on ensuring child care capacity.

Establish, without delay, an inclusive task force to focus on child care support through the continued crisis. A task force can support data-driven and parent-focused decisions on where—whether it's provinces, territories, child care providers, or parents—funding such as grants or tax incentives should flow, and in what form. Those who receive funds will also need to be held accountable.

Concretely, for example, earlier this week at the Canadian Chamber's annual general meeting, a resolution was passed entitled "Child care credits for small and medium size businesses". It recommends that the Government of Canada permit owners of Canadian-controlled private corporations—CCPCs—receiving non-eligible dividend income to claim child care expenses against that income and to permit CCPC owners receiving non-eligible dividend income to transfer child care expenses to the higher income earner of the family.

We are also asking for the federal government to continue to build on the safe restart transfers to ensure that schools and day cares remain open through the second waves across the country. We ask that the government work with provinces, territories and stakeholders on rapid testing and rapid testing turnaround times, alongside other technology supports including robust tracing.

Our third recommendation regarding child care—which also focuses on supporting female business owners and entrepreneurs—is to extend eligibility for the Canada emergency wage subsidy to include hiring in-home child care, so that business owners can return to work. Female business owners continue to indicate that child care is their number one issue.

These are some easy, practical and incredibly helpful actions that the government could undertake now.

Further, we have asked for the federal government to track and break down data for federal funding and programming for businesses in a way that has been done for individuals, looking specifically at female-owned businesses and entrepreneurs. We recommend that it ask questions regarding ratios of applications, rates of successful applications, timing for funding received and adapted eligibility, funding and programming accordingly going forward. We recommend that the government consult widely as this is done.

Our final recommendations—and hopefully we will be able to elaborate on this further during the question period—is to earmark some of the recovery funding for upskilling and re-skilling women, ensuring there is an intersectional lens and BIPOC focus, appreciating that this is a significant and groundbreaking undertaking that is critically important to start now.

Thank you.

• (1110)

The Chair: That's very good.

I understand that we are still having technical difficulties. The clerk has advised me that we should suspend momentarily.

Clerk, can you verify if that means people should stay on the line and we will fix it?

The Clerk of the Committee (Ms. Stephanie Bond): Yes, please just sit tight. We will work on this from our end. We'll suspend now and we'll be back very shortly.

• (1110)

(Pause)

• (1110)

The Chair: [*Technical difficulty—Editor*]

Does Ms. Nord from the Chamber of Commerce want to say anything?

Ms. Leah Nord (Senior Director, Workforce Strategies and Inclusive Growth, Canadian Chamber of Commerce): No, thank you. Not at this time.

The Chair: All right. We'll go along to Ms. Smallman from the Canadian Labour Congress.

You have five minutes.

Ms. Vicky Smallman (National Director, Human Rights, Canadian Labour Congress): Thank you very much for inviting me to be a part of your discussion today.

The CLC, as you know, is the largest labour organization in Canada, bringing together dozens of national and international unions, provincial and territorial federations of labour and community-based labour councils to represent more than three-million workers across the country. More than half of these workers are women, many working in the sectors most devastated by this pandemic, who were finally recognized as essential to protecting the health and well-being of our communities.

It's difficult to capture in a brief five minutes the many ways that women workers and women's jobs have been impacted by the COVID-19 pandemic. You've heard from others today about the disproportionate impact on women who have lost jobs or have reduced their hours and income in order to care for children or other family members, and the pressures that are going to be continuing through subsequent waves of the pandemic.

I would like to add that the hardest hit are low-wage and precarious workers and those who already face marginalization and discrimination: black and indigenous women, women of colour, women with disabilities, migrants and newcomers.

While women bore the brunt of the job losses, they've also been on the front lines of this pandemic doing the work that keeps our communities healthy, safe, fed and supported. The work in these essential sectors is often invisible, undervalued and unrecognized; marked with poor working conditions, exposure to violence and harassment and other health and safety risks; and with limited job security and access to benefits, including paid sick leave.

The pandemic brought many of these realities to the surface and brought new or greater risks and inequities, such as a higher risk of exposure to COVID-19 for those workers who are mostly black and indigenous women, women of colour, migrants and recent immigrants. Unlike other countries, women make up the majority of diagnosed COVID-19 cases in Canada, and more women than men have lost their lives.

We also know that women have not benefited equally from the gradual reopening of the economy. Again, the most marginalized are the most impacted. A key reason for the slow recovery is women's unpaid work caring for children and family members. The pandemic has placed many women in a very impossible situation, and something has to give.

We have seen women's labour force participation set back more than 30 years. Unless we address some of the profound structural barriers, recovery from what many have dubbed the "she-cession" will be long and difficult. Among the most challenging of these barriers is women's unfair share of unpaid care work. This committee has an opportunity to make a strong case for a gender-responsive recovery aimed at restoring women's labour force participation, creating decent jobs and narrowing the gender wage gap, reducing and redistributing unpaid care work, and disaster proofing our social safety net. Feminist recovery would centre the needs of the most impacted and ensure that no one is left behind.

We need a jobs plan that invests in the sectors where women work and in the services that women and families rely on. That's the caring economy. Care is a vital part of Canada's social infrastructure and is an economic generator. Quality public services and social infrastructure, such as child care, elder care and other social services, cannot only create decent jobs, they help boost labour force participation overall by reducing the burden of unpaid care work.

However, decades of austerity-driven fiscal policies and a market-based approach to the delivery of care have created inequities and gaps. Our economy is relying more than ever on women's unpaid labour, and also on precarious low-wage women workers, a disproportionate number of whom are racialized. Canada needs a care-focused solution for the recovery. We can't just apply band-aid solutions to a crisis that has been building for some time.

That's why we're proposing, among other investments in child care, health care and long-term care, a federal care economy commission to do the following: 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.

There's a lot more to discuss. I'm hoping that we'll get to it in the question period.

From our point of view, our plan, which we put together in our Forward Together campaign, is rooted in our ways of doing things. That means taking care of each other. Public investments in services, not austerity, are a key part of a robust response and recovery that ensures our collective well-being.

Thank you.

• (1115)

The Chair: Very good.

We will go to our first round of questions. The way this works is that each party gets six minutes. I will try to be kind when I come to the end, but this is just a warning to the witnesses that I may say, "And that's your time", after which we'll move on.

We'll start our questioning with Ms. Sahota for six minutes.

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

Thank you to all of the witnesses for your presentations and your time.

I have the same question for Penny, Kevin and Leah. Women were hit the hardest, as we've heard many times, by the COVID-19 pandemic, from working in service industries that were ordered to be closed or workplaces that were closed up completely, or from deciding to leave the workforce to take care of children and the elderly. Of those who left the workforce, only about 20% are planning on returning to the workforce, with child care being a big reason why.

How have your organizations adjusted to this new reality? What measures are you taking to work with those who've had to leave to be at home?

• (1120)

Ms. Penny Wise: It has been a very challenging time for all of us as we've moved through the pandemic. It certainly has, as you said, disproportionately affected women in the workplace. A significant portion of the people who work at 3M Canada are women. I'm really proud of the proportions we have.

I have a couple of comments. We have been working very hard on ensuring what we are calling "flexibility". For our employees who work from home, it's making sure that we are helping them plan their days; making sure they have the time to support their children, to support elder care, and to support the kind of family care they provide; and making sure their workload is balanced and they still have time for themselves and for their family. We've been working very hard on that. We're providing other additional supports around mental health as well as work-life balance in order to provide as much support as we can to people in the workforce. I've attended more than my fair share of meetings where there have been additional co-workers who are younger, who have louder opinions than their parents potentially do, during our meetings as well. I think that is just a part of all of us participating in a pandemic economy.

For our individuals who were not able to work from home, because we have manufacturing across the country, again, we have promoted flexibility in making sure we are helping people with support when they need to stay at home with children and when they can come into the office, making sure we have shift flexibility in order to provide that for people as well. I think flexibility has been the key to what we have provided.

Thank you.

The Chair: Mr. McCreadie.

Mr. Kevin McCreadie: Thank you, Madam Chair.

Different from Penny, I employ what I call "knowledge workers" for the most part. When the pandemic hit, within days we were able to basically pick up our entire firm of 700-odd people here across the provinces—actually around the world—and move them home, with maybe five or six people left. We had that ability.

Half our workforce is women, and one of the things we saw right away was that, disproportionately, our single mothers, even though we're in the knowledge industry, were struggling immensely with

home-schooling children, taking on the domestic responsibilities and then trying to fit into their schedule their own jobs. We were able to work with them. We had time outs built into the day when we'd schedule no internal meetings so mothers could try to deal with some of this at once. We provided a lot of direction on online tutoring services and things that could help them, but the struggle, even though we're in the knowledge industry, was so apparent.

We can take care of our folks. We can be flexible about when they can work and how they come back.

Even going to the two-parent families, the domestic work, the home-schooling and the burden of their being no summer camps fell disproportionately on those women, even though they were in a family situation with a husband. We saw that stress. Think about trying to deal with keeping pace with your male colleagues while saying you can't take a meeting because you have to get a child's assignment uploaded. We preached empathy; we preached working with your partner and your teammates and putting yourself in everyone else's shoes throughout this.

Then I go to the people we contract to work with us as consultants and accountants, who are small business owners. They're single practitioners and when they had to go home to take care of their kids, they lost their businesses. They essentially could not work.

Now we're in a situation where every other day a child or someone in their class has tested positive, and the whole class comes home. It's impossible for those women to really try to get their careers back. Some of them have lost it all. I think our small business owners, our small entrepreneurs, our single mothers in Canada have disproportionately... A number of small business owners are single mothers.

I think we can be empathetic in the knowledge industry and take care of everyone. We can understand it, but don't underestimate the burden that has fallen on many of these women and the mental health issues that are to yet come because of this burden. I think we are unfortunately going to be in a second and third wave of this before we get to a vaccine.

• (1125)

The Chair: That's your time.

[*Translation*]

Mr. Serré, you have six minutes.

Mr. Marc Serré (Nickel Belt, Lib.): Thank you, Madam Chair.

I want to thank the three witnesses who gave presentations for working to support women's equality and the economy as a whole. Our study regarding the impact of the pandemic on women is very important.

My first question is for Ms. Wise.

[English]

Penny, thank you for the work you do with 3M. As you know, our government made a lot of investments in social sciences, engineering, and apprenticeships for women, and in the construction trades. Moreover, in 2015 we established the Department for Women and Gender Equality. We've added about \$11.3 million to support projects that look at women in under-represented fields.

I want to get your feedback on the measures that you think the government should be considering to ensure that women will have an equal and fair opportunity to succeed in STEM fields and the fields I just mentioned.

Ms. Penny Wise: I think the best way to answer your question is to relate to you a personal experience. My daughter is 23 years old and has just graduated from university. She has a degree in biotechnology and biochemistry, and it is viewed as unusual that she has a science degree instead of a more traditional female-focused degree, which it shouldn't be. That's one aspect.

As we move forward in the world and we bring women's issues forward, I always view the opportunity to pass the baton to the next generation and to make sure that we've moved women's issues forward as absolutely critical. I am concerned at this point, given how many women have left the workforce, how so many of the jobs that have been affected are in the service industries that women have taken on, that they still aren't moving into some of these job pivots in areas affecting us and that women's issues going backwards by a generation, not forwards—which I want to be able to pass on.

As we think about pivoting, we need to help our education system, making sure that we are encouraging young women to try science, to do apprenticeships, to look at some of the opportunities in high-growth areas or different industries where they haven't traditionally looked, and how we can help people pivot to those particular industries.

At 3M Canada, we are a partner with Skills Ontario, and some of the young women who participate in Skills Ontario are a very small percentage. Our goal is how do we encourage more young women to participate and more people to get into the skills? I think that's the challenge for us, to pass the baton forward to make sure that women aren't slipping back, and also to encourage them in some of these different areas—a longer term solution. But again, as I mentioned, we need to start that now.

Mr. Marc Serré: Thank you, Ms. Wise.

My second question is for Vicky Smallman. Thank you for all the work you do in human rights advocacy. It's very important and we need to continue doing this, not only in Canada but across the world.

As you know, the UN referred very strongly to the shadow pandemic here of violence against women.

In early March and April we as a government provided \$50 million to women's shelters and we recently provided another \$50 million for shelters and sexual assault centres. I received calls dealing with my local Horizon Women's Centre's shelter in West Nipissing and in Sudbury and they're very thankful. That really helped them carry the extra workload and costs during COVID.

Ms. Smallman, in the throne speech we talked about moving forward with a national action plan. I want to know the lessons learned from your experience and what we can do to improve the action plan as we move forward.

• (1130)

Ms. Vicky Smallman: It's hugely important, and I'm glad to have an opportunity to talk about the violence as well as jobs.

The national action plan is a requirement that the UN set for all member states. We're supposed to have a national action plan to address, respond to and eliminate violence against women by 2015. We're a little behind the times in advancing on this, but we have taken many important steps toward it, including the gender-based violence strategy by the federal government as well as the funding that was rolled out in response to the COVID crisis, which is welcome and necessary.

A national action plan would be a multijurisdictional vision with targeted and specific timelines and actions to help prevent and address violence against women. It's really about nailing down the specific things that we have to do.

On the labour side of things, we have a very clear road map in the new ILO convention C190, which is the convention to eliminate violence and harassment in the world of work. It specifically requires actions to address gender-based violence at work as well as domestic violence, which we've been working very hard on in the Canadian Labour Congress for the last few years.

In most jurisdictions in Canada workers have access to paid domestic violence leave, which is a tremendous victory, but it's only the beginning, and there's a lot we can do with unions, employers and governments together to operationalize the vision put out in the convention. That's what I would like to be working on with all levels of government as we create this vision of the national action plan.

The Chair: That's your time.

[Translation]

Ms. Larouche, you have the floor for six minutes.

Ms. Andréanne Larouche (Shefford, BQ): Thank you, Madam Chair.

I want to thank the witnesses for being here this morning. It's very worthwhile to hear about the position of women in the economy. I'm convinced that the economic recovery must be feminist, because the pandemic has disproportionately affected women. It's a matter of mathematics. Women have been more affected, so more measures must be identified to encourage them to return to their position.

I don't know where to start, but I'll speak to you, Mr. McCreadie. Do women encounter any specific challenges in their search for funding? We're hearing more and more about the importance of setting up specific programs for women entrepreneurs, so for women's entrepreneurship.

How has the funding of women-owned businesses been particularly affected by COVID-19, and how were some emergency programs inadequate during the pandemic? For example, many women entrepreneurs were unable to access the Canada Emergency Business Account for the reasons that you identified. These are often very small businesses.

How can the Canadian government ensure that women, in their search for funding, receive assistance to overcome these additional challenges?

[English]

Mr. Kevin McCreadie: I fully agree. I don't think that we have done enough to support women entrepreneurs and small businesses. Many of the programs were for medium-sized businesses. Equally important are the sole practitioners, people who have left and tried to upskill and to start their own companies. Whether they be a single practitioner who's an accountant or a consultant or someone who wants to start a physical business today, I don't think we have enough availability for women, especially women who are parents or single. When you look at it, it's been difficult for everybody, but especially for that cohort.

I think, yes, if you look at the engine of an economy, this economy, it's small businesses, and it's going to be increasingly about women who are small business owners. If we can ignite this part of it, which goes to your earlier point about this feminist recovery, I think we'll have a vibrant economy in the future. It will take a while, but the ability to have a small business community driven by women entrepreneurs will drive economic growth into the future.

I think we have to do more to create that, to enable and support those women entrepreneurs, especially those who are single mothers.

• (1135)

Ms. Leah Nord: Could I add one minute to that, if that's okay?

The Chair: Sure.

Ms. Leah Nord: I just want to add that, at the Canadian Chamber, we're tracking this. We've heard all the letters of the alphabet through this crisis, like V and W, but we're also tracking K-shaped economies, right? Those are sectors, but it's also those who own businesses.

What we do know about female entrepreneurs, as a generalization, is that they own smaller businesses and have fewer or no employees and are not always incorporated, which has meant that they often don't qualify for the emergency programming. That's why we've asked in the first instance to track that data, to look at it, to look at what's going on and to adjust accordingly.

Our council met last week. In addition to child care—and I know the government has taken steps in that respect—the other issue is always and continues to be access to capital for women entrepreneurs.

Thank you.

[Translation]

Ms. Andréanne Larouche: Thank you for adding this. I really appreciate it.

Many issues go beyond access to capital. I want to hear Ms. Vicky Smallman's thoughts on how we can promote the women's economy and work in the care sector.

How has COVID-19 affected women differently? You spoke of the mental load, so everything that comes on top of teleworking, such as education and housework. There are other factors as well. How does this affect their working lives?

You spoke of the importance of supporting women in non-traditional fields, of looking at the Pay Equity Act and of reviewing the entire employment insurance program, which is still too poorly adapted to the realities of women in 2020.

[English]

Ms. Vicky Smallman: Thanks.

I don't know if I am really the right person to talk about women entrepreneurs as my organization represents workers specifically.

I will say that the things we are advocating, in terms of certain key aspects of a feminist recovery, include quality public services that would benefit all Canadians, whether they are small business owners, single individual entrepreneurs, or workers—whether unionized or non-unionized.

When you have quality public services like child care, long-term care and home care, these things will actually help to relieve the burden of unpaid care work that women disproportionately share. I think we could start to think, really, about what the things are that our society needs to keep our economy running, those things that lay across the surface.

Public services and the care economy are both sources of jobs, but they're also economic generators. They're the things that we need to be able to function as a society and to care for those who are most vulnerable. I think those are the kinds of investments we would like to see, a conversation that we would like to see happen, and that's why we're calling for a commission.

The Chair: Very good.

Now we'll go to Ms. Mathysen for six minutes.

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

Thanks to all of the witnesses today.

My first question is for both Ms. Wise and Ms. Smallman.

Before I really get started, I would like to point out, Ms. Wise, that your 3M location, your facility, is in my riding. Therefore, quite a lot of the workers—your employees—are my constituents.

I've heard from so many of them that they are truly overwhelmed right now. A lot of that—as parents—is because of the unaffordability of child care. You have said—rightfully so, and I think we all agree—that the full participation of women in the workforce isn't just a women's issue; it's that economic issue. It's about that stability that we bring forward, and obviously child care is a huge part of that.

I wouldn't mind hearing from both of you. Yes, the provision of spaces is key. How do we move forward in terms of the creation of those child care spaces but also the affordability? Also, what can we do to ensure, moving forward, that we get into a far more affordable—and maybe almost free—national, universal child care program?

• (1140)

Ms. Penny Wise: If you don't mind, I'll go first to answer your question.

When we talk about child care—and the chamber has been talking about child care—we have been thinking about it in terms of national leadership and how we act urgently and quickly, whether it's about costs, jurisdictional issues, options for parents or support for child care workers. Those can end up being longer-term approaches that we need to take.

What we're really focused on right now is the urgency, on moving as quickly as possible, on what can be done and what some of the recommendations are that can help make sure that we have the right capacity or that we can support through the crisis and move to that longer-term focus. How do we make sure that there are—maybe “redundant” isn't the right word to use—spaces to ensure that children are cared for? Also, in the opening statement, I talked about ensuring rapid testing and that we can move as quickly as possible to make sure we have those safe starts.

There is a long-term collective discussion that needs to happen—parents and business come into that—to build out what that long-term view looks like. Again, it should be really focused on how we deliver some of these short-term actions so that parents feel comfortable during the crisis and know they have spaces for their children, whether at school or within child care.

The Chair: Ms. Smallman.

Ms. Vicky Smallman: I'm hoping that this committee has spoken with some of the child care organizations, like Child Care Now and the Childcare Resource and Research Unit. We have a long relationship with these groups. The child care movement as a whole, along with its allies, has spent decades coming up with a plan and a very solid vision for child care in Canada, and there's a clear consensus about what needs to be done. They're also the best people to talk about what needs to happen in the short term to be able to address the crisis that really has been exacerbated by this pandemic. What's really challenging and shocking right now is that in a time when we need quality child care the most, we have child care facilities shutting down because they don't have the resources they need to be able to provide the care that parents are addressing.

This is very much an issue that needs to be focused on to ensure that child care facilities have the resources and don't rely overly on parent fees, because parents cannot afford them. You can't provide quality child care on parents' fees alone. You need to see this as a quality public service. So I do think that the plan to establish a secretariat that would move forward on both a recovery plan and put together the building blocks for a long-term sustainable system that we can rely on.... This is not going to be the last crisis of this nature, and so we really need to be able to establish disaster-proof social services and public services like child care.

Ms. Lindsay Mathysen: Ms. Smallman, you talked a lot about the care economy. Long-term care, obviously right now, is a huge issue. My provincial counterpart in London—Fanshawe has put forward a time to care act provincially, and it's interesting that it proposes to set a minimal standard of four hours of care per day per resident. In order to meet that standard, they're estimating that the Province of Ontario alone has to hire about 10,000 more care workers, nurses, PSWs. We've heard about the poor pay, the bad working conditions, the amount of time that these workers are expected not only to work but also to give additional time because so many of them are women and fall into that category of unpaid care time. How could the federal government, investing in that care economy, in universal affordable access to long-term care programming, help that imbalanced gender equality situation and the pressure on women mainly?

The Chair: Unfortunately—

• (1145)

Ms. Lindsay Mathysen: Oh no.

The Chair: —you're out of time. So you'll have to wait for the answer in the second round.

For the second round, we'll start with Nelly Shin for five minutes.

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Thank you so much for the work that you do and for being with us today.

Certainly, we live in a time that is very fluid. We don't know when the lockdowns are going to tighten or loosen. The repercussions on everyone, especially women who are vulnerable, are just daunting to think of. My question comes from the perception that in times when there is uncertainty, there needs to be openness to transitions and to going in different directions. When we look at businesses, some of them have retooled into other forms.... And then I'll get onto the issue of domestic violence if I get around to it.

But the question I'd like to ask is this: For women who want to retool their businesses to something else, what is out there to help them? I know that sometimes education is needed to get to that next place in revamping their business or their vision, and with that, if they have children and they are taking care of them, then obviously that needs care as well. Could you just speak to this question?

I'd like to ask Penny and Mr. McCreadie. Thank you.

Ms. Penny Wise: It is a really important piece to think about retooling and re-skilling for the future, which speaks to one of the key recommendations the chamber and the women's advocacy committee brought forward, which is really about the need for job pivots and upskilling and re-skilling. You said very eloquently that a lot of small women-owned businesses have retooled. They've been incredibly resilient. I think this aspect of retooling, re-skilling, upskilling and changing opportunities is part of the resiliency that we need to bring forward in Canada as part of the recovery.

We did, in the opening comments, talk about that as one of our key recommendations: encouraging women to pursue different educational opportunities and different careers, to pursue high growth areas or perhaps male-dominated areas or other opportunities where there is growth, and to think about a wider aperture of what they can accomplish. We also talked about making sure that we're encouraging young women, but also people who are currently in the workforce, to pursue that. What new opportunities can exist, and how do we pivot and re-skill on those?

Ms. Leah Nord: I'm just going to add very quickly that the Canadian Chamber partnered with StatsCan on what's called the "Canadian Survey on Business Conditions". We've been tracking the data since the beginning of the pandemic, and data will come out soon for September. We compare exact data, and so can StatsCan. It is the story of innovation throughout all of this by businesses, but particularly diversity-owned businesses—and that's across the track, as it includes women-owned businesses, indigenous- and immigrant-owned businesses, and the businesses of those with disabilities. The story from women from the start is that they had to shut down because many of these sectors from day one were locked down because they were not essential services. Again, women were disproportionately affected, but they have been able to innovate, to go online, to use external communications. There's a whole series of data on how any number of businesses have innovated, and I would encourage you as we move forward in the longer term to look at that data and to see data-driven...and see what we can do to respond. That would include consulting, having focus groups with women entrepreneurs as well. Do you want to know what they need? That's the best way to find out.

Thank you.

Ms. Nelly Shin: Thank you.

Mr. Kevin McCreadie: If I could have just one minute to add to that, I think this is a great opportunity. As we're all suffering through this—and women more than anyone—if we can encourage and incent women to innovate and to take the risk to create new ventures, new jobs, it will benefit the total economy. It really comes down to, how do we give grants to incent people to upskill and drive that future growth of small business ownership? At the same time, I think we have to help many of them with the child care issues, whether that be through tax deductions for women who are

business owners. As we get through this, there are many ways and paths, but we have to be able to incent them to take that risk.

Ms. Nelly Shin: Thank you.

My next question is very similar to that, but applied to women who are experiencing domestic violence. It's very hard for women to leave their violent partners, and when they finally have the courage to do that, it is our job, I believe, as a society, to empower them to stay out of that cycle. In a pandemic like the one we're going through right now, where domestic violence is on the increase, what is a way that we can help women who are determined to leave their violent partners to transition into independence and find the work or education they need to transition out?

Thank you.

• (1150)

The Chair: It's a great question, but you're out of time, so now we're going to go to Ms. Hutchings for five minutes.

Ms. Gudie Hutchings: Thank you, Madam Chair.

I want to thank all of the witnesses for being here today and for your passion for what you do. It comes forth in every comment you make.

I was a woman entrepreneur many years ago. It is hard. I was at it 20-odd years ago. When I see programs that Minister Ng, the minister for small business, has now topped up, such as the women entrepreneurship fund by \$15 million, I wish some of it had been available years ago to help women in need.

We all know that child care is huge. It has always been an issue, but we have created 40,000 new spaces, and our \$7.5 billion investment in early learning and child care is going to make a difference.

The other thing I want to focus on is what the last speaker mentioned, immigrant women. We know that national standards were promised in the throne speech. They're going to go a long way for safety and well-being of seniors, but we also need to help protect the workers, who are mainly women, as we all know, and significantly, many who are immigrant women.

We know there's a concern about how the pandemic is impacting immigrant women. This has pushed the debate on adverse socio-economic efforts. We all know that women have experienced more job losses.

I read about a study done at Carleton University, which conducted an in-depth survey of 50 highly skilled immigrant women in July and August of this year. It asked about their employment experience due to the pandemic in order to understand the gendered effects of the pandemic. These women had post-secondary education, and their work experiences were in a variety of professional fields.

Forty-one of the 50 were negatively impacted by the COVID-19 pandemic. They cited delays to the start of their careers, changes of career due to layoffs, decreased availability.... We all know that working from home has limited social supports.

What can the federal government do to alleviate these impacts of the COVID-19 pandemic on immigrant women and prevent their becoming long-term? What recommendations do you have to keep immigrant women safe and to protect their economic security? We need them as we grow our economy and put it back on its feet.

I'm going to put that out to all of you—Leah, Penny, Vicky, whoever wants to comment.

Ms. Leah Nord: Maybe I'll start with some opening comments about the Canadian Chamber's resolutions specifically about supporting not only immigrants through, for example, foreign credential recognition or through pathways to permanent residency, but also....

I'll give you an example from the Canadian Chamber, a resolution from last year that was in response to, specifically, the Syrian refugee crisis. Concerning language training and its importance, we have a resolution that asks for increased child care, recognizing that refugee women—Syrian women and refugees—were not getting the language training they needed because of the lack of child care support. We need to support not only immigrants writ large not only with foreign credentials recognition, with labour market integration, but also prop up supports specific to women.

There has been some interesting work out of Ontario—Vicky, I'll hand it over to you, maybe, to speak a bit more about this— about the pathways and the ladders for many personal support workers, for example, to move into careers for which they're arguably qualified or will quickly gain experience in.

Thank you.

Ms. Vicky Smallman: I want to flip the discussion a little to immigrant women who have been really impacted: the low-wage workers who are highly skilled but whose skills are not being recognized because the work itself is undervalued. We're talking about care workers, many of whom are coming in with nursing qualifications and other qualifications, working as personal support workers or home care workers, but in conditions that make the work very difficult to sustain. This situation has also rendered these workers more vulnerable to not just job loss but also to infection.

We heard stories from the long-term care sector about workers who ended up out of work because they had to confine their work to one facility, because they were forced to work part-time, because the standards are so low and the job quality so poor, because the commitment to investing in decent jobs is not there in the industry.

What we hope to accomplish with the care economy commission is to look, really, at the quality of these jobs. These jobs are overwhelmingly populated by racialized women and immigrant women.

I think, also—

• (1155)

Ms. Gudie Hutchings: I want to jump in because my time is—

The Chair: Your time is up actually.

We're going over to Madame Larouche.

[*Translation*]

You have the floor for two and a half minutes.

Ms. Andréanne Larouche: Thank you, Madam Chair.

I'll now turn to you, Ms. Wise. You spoke with my colleagues about child care. As a member from Quebec, I can only point to the Quebec model for child care. This model has demonstrated that it enables many women to return to the workforce. I hope that we can take into account the work already accomplished in Quebec in this area when we discuss a national child care system. This will also give Quebec the opportunity to continue its work on child care services.

I spoke earlier about pay equity and the importance of paying women better and passing this legislation.

Ms. Wise, I want you to describe the barriers faced by women in decisional jobs, particularly at the senior level. How has COVID-19 affected women in decisional jobs? What measures could the government implement to increase the number of women in senior positions?

[*English*]

Ms. Penny Wise: The Quebec model for day care services has certainly come up in many of the discussions we've had and many of the great learnings as we think about the urgency of making sure we have the capacity to support day care.

Specifically to your question about decisional jobs, and women advancing through the organization and making sure that we continue to see women taking on more important decisional roles, I think there has been discussion of pay equity. There have been a number of elements about making sure that women are moving up and being promoted through the organization.

When Kevin and I both started working on the women's advocacy committee to talk about where we stood for women's advocacy or where we were taking that, the original plan was to think about how we could get more women on boards and in those higher positions. Obviously, given the urgency, the pandemic and what's happened, we've pivoted away from that and thought about what those urgent pieces are.

Again, it is about leading by example. It's about making sure that we're taking things forward and are demonstrating in our own organizations and in the business community how we start to accelerate. For the moment, our focus is to make sure that we get women back into the workforce and on a solid footing to be able to move forward, and then we can continue to develop and build from there.

The Chair: Now we're going to go to Ms. Mathysen for a final two and a half minutes.

Ms. Lindsay Mathysen: Since I wasn't able to get time for an answer to my previous question, I would like to afford that to Ms. Smallman.

Also, you had mentioned the ILO's convention C190, but there certainly also exists C189, which was looking at protection of domestic workers and unpaid work, and what Canada can do to play a role as a leader in that regard as well.

Ms. Vicky Smallman: Convention C189 is a really important convention. Domestic workers, and particularly those who come here as migrants, have slipped through the cracks of any support and recovery response measures that have been established through this pandemic.

There is a growing and organized force of caregivers in Canada that would be really interesting for committee to connect with. I do think that ratifying the ILO convention would enable us to put these workers on a path to permanent residency, and also address their working conditions—their wages and the way they're treated by their employers. I think that is a really important aspect of this committee's work.

• (1200)

Ms. Lindsay Mathysen: Do I have more time?

The Chair: You have one minute.

Ms. Vicky Smallman: I can expand on the long-term care, Lindsay, if you would like me to do that.

Ms. Lindsay Mathysen: Absolutely, and certainly on what that task force you put forward would focus on....

Ms. Vicky Smallman: I do think that it's important for the sector-specific kinds of initiatives in long-term care and child care to continue.

What we really actually need is this big-picture analysis of who is providing care in this country. Who is doing the work, paid or unpaid? If these are paid jobs, what is the quality of these jobs? How is that connected to how the services are delivered? It's a model that really was advanced at the ILO. They have an excellent report on care work and care jobs, which I would highly recommend that the committee members look at. Taking that big-picture analysis and coming up with a labour force, a workforce, strategy is really important.

The reality is that care work is the future of work. A care job is the one type of job that can never be automated, so we can talk about getting women into leadership positions and all of those things, but at the same time, we have to look at who is providing the care in this country and whether we are able to do that.

The Chair: Very good. I'm really sorry, but that's the end of our time for this panel. I told you I would try to be kind.

I want to thank all of our witnesses. We could talk to you all day. You're all very experienced, so thank you for that.

We're going to switch gears and go to our second panel, which is on long-term care.

Today we have with us Tracy Smith-Carrier, an associate professor at King's University College at Western University; and Michelle van Beusekom, who is with Protect People in Long-Term Care.

Each of you will have five minutes, and we'll start with Tracy.

Dr. Tracy Smith-Carrier (Associate Professor, King's University College at Western University, As an Individual): Great.

I am an associate professor in the school of social work at King's University College at Western University. I am presenting on behalf of the Coalition Canada basic income, Ontario Basic Income Network, and the Basic Income Canada Network, as well as the Basic Income Canada Youth Network.

Despite Canada's progress on gender equity, disparities remain, which, as we've already heard, disproportionately disadvantage women. Relative to men, women are more likely to experience poverty, shoulder a greater share of caring and emotional labour, be precariously employed in minimum-wage jobs, receive less in pension and contributory programs, and experience gender-based violence and abuse.

Multiple intersections occupied by women, based on age, race, gender, disability and so forth, compound disadvantage and lead to increasingly more harmful health, social and economic outcomes.

The inequities women experience have only been exacerbated by the COVID-19 pandemic. The World Health Organization estimates that 70% of health and social service providers worldwide are women. These women largely represent front-line workers with the greatest exposure to the deadly virus. Women have also experienced poorer mental health outcomes and higher stress levels than men since the onset of COVID-19.

Thinking of employment. More than half of women in Canada are employed in the five Cs—caring, clerical, catering, cashiering and cleaning work. Given that a high proportion of women-dominated jobs reside in the low-wage retail and service sectors, women have experienced job loss at twice the rate of men in the working-age population. Countless others have seen their working hours significantly reduced during this period.

The pandemic has exacerbated the gendered division of labour. In 1989, Arlie Hochschild described the burden of the second shift, whereby women were expected to perform both paid and unpaid domestic, emotional and caregiving labour. Now, many women are finding themselves similarly in a third shift as instructors to their school-aged children in need of home-schooling or tutoring.

The prevalence of poverty among black and indigenous women, women of colour, newcomer women and women with disabilities is particularly high. As well as being feminized, front-line work is racialized, with up to 80% of women working as aides in long-term care homes in Montreal being black. Ongoing systemic inequalities increase the vulnerability of indigenous families living on reserves due to overcrowded housing and a lack of clean drinking water and water for regular handwashing, giving indigenous peoples, particularly indigenous women, greater exposure to COVID-19 than their non-indigenous counterparts.

COVID-19 has exposed and exacerbated existing inequities in addition to creating new ones. A strong economic recovery plan must recognize women's disproportionate vulnerability to financial and health shocks.

A basic income is a regular payment made through the tax system to ensure that everyone has income security. The principles of basic income include adequacy, which means having enough money to live on; autonomy, which offers people more choices; dignity, which means there is no stigma attached; equality of opportunity, which offers opportunities for everyone; non-conditionality, which means it is administered with no strings attached; and universality of access, which ensures that anyone who needs it, gets it. A basic income ensures that everyone has the right to an adequate standard of living.

Let's consider the potential impacts of a basic income on women. First is employment. Offered as an adequate, non-conditional individual benefit, not at the household level, a basic income could enable women's economic independence. Women would have greater choice to further their education or training, to start a business, to stay home to raise a family, or to leave a toxic job or an unsafe job for a better one.

A basic income could thus give women more bargaining power in employment; offer more flexibility in determining their hours of work with resources to pay public and/or private child care providers; and also assign recognition to unpaid work, not as a payment for care work, but as a universal support for care work, thereby providing everyone with a more effective opportunity to engage in it.

In terms of housing, a basic income would ensure mothers' access to adequate housing options and equip them with the financial means to improve their housing prospects.

In relation to intimate partner violence, gender-based violence is on the rise due to COVID-19-related stressors. We know that access to finances is one of the most significant factors determining whether a woman stays in or leaves an abusive relationship. A basic income would provide more choice for women, if and when fleeing intimate partner violence.

• (1205)

Now considering health and mental health, income is the single most important determinant of health. The lack of it results in a multitude of adverse health consequences. Research shows that there is a strong connection between maternal and child health outcomes. Basic income would improve the health and well-being of the mother and child, including the food security of the family. The mental health—

The Chair: I'm sorry, but that's your five minutes. We'll get the rest of it during the questions.

Dr. Tracy Smith-Carrier: That sounds good.

The Chair: Now we'll go to Michelle.

Ms. Michelle van Beusekom (Co-Founder, Protect People in Long-Term Care, As an Individual): Hi, everyone.

Thank you, Madam Chair and committee members, for the invitation to speak with you today.

I am a co-founder of Protect People in Long-Term Care, an ad hoc citizens group formed in early April in an effort to propel our political leaders to take decisive action to address the unfolding crisis in long-term care.

On April 7 we launched a petition asking for emergency funding, a coordinated national strategy and the implementation of shared standards of care. To date, our petition has garnered over 77,000 signatures from every province and territory in Canada.

I'd like to underscore that those of us with loved ones in long-term care saw this tragedy coming. The systemic gaps and failures are something we are intimately familiar with. We saw what happened in Spain and Italy in February, and we knew what was coming our way. When families and volunteers were locked out on March 13 in many parts of the country, we knew that staff, who were already overstretched, would quickly become overwhelmed. We couldn't understand why staff were having to fight to get access to PPE, and we watched in anguish and horror as outbreak after outbreak was announced, yet long-term care homes in many jurisdictions were not being prioritized by their public health authorities for testing to ensure the rapid assessment and cohorting of residents.

This was the case in my own parents' long-term care home in Brampton, Ontario, which had to wait an agonizing nine days after their first positive case before their public health authority would finally give them access to testing for all residents. In their long-term care home, 50% of residents and almost 60% of staff were infected. Twelve people died, including two staff. Staffing levels were so depleted by COVID that the military had to be called in.

Canada has catastrophically failed the residents and workers in long-term care, and women have disproportionately shouldered the impacts of a tragedy that could and should have been avoided. I'm speaking of the workers, the majority of whom are racialized women, as we've heard today, whose work is undervalued and underpaid.

As we know, understaffing is a chronic gap in this sector, an issue that has been flagged for decades. In addition, many employers, especially those working in the for-profit spectrum, refuse to offer full-time work so they can avoid paying benefits. This forces low-wage staff to juggle shifts at various locations to make ends meet. The individuals, mainly women, doing this work have been put in an impossible situation and are left overstretched and often ill-equipped to care for vulnerable residents. They in turn have found themselves disproportionately exposed to the virus and at risk of bringing it home to their loved ones.

I'm also speaking about the family members and volunteers—again, overwhelmingly women—whose unpaid labour in normal times is the glue that holds this broken system together. Hundreds of us essential caregivers were locked out in mid-March. We were forcibly separated from our fragile and vulnerable loved ones and, in many cases, were not able to get regular updates. In the worst cases, loved ones died alone with no family member present. Families and workers alike will be living with the trauma caused by this devastation for the rest of our lives.

Here we are now in a second wave. Over 10,000 people in Canada have lost their lives to COVID-19. Eighty per cent of them were living in long-term care, the worst record in all OECD countries. The root problems have been documented in study upon study over decades: chronic understaffing, poor labour practices, an absence of shared standards of care, outdated infrastructure, deregulation and lack of accountability. To quote Doris Grinspun from the Registered Nurses Association of Ontario, "It is disheartening, exhausting and expensive to continue to study problems that are known and understood and where the missing factor is the political will to act decisively".

• (1210)

In the throne speech, the federal government made a commitment to national standards for long-term care, yet, almost six weeks later, details and a timeline have not been shared. With the number of cases on the rise again and dozens of homes in outbreaks across the country, it is imperative that all levels of government come together and a timeline and action plan be put into place.

The solutions are known—

The Chair: I'm sorry, but that's your time. You can get to the rest during the questions.

We will start our first round with Ms. Wong for six minutes.

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

I'd like to thank all the witnesses. In fact, in the two panels there were some interactions that could be looked at holistically. As I've mentioned before, I've visited many in long-term care. I've been delivering masks to long-term care workers. As an immigrant woman myself, I definitely notice all the challenges for people of minority, especially women.

What steps could have been taken from the government side to ensure improved health outcomes in long-term care homes? We're now already in the second wave, or for some the third wave.

Ms. van Beusekom, can you address this very important issue, please? I applaud your organization.

Ms. Michelle van Beusekom: Thank you very much, and thank you for the question.

I think that in the immediate term, the issue requiring immediate attention is staffing and staff ratios. In a previous panel the call for a minimum of four hours one-on-one care per day, an ask that's been around for a very long time, was flagged. It's essential to support the staff with increased staff ratios and having the right ratios of registered nurses, personal care workers and resident assistants.

We talked about the wages. Vicky spoke to it so eloquently. This work is skilled work, but it's undervalued. People seem to think it's nothing to take care of a person with dementia. It is hard work to understand the needs of that person and how to communicate with that person. As a society we have to value that work. We have to pay for that work and give people permanent jobs. That's the place to start.

A great study was written by the Royal Society of Canada. Pat Armstrong was part of that. She was here last week. The solutions are mapped out. It's people like Pat and Carole Estabrooks who have done the work. It's there. The heavy lifting is done, once again by women. What we need is for the decision-makers, the provinces and federal government, to come together with the experts and act now, before it's too late.

• (1215)

Hon. Alice Wong: Thank you, Ms. van Beusekom.

I have another question for you to address. You didn't mention the fact that caregivers, either unpaid or in paid jobs, definitely themselves need caring. It's about caring for the carers. Whether they're unpaid or in paid jobs, I think we have to look at both sides. Since some people are losing confidence right now in long-term care, they are keeping their own seniors at home and caring for them there. These caregivers, who are unpaid, actually need a lot of support. In England they have a very good system. They have associations like Care for the Carers, and the employers are also asked to help support these workers.

Looking at the holistic picture, what do you recommend that our government should have done?

Ms. Michelle van Beusekom: First off, it's essential that workers in long-term care be properly supported. Caregiver burnout is huge. It's the reason my mother went into long-term care. My father—he's a man, but there are men who do this work as well—was becoming burnt out. Some people would like to keep their loved ones at home, and because of COVID, out of guilt, many people have taken their loved ones out of their long-term care. They quickly get overwhelmed. Both of my parents are now in long-term care. My mom has advanced dementia. My dad has many complex issues. They require a community of care. Long-term care is the right solution for them. If I were trying to do that at home, I would become totally overwhelmed.

We need the supports in place if people are going to care for someone at home. It's not just about money. It's about having support workers who are coming into the home to make sure they are not trying to do everything, because their mental health will suffer and their quality of life will suffer as a result. We need to look at it holistically, to your point, and have those options for people to remain at home longer. We also need to make sure that those caregivers at home are being given the supports they need to make that feasible and for them to not have to sacrifice their career and other things in order to be able to offer a dignified quality of life to their loved ones.

The Chair: All right.

In the interest of time, I'm going to chop everybody's turn to five minutes.

We're going next to Ms. Zahid and Ms. Sidhu, who are splitting their time.

Mrs. Salma Zahid: Thank you, Madam Chair.

I want to thank both of the witnesses for appearing before the committee today. Thanks a lot. Your input is really very important. I will be sharing my time with Ms. Sidhu.

My first question is for Ms. Smith-Carrier.

Thank you for all the work you have done on a basic income. I hear from my constituents and many women in my riding, especially racialized women and new immigrant women, that they are mostly working on hourly wages with no paid benefits. They are taking care of their families, and they have to support them. Many are single parents who are working hard to put food on the table. They don't get any opportunity to upgrade their skills to get more competitive jobs where they could succeed in their careers.

Do you have any evidence or any previous examples? How do you think a basic income would help women who are working at low-level jobs?

Dr. Tracy Smith-Carrier: Yes. Absolutely. Often, one of the questions we're asked is about the whole notion of work disincentives. Are people going to stop working if they get money? It's an interesting question because there is a slight reduction—in North American experiments anyway—in work participation, but it's largely due to things that we would think are actually helpful.

Because a basic income provides a way for people to decide whether they want to stay at home a little bit to take care of children, whether they want to leave their job and go to another job, whether they want to go on and do more education and further their training, it allows all of those options to be on the table for them.

That has caused a slight or a very modest reduction. For example, in the MINCOME experiment in the 1970s where they saw a slight reduction, it had to do with people going back to school to further their skills and also with mothers who wanted to stay at home for a little bit to raise their babies. At the time they only had four weeks in maternity leave. They really wanted to spend a little bit more than a month with their kids, so some of those folks took their basic income and stayed at home with those kids, and when the kids grew, they were able to get back into the workforce. But it really does provide much more opportunities for women to pursue what they want to do, and even to get out of toxic, non-safe jobs and have some bargaining power to be able to say, no, I'm going to a better job because I can do that.

• (1220)

Mrs. Salma Zahid: Thank you.

I will pass it on to Ms. Sidhu.

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

Thank you, Salma, for sharing time with me.

Thank you to all the witnesses for being here today and for your advocacy on the changes we need in long-term care homes.

I would like to recognize all staff and the CAF members who helped residents in long-term care in Quebec and Ontario.

Michelle, as a resident of Brampton South I thank you for offering your personal experiences with the long-term care system. As we all know, your mom and dad reside in the same long-term care home.

The federal government has committed to working with the provinces and while respecting provincial jurisdictions establishing national standards for long-term care. What would you like to see in those national standards, and specifically for women in long-term care?

Ms. Michelle van Beusekom: Thank you very much, MP Sidhu, for the opportunity and the question.

I think what we immediately need to see is a timeline first and an action plan. We need the federal government and the provinces and territories and the incredible expertise that exists on the subject around the same table.

We know that staffing is key, and I spoke about those staff ratios already. We need fair wages within this sector. Within the context of COVID, we need testing priority for LTCs and prioritized cohorting with regard to the outbreak. That's why things got really bad in my parents' LTC, and it's still happening now.

We need a maximum of two people per room. That could be implemented immediately. We need universal access for the essential caregivers because that's very uneven across the country.

Then in the longer term, of course, we need norms and standards of care and training. We need norms in terms of infrastructure. Accountability is key. I'm sure you all saw the report on *Marketplace* on the CBC. Horrifying. Absolutely horrifying.

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

Now, Madame Larouche, you have five minutes.

[*Translation*]

Ms. Andr anne Larouche: I want to thank both witnesses for their very compelling presentations on two topics that I find particularly relevant, as a critic for the status of women and the status of seniors.

We all know that the pandemic has disproportionately affected senior women. I want to take this opportunity to point out that we're currently celebrating National Caregiver Week. It's mainly women and senior women who take action and carry out this invisible work. I'm thinking of them this week. I hope that a day will be set aside for us to take into consideration their invisible work.

I now want to address the issue of long-term care facilities, or CHSLDs. To wrap up the topic of family caregivers in Quebec, I want to say that, once again, we have a great model. I witnessed the establishment of the first support home for caregivers. I want to highlight the work done by the Fondation Maison Gilles-Carle and by the staff at the Maison soutien aux aidants in Granby. They work very hard and support family caregivers.

Canadian health transfers dropped from 50% to less than 20%. To support our family caregivers and our CHSLDs, don't we urgently need to take action and increase this percentage to at least 35%? Wouldn't this be a way to give Quebec and the provinces the

resources to provide better wages to these people and to improve the nurse-patient ratio?

I want to acknowledge the work carried out by the "guardian angels", who worked very hard during the pandemic and who are often immigrant women. I think that it's high time to give Quebec back the resources to get things done. How could the federal government take steps to provide more personal protective equipment, or PPE, and more rapid testing? The federal government must work hard to improve care beyond the national standards for CHSLDs.

I want to hear Ms. van Beusekom's thoughts on this issue.

• (1225)

[*English*]

Ms. Michelle van Beusekom: You're not going to like this, but I am a firm believer in national standards and I think long-term care should come under the Canada Health Act and that the provinces and the federal government have to get past all of this jurisdictional bickering. They have to put human lives at the centre. For God's sake, if you put human lives at the centre of this and work together, you can all agree on national standards that are good for everyone so that someone in Chicoutimi and someone in Dawson City get the same standard of care.

Of course, everyone will implement it in their own way, because there are specific needs in every region, but what is wrong with national standards? It's the bickering that is stopping us. Look at how many people died in Quebec. Look at how many people died in Ontario. There will be more of that if you guys can't come together and work this out. I'm counting on you guys, and so are the 77,000 who signed our petition.

[*Translation*]

Ms. Andr anne Larouche: Thank you for your honest answer. However, I don't think that people in Quebec and Ontario fail to place seniors at the top of their list of concerns. What happened was caused by a lack of funding. I strongly believe this.

I now want to speak to Tracy Smith-Carrier about universal basic income, another topic that could create some conflict between Quebec and the federal government.

Wouldn't it be better to implement other standards to help women? Once again, how long would it take to implement this universal basic income? I want to hear your thoughts on this topic.

[English]

Dr. Tracy Smith-Carrier: The ability of the government to respond quickly in the wake of the pandemic by providing emergency benefits tells us that we can act quickly to ensure a prosperous future for all, sort of building on CERB and the Canada recovery benefit, which offered vital supports for individuals and families. These can become useful platforms for the launch of a permanent program that will provide the necessary security and stability post-COVID.

We know that people behave differently if they know that the income assistance they're receiving is only temporary. With a permanent basic income, people, and women in particular, will be better equipped to make important decisions that have long-term implications for them and their families, whether those are going back to school, starting a business or finding new work opportunities. There are lots of opportunities for us to work together to achieve this goal. It is an explicitly feminist policy featuring intersectionality and GBA+ analysis.

The Chair: Very good.

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

Ms. Lindsay Mathysen: Thank you.

Ms. Smith-Carrier, you've talked about the women who are highly impacted by COVID, obviously, and we've heard, of course, of the 5 Cs. Often, these are women working at low-wage jobs and in precarious employment. They don't have supports, benefits or things like access to child care in the same way.

There's very much a juxtaposition or a comparison between that and people living on the social assistance programs that currently exists. People are forced to live on the very bare minimum and in such poverty that they don't have that choice. Those seem to be the ways we're going about it at this time, so I'd like you to expand on how the guaranteed basic income breaks that cycle of poverty and what can actually be saved. In terms of the highly policed and bureaucratic financial supports and the limited supports we currently see in the system, what can be saved through this?

Dr. Tracy Smith-Carrier: That's a great question. I don't know that we would necessarily need to have a social assistance system. We could redirect those resources. There are a lot of other places where we could use those workers, as you know. Caseworkers could be put into housing, into child care and into long-term care—all of the things we've been talking about today.

Yes, having the money go directly to the people, as opposed to the systems that monitor people, is probably the better way to go, and it would ultimately end poverty. If the basic income were offered at a level that was adequate, it would eliminate poverty. A lot of the issues that you raised in terms of the depth of poverty—the

stigma and the shame that are attached to some of these programs—would just no longer exist, and people would have the income that could act as a buffer when they're between jobs or when they are deciding to start a new business or go back to do more educational training.

Yes, there's a lot of research that's been developed up to now, research on past trends for programs, basic income pilots and programs. I think there is a wealth of literature that we can look at in terms of how to do this and how to do it well.

● (1230)

Ms. Lindsay Mathysen: Ms. van Beusekom, you spoke about, of course, national standards and the need for there to be that certain level no matter where you live and no matter who you are in Canada. Of course, I spoke before about my provincial colleague's push, in the the proposed time to care act, for four hours of care per day per resident. Do you believe that ultimately our separation of long-term care is inappropriate and that it should actually be pulled under something like the Canada Health Act to ensure that there is equality of care?

Ms. Michelle van Beusekom: Yes, I do. I think that ultimately long-term care should come under the Canada Health Act.

When the legislation for Canada's long-term care system was put into place, people weren't living as long. When you look at who is in long-term care now, you see so many people in their eighties and nineties. I think the percentage is that 85% suffer from some form of dementia. These are people with really complex needs, and they're medical needs. It's not just about an assisted living kind of context. These are medical needs, and they should fall under the Canada Health Act.

I just want to say that there is a quality to these lives, because sometimes people are scared of old age and of dementia, and they feel there's not a quality to these lives. There is a quality and a beauty to them, and as a society we have a responsibility to support our most vulnerable citizens. We're really failing them.

Yes, that's how I feel we should ultimately address it: by bringing it under the Canada Health Act.

The Chair: Thank you so much.

We are out of time for our panel today, but I want to thank our witnesses. Your heartfelt testimony has really helped us.

Members, as you know, we are going to go in camera. That means you have to log off this Zoom session and log into the next Zoom session with the extra password that was sent to you. We'll see you there right away.

[Proceedings continue in camera]

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