



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 2nd SESSION

Standing Committee on Justice and Human Rights

EVIDENCE

NUMBER 033

Tuesday, May 11, 2021

Chair: Ms. Iqra Khalid



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• (1105)

[English]

The Chair (Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.)): Good morning, everyone. I call this meeting to order. Welcome to meeting number 33 of the House of Commons Standing Committee on Justice and Human Rights.

There are a few quick housekeeping notes. We have with us MP Stéphane Lauzon, who is replacing MP Mike Kelloway today. We also have MP Tony Baldinelli, who is replacing MP Chris Lewis.

Welcome to both of you. We are very pleased to have you here today.

Members and witnesses, to ensure an orderly meeting, I'll outline some rules with respect to interpretation and sound.

If you notice at the bottom of your screen, there is a globe icon. Please select the language that you would like to listen to. You can speak in any language, French or English, of your choosing. When you are speaking, please wait until I recognize you by name. Then unmute your mike, which also is at the bottom of the screen. Once you are done speaking, please mute your mike again. I will remind you that all comments should be addressed through the chair.

I have time cards to help you all keep time. I have a card to indicate there's one minute remaining and one for 30 seconds remaining, which will allow you to keep your remarks within time.

I would like to welcome our witnesses. We have the Canadian Centre for Elder Law, represented by Krista James, national director; and Stephanie Tam, staff lawyer. We also have Howie, Sacks and Henry LLP, represented by Melissa Miller, partner and lawyer. We have Vigil'Ange, represented by Stéphanie Bérard, president; and Colombe Marcoux, coordinator. I believe we are waiting for Colombe Marcoux at this point.

We will go ahead and get started. Each of our three organizations will have five minutes to make its opening remarks before we go into our round of questions.

We'll start with the Canadian Centre for Elder Law.

Please go ahead. You have five minutes.

Ms. Krista James (National Director, Canadian Centre for Elder Law): Madam Chair and honourable committee members, thank you for the opportunity to appear before the committee.

I speak for the Canadian Centre for Elder Law. We conduct research and develop reports and educational tools on legal and policy issues related to aging. You will find many elder abuse resources

on our website. Last month, we completed a study paper on elder abuse for the B.C. Council to Reduce Elder Abuse. We are presently updating our "Practical Guide to Elder Abuse and Neglect Law in Canada", with funding from the Department of Justice victims fund.

We commend the committee for setting aside time to study elder abuse in Canada.

I will first speak briefly to the sufficiency of existing Criminal Code provisions and then comment on some other prevention and response issues within the federal jurisdiction.

First, elder abuse includes different kinds of victimization, which require different policy and legal responses. Roughly, elder abuse includes interpersonal family violence and neglect; financial abuse under a power of attorney or another legal document; fraud, scams and professional cons; and then, finally, abuse and neglect in institutional settings.

In terms of interpersonal violence, older people are mostly harmed by people they care about—often, dependent family members. Most seniors do not want their child or grandchild to go to jail; they just want the abuse to stop. When they are harmed by con artists, they are more supportive of prosecution. Family members want corporations penalized for neglecting older adults living in long-term care.

We concur with previous comments that the existing age-neutral Criminal Code provisions are largely adequate for responding to elder abuse in Canada. That said, the proposal by Mr. Webb, from the Advocacy Centre for the Elderly, for a Criminal Code provision on criminal endangerment to facilitate the prosecution of neglect in long-term care merits study.

Further, we recommend legal research into, one, the effectiveness of existing Criminal Code provisions for addressing violence against other populations, such as women and children and, two, the U.S. experience with criminal law responses to elder abuse.

We are part of a law reform agency at the Canadian Centre for Elder Law. We believe that law reform is ideally informed by robust comparative research that allows us to learn from the mistakes and the victories of others. Many states in the U.S. penalize elder abuse criminally. We need a better understanding of these experiences before we follow their lead. We recommend that the Government of Canada fund this research.

Although Criminal Code enforcement falls largely to the provinces and the territories, the Government of Canada has a significant role to play. For example, law enforcement in smaller communities across Canada is by the RCMP, which requires funding for better outreach and response. Much of the police response to elder abuse is attending on site to provide information and referral. Social worker/counsellor and police detective pairings make for great on-site support for older adults.

Most jurisdictions do not have a Crown counsel policy regarding how to work with victims and witnesses who have mental capacity issues, including, for example, dementia. The Government of Canada can provide leadership in supporting research and policy development in this area, perhaps by bringing back the federal elder abuse initiative, which has funded some excellent resource development in Canada. The government could also support interjurisdictional knowledge exchange on this topic, possibly through the federal-provincial-territorial working group on seniors issues.

While punishment can be very important, we encourage the committee to apply a victim-and-survivor-centred lens that gives attention to the unique needs of different vulnerable populations in Canada. This approach highlights many responsibilities that are within the federal jurisdiction, beyond the Criminal Code.

First, a number of populations that are particularly vulnerable to abuse fall under the federal jurisdiction, for example, indigenous peoples and immigrants and refugees. Both groups require better support when they experience abuse and neglect, and you can imagine some unique vulnerability here.

Second, and my final point, the recently passed National Housing Strategy Act codified a human right to housing in Canada. It requires the minister responsible to develop and maintain a national housing strategy that addresses persons most in need of housing, which includes, according to Canada's national housing strategy, both seniors and people fleeing violence.

There is only one transition house in Canada developed to meet the needs of older women. In many communities, the only emergency housing for older men is a homeless shelter.

The Atira report, "Promising Practices across Canada for Housing Women who are Older and Fleeing Violence or Abuse", identified a significant lack of appropriate temporary housing for older women. More recently, the UN special rapporteur on the right to adequate housing called for national-level leadership in realizing the right to housing for vulnerable populations in Canada.

Thank you very much.

• (1110)

The Chair: Thank you very much, Ms. James.

We will now go to Howie, Sacks and Henry.

Ms. Miller, you have five minutes.

Ms. Melissa Miller (Partner and Lawyer, Howie, Sacks and Henry LLP): Thank you, Madam Chair, and thank you, members of the committee, for the opportunity to speak today.

I am a personal injury lawyer with a focus on nursing home litigation. I sue long-term care and retirement homes for elder abuse and neglect and have been doing so since long before COVID.

Nursing home litigation is seriously under-litigated in Canada mostly because the damages in these cases often do not outweigh the costs of litigation. This means that legitimate cases often never come to light. Our civil justice system does not recognize the value in our most vulnerable populations, our seniors and those with disabilities.

Every single family that I represent—several hundred currently—says that they want accountability and answers. That is why they come to me. These families are often caught up in a very complex web of bureaucracy, and they get passed around when something goes wrong. They can't get answers from the administrators of the home, the police usually will not investigate, the coroner will most often not get involved, and here in Ontario, when the Ministry of Long-Term Care does find wrongdoing, it rarely enforces all available remedies.

As we have seen throughout this pandemic, many families have turned to their MPPs, MPs and the media to get answers and some measure of accountability.

Every province has various regulations regarding the enforcement of penalties to a home for violating its obligations under the governing provincial legislation. In Ontario, for example, the ministry has the power to revoke a licence from an operator, order a return of funding and impose various sanctions.

This varies widely across Canada. Often when I see the inspector reports after an investigation, I see things like “voluntary compliance” and “written notice”. I have also heard that a staff member will sometimes be fired as a result of an infraction, but it's extremely variable across the board.

Even after the abominable atrocities that we heard about through this pandemic—like 26 residents of a long-term care home in Ontario dying from dehydration before the military was able to arrive—licences have still not been revoked and fines haven't been paid. Instead we see sweeping legislation at the provincial level across the country providing immunity to long-term care and retirement homes for COVID losses. This is another step away from accountability.

We are also seeing for-profit chains paying out over \$100 million in dividends to shareholders while receiving taxpayer money for emergency relief to the same tune.

This is just unacceptable. Clearly, the slaps on the wrist from the regulatory bodies at the provincial level and the pittance that is paid in civil lawsuits are not making a difference.

In the criminal sphere, we have in existence several charges that could be laid against administrators of homes. There is failing to provide the necessities of life, criminal negligence and criminal negligence causing death. They have never been used against those who have the most power and control over the lives of the residents—the owners, operators, administrators, directors and officers of the homes.

Historically, we've only seen some convictions of staff members for assault or maybe a family member in a private context for not providing the necessities of life. We have never held anyone in management culpable for the abuse and neglect in long-term care homes and retirement homes. This needs to change.

The administrators of these homes take on a duty to provide the necessities of life and are paid to do so. They are under contract, and for the most part in long-term care homes across Canada, they are being paid with taxpayer dollars.

The federal government has the power to control two very important mechanisms that would benefit the lives of our most vulnerable—the federal transfer payments to the provinces earmarked for long-term care and amendments to the Criminal Code.

As with the Canada Health Act, the federal government ought to require provinces to comply with national standards for long-term care in order to receive federal dollars for long-term care. This government has currently pledged \$4 billion over the next few years to provinces. It would be unconscionable if even one of those dollars ended up in a shareholder's pocket at the expense of a resident.

My group, Canadians 4 LTC, Canadians for long-term care, in conjunction with the provincial and Canadian health coalitions, commissioned a legal opinion from Steven Shrybman, who drafted national standards for long-term care. I would be more than happy to share it with this committee.

With respect to Criminal Code amendments, I know we have already heard from Mr. Graham Webb. I support his recommendations, specifically to criminalize the abuse and neglect of our most

vulnerable at the hands of those with the most power—the owners, operators, administrators, officers and directors. The changes would be similar to failing to provide the necessities of life, like criminal endangerment, and should carry the same penalties.

Accountability should be bookended, with appropriate government oversight and enforcement at the front end and accountability, criminally and civilly at the back end.

● (1115)

Those are my submissions. Thank you very much for listening.

The Chair: Thank you very much, Ms. Miller. You're right on time. I appreciate that.

We'll now go to Vigil'Ange.

Ms. Bérard, I believe you'll be speaking. You have five minutes. Go ahead, please.

[*Translation*]

Mrs. Stéphanie Bérard (President, Vigil'Ange): Thank you, Madam Chair.

Vigil'Ange is an organization that helps vulnerable seniors. It has joined forces with the Centre d'assistance et d'accompagnement aux plaintes, or CAAP, des Laurentides, an organization that supports seniors through the abuse complaint process.

Twelve per cent of the requests made to the Vigil'Ange organization are cases of abuse. The most common types of abuse are financial, material, and psychological abuse, as well as bullying, harassment, threats, control, and ageism. We also note that the common denominators of all these situations are isolation and vulnerability. Also, the abuse is inflicted most of the time by a family member or close friend.

Since the beginning of the pandemic, one of our many concerns has been Internet scams. Indeed, several very complex cases have been referred to us, particularly by investigators from our territory's police department.

In these types of situations, Vigil'Ange's recommended approach consists of extreme delicacy in interventions, interdisciplinary expertise and consultation between the various players in the field. Vigil'Ange respects the person's pace, takes the time to understand what they want and what they feel is best to improve their quality of life, maintain the bond of trust, give them back the power to act on their life, nourish hope, break their isolation, as well as inform them about the services and aid resources adapted to their needs that are available in their territory.

The notions of vulnerability and consent make interventions very complex. This is because a person may be deemed competent to make a decision, but if they are in a vulnerable situation, their judgment may be impaired or influenced by a fear of retaliation.

Also, the notion of consent by the person in need is often tinged with a sense of mistrust, shame, or anxiety. In many of the cases, the abuser is a family member and may have a significant connection to the victim or have a dependent relationship with the victim, as the caregiver may be the victim's child or grandchild.

A family caregiver may also be caring at first, but the relationship with the senior may turn abusive along the way for any number of reasons such as exhaustion, mental health issues, addiction, illness, bereavement, or loss of independence. However, maintaining the link with the person in need remains our priority. Abuse is a very taboo subject, hence the importance of creating a bond of trust with the person in need and respecting his or her pace in the help we offer.

The watch persons or outlooks are Vigil'Ange's eyes and ears in the field, as they maintain a close relationship with the seniors. They are present in their environments and seek our attention in case of situations of concern. Vigil'Ange's outlooks are police officers, community organization workers, doctors and health professionals, but also hairdressers, home care workers, neighbours, friends and community members. Anyone who cares about seniors can become an outlook.

What would be some possible solutions? Offer more training on abuse to frontline workers, such as employees working with seniors, as well as to all staff and professionals who have a close or distant link with a senior clientele; create accommodation and emergency resources adapted to people with reduced mobility, as we have noted that there are none in many regions; do more awareness-raising on topics such as ageism, advocacy and resources available to isolated or vulnerable seniors; better define the notion of vulnerability, in order to facilitate interventions with victims of abuse and thus give more power to frontline workers.

There is also a need to provide more recurrent funding to community organizations working in the field and helping seniors in need, to put in place a protection mechanism to protect the victim from any reprisals when they make a denunciation, and to offer them medium- and long-term psychological support. It is therefore necessary to provide sustained care for the victims in order to ensure their psychological health, to teach them to recognize their limits and know how to express them, and to equip them so that the abuse does not recur.

Thank you.

• (1120)

[English]

The Chair: Thank you very much, Madam Bérard.

We'll now go into our first round of questions, starting with Mr. Cooper for six minutes.

Go ahead, sir.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Thank you, Madam Chair.

Ms. Miller, you talked about the failure to prosecute administrators, directors, officers and persons responsible for overseeing long-term care facilities in instances of abuse and neglect. You cited some applicable sections of the Criminal Code, including the failure to provide the necessities of life and criminal negligence. As you noted, under those sections of the code, officers and administrators are not being prosecuted. What is the reason for that? Do you believe that these sections are simply inadequate and that we need additional laws on the books?

You endorsed, in part, what had been proposed at the last committee meeting by Mr. Webb. Perhaps you could elaborate a little more on this to provide me with a bit of a better understanding of the lay of the land and what gaps really need to be closed.

Ms. Melissa Miller: Thank you, Mr. Cooper.

I think it's a combination of factors, to tell you the truth. The police oftentimes are not quite sure how to investigate these cases. So much of this happens behind closed doors.

For example, with child abuse we have the Children's Aid Society that investigates cases independently. It would likely be helpful to have an independent body. I'm not sure how that could be set up at the provincial level.

On the other hand, the police need to be empowered and trained so that they know how to investigate these matters and to actually charge those who should be charged criminally.

In order to do so, we need some clarity in our Criminal Code, which is where I think Mr. Webb's recommendations come into play. Right now, we only have a precedential value with these Criminal Code sections as it relates to individuals outside of institutional settings who have been charged with criminal negligence or failing to provide the necessities of life.

I think if we have some clarity in the Criminal Code that actually stipulates that the owners, administrators and operators could be held criminally liable, it would create an accountability at the level of the organization before we even have to think about how to implement these sections. I think it will put some fear where fear should be implemented.

Mr. Michael Cooper: Thank you for that.

Mr. Webb noted that, in terms of criminal negligence, obviously we have to establish causation. He noted that can be difficult in a long-term care setting. He also noted more broadly the difficulty of pinpointing, based upon existing Criminal Code provisions, who was responsible for the abuse or neglect in order to effectively prosecute someone.

Would you care to comment on either of those things?

Ms. Melissa Miller: Yes. Of course there are some difficulties around that, but I think we've seen over the last year while investigations have been under way that we do have enough evidence. Certainly what we learned over the last year... Take an instance of dehydration. That was extremely common in my practice, even pre-COVID. It is just unconscionable in our society that someone can actually die from not having water placed by their side.

That's usually a systemic issue. The charting is not happening appropriately. The lowest-paid staff members don't appreciate the importance of noting water intake or the placement of a water glass on a side table, for instance.

Those are things that happen at an organizational level from the owners and operators. When it happens consistently, or at any time, it should not be the lowest-paid worker who is held accountable. There has to be accountability at the organizational level, especially when we have chain, for-profit companies turning a profit on the suffering of these residents.

• (1125)

Mr. Michael Cooper: You've focused a lot on directors and officers, and I think you make many valid points in that regard. The other two recommendations that Mr. Webb put forward were whistle-blower protection legislation and a criminal endangerment section in the Criminal Code. Do you endorse both of those things?

Ms. Melissa Miller: I do, yes. I think both are critically important, especially the whistle-blower protection. Again, we're talking about the usually racialized, lowest-paid women who are working at these long-term care homes. They feel they can't say anything or they're going to lose their job or get in trouble. We heard through some of the testimony from Ontario's long-term care commission that this was the case.

We can't have people in fear. Those with knowledge of what's actually going on should not be in fear of holding accountable those who should be held accountable.

The Chair: Thank you very much, Mr. Cooper.

We'll now go to Madam Brière for six minutes.

Please go ahead.

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Thank you, Madam Chair.

[*Translation*]

Good morning, Ms. Bérard.

My questions are for you.

Can you tell us a little more about your clientele? What are the causes behind the need for support? Have you noticed a change in the needs of your clientele over the past few years, and since the COVID-19 pandemic began?

Mrs. Stéphanie Bérard: Since the beginning of the pandemic, the level of vulnerability of our clientele has been exacerbated. Our clientele is much more psychologically fragile and the cases are more serious than before. Isolation has meant that victims of abuse are left alone with the abuser and reporting is increasingly difficult.

Client support is increasingly difficult to do because the abuser is always present. Then there is no way to get out of it.

The fear of retaliation is an extremely important factor. Therefore, we need to help abused elders by putting in place a protection mechanism, so that they are protected from any retaliation. Seniors are afraid to report their abuser because they don't feel protected. That's really what we're seeing on the ground in terms of the vulnerability of these people. Because of the isolation, often their abuser is the only person they have contact with. Whether it's financial abuse, physical abuse, or emotional abuse, it's very difficult for seniors to live through.

I don't know if I've answered all your questions.

Mrs. Élisabeth Brière: Yes, thank you.

People in abusive situations are afraid of retaliation. Do you have any thoughts on what measures could be put in place to encourage them to report this situation?

Mrs. Stéphanie Bérard: We became aware of another problem that affects shelters. They are not adapted, for example, for seniors with limited mobility. Often they have stairs and no elevator. In fact, there are shelters for battered women, but there are none for vulnerable seniors.

If there were, we could get them out of their dangerous environment and into a shelter so they could rebuild their psychological health while the reporting process takes its course. It's kind of the same philosophy as witness protection. So we really need to protect elders and get them out of the environment where the abuse is taking place.

• (1130)

Mrs. Élisabeth Brière: Thank you.

Earlier, one of the witnesses drew a parallel with the measures in place for children. In your discussions about elder law with your various partners and stakeholders, have you ever heard of measures like that?

In Quebec, many organizations are involved in seniors' rights. So we may be getting closer to the solution.

Mrs. Stéphanie Bérard: Indeed.

The measures put in place for children could be just as effective for seniors. I am thinking in particular of the Youth Protection Branch. There could be an elder protection branch. That would be very welcome in the health care system. This is what we need to help our seniors. The situations we see on the ground are so unfortunate. A senior doesn't deserve to go through that in isolation. So that would be the right direction to go in terms of protecting seniors.

Mrs. Élisabeth Brière: Earlier, you mentioned a few things about early detection of abuse.

In a context where we advocate for home care, what could be done to ensure this detection?

Mrs. Stéphanie Bérard: We are fortunate to have lookouts. The lookout can be the delivery person at the convenience store or the pharmacy, or the hairdresser. These people, who are in the senior's circle, call on us. From that point on, we try to figure out what approach to take to get the senior out of that situation.

We can also reach out to those around us to do prevention. Often a person can do something, but they don't realize it. An exhausted family caregiver, for example, can cause abuse. It's unintentional, but they are exhausted. So family caregivers need support too.

Mrs. Élisabeth Brière: I'm straying a bit from your area of expertise, but do you think something needs to be added to the Criminal Code to criminalize harmful behaviour?

Mrs. Stéphanie Bérard: Indeed.

We realized that in the case of financial fraud, assault, or physical abuse, the Criminal Code applies and the Director of Criminal and Penal Prosecutions can actually act.

However, when we talk about ageism, psychological abuse, hurtful words used, or organizational abuse, there is an issue of accountability. Who is responsible? Is it the employee who commits the act or is it the manager?

The Criminal Code could really close the loop on all forms of abuse, not just with respect to assault or financial fraud. It would be a really nice avenue to reopen the Criminal Code and include all forms of abuse.

[English]

The Chair: Thank you very much.

[Translation]

Mrs. Élisabeth Brière: Thank you very much.

[English]

The Chair: I notice that Madam Marcoux has joined us.

Welcome, again. It's really great to have you here.

We'll now go to Monsieur Fortin for six minutes.

Please go ahead, sir.

[Translation]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Thank you, Madam Chair.

Welcome, Ms. Marcoux. I am glad to see you here, as well as Ms. Bérard, Ms. Miller and all the witnesses.

It is very kind of you to participate in this exercise, which is important when we talk about better protecting the elderly in our society. I think it's a mission that we owe it to ourselves to do right.

I liked what I heard from Ms. Miller about thinking about a way to better frame, criminally, the actions and inactions of leaders of organizations that care for seniors. I think that these people have an important responsibility, just like the citizen, the nurse or the employee who takes care of an elderly person, whether well or badly. That's an avenue we need to look at.

That said, I am very interested in Vigil'Ange. You'll understand: it's right in my riding, and I find that this organization plays a major role with our seniors.

Ms. Marcoux, I would like you to tell us about the lookouts. This is not a common or familiar concept.

How do you go about recruiting lookouts? How do you train them? How do you do it?

• (1135)

Ms. Colombe Marcoux (Coordinator, Vigil'Ange): We currently have 156 lookouts across our territory. A lookout can be a citizen, a business owner, a health professional, someone who works in a community organization or the police department. Basically, they are all people who, from far and wide, have an interest in the cause of seniors. Our lookouts are our eyes and ears on the ground and we try to recruit community stakeholders who have a connection to our seniors.

Abuse is a very taboo subject, but a senior can confide in their hairdresser or someone they have developed a bond of trust with.

These lookouts are the ones who are going to spot trouble. They're the ones who are going to be concerned about someone they've known and dealt with for a long time.

We often say that, ideally, a well-trained lookout who is well aware of our challenges and mission will not send the person to us. She herself will be able to guide the senior in need to resources in the community. This is really beautiful. It involves the community in advocating for our mission. The concept of the lookouts is somewhat inspired by the Block Parent program, and our lookouts have a little sticker on their window. Pharmacists and police officers have one as well.

Mr. Rhéal Fortin: I don't want to rush you, but we don't have much time left.

You just talked about the stickers. Lookouts are people that you recruit who work with seniors. You mentioned pharmacists and hairdressers, for example. I guess different professionals are being called upon.

How are the stickers you mentioned helpful?

Do older adults know what the sticker means?

Ms. Colombe Marcoux: It's our logo and phone number.

The merchant or establishment identifies itself as a lookout. They will be able to react if they become aware that an older person in their community is experiencing a situation of concern. It could be a notary or a lawyer, a hairdresser or someone who works in a school. There are no limits. Anyone who...

Mr. Rhéal Fortin: Suppose I am a senior citizen dealing with abuse—don't laugh, it may happen to me one day, since I fully intend to live a long life. If I see the Vigil'Ange sticker at the pharmacy, for example, I will know that I can tell the pharmacist that my son or daughter, nephew or neighbour has done something. The pharmacist will offer to help me.

Is that right?

Ms. Colombe Marcoux: Exactly.

Mr. Rhéal Fortin: What type of help can they offer me?

Ms. Colombe Marcoux: This is really a partnership; we all work together. The lookout will describe the situation to us and share their concerns and worries. On our side, we will act upstream, with the person's consent, of course. We can also guide the lookout with suggestions, certain actions to take. Several types of collaboration are possible. It is teamwork.

Mr. Rhéal Fortin: Do you co-operate with law enforcement authorities?

Ms. Colombe Marcoux: Absolutely.

Mr. Rhéal Fortin: Do you co-operate with hospitals and the like?

Ms. Colombe Marcoux: Quite a lot, yes.

Mr. Rhéal Fortin: How does this improve the lot of the elderly person who has a financial abuse problem? I am not talking about physical abuse, since in that case they will be treated in a hospital.

If an elderly person is being financially abused by her nephew and she tells her hairdresser about it, what will you do?

Ms. Colombe Marcoux: That's a very good question.

We go at the person's pace and take the time to fully understand what's going on. Even if it's abusive, the relationship can be an important one. For instance, the nephew, son or grandchild may be the only person in the senior's life. That person may actually have needs, as well.

We try to build trust. We offer the individual help by educating them and referring them to the appropriate resources.

Mr. Rhéal Fortin: Thank you, Ms. Marcoux.

Ms. Colombe Marcoux: My pleasure.

The Chair: Thank you, Mr. Fortin.

[English]

We'll now go to Mr. Garrison for six minutes.

Go ahead, sir.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair.

I want to direct my questions to Ms. Miller, and I thank her for raising the question of holding the least-paid workers responsible for what happens in long-term care homes. I think a phrase that I have come to respect is that, in long-term care, the conditions of work are the conditions of care.

Ms. Miller, in your experience, have you found that the precarious nature of work in long-term care homes is a contribution when it comes to the failings that lead to elder abuse?

• (1140)

Ms. Melissa Miller: Thank you so much for that question, Mr. Garrison.

I couldn't agree more with that comment. It's a comment from Pat Armstrong, one of the leading experts in long-term care. I see it, unfortunately, every single day of my practice. I held a series of town halls with my group, Canadians for long-term care standards, and we had PSWs and nurses come and speak. I've spoken with countless of them over the last year. Natalie Stake-Doucet spoke at Parliament Hill at my demonstration, Broken Hearts, Empty Shoes. She's the president of the Quebec Nurses' Association. She said, "We're not heroes; we're just nurses."

These people are overworked, underpaid and are lacking the resources they need to do their jobs. What I've heard consistently over and over again is that they want to do their jobs properly, and they are leaving at the end of the day knowing they are not. It's heartbreaking for them, and it's heartbreaking for the residents.

The reason it's so detrimental is that these very simple things snowball into cataclysmic issues, like knowing how a resident likes to take their food or knowing that they don't want to come from the left versus the right because of Parkinson's or being hemiplegic. Those are very small, nuanced elements of care that you can't just have written down on a massive piece of paper. It comes from knowledge. It comes from knowing the residents, spending time with the residents and having consistency of the staff with the residents rather than this revolving door of underpaid contract workers who are trying to come in and learn about every single resident on every single shift. That's how things fall through the cracks.

These very small deficiencies in care are what snowball into horrible conditions. That's how we see bedsores that lead to necrotized tissue developing into bone infection, dying of dehydration or choking on food because they were supposed to have liquids. These are things that are happening every single day across Canada, and it is predominantly because the staff do not have the ability to do their jobs properly.

Mr. Randall Garrison: Do you think that the limited number of hours of staff time to provide care per resident is a big contributor to these problems that we're talking about today?

Ms. Melissa Miller: Absolutely, and that's extremely variable from province to province and territory across Canada.

In Ontario, for example, prior to the pandemic, we were at 2.75 hours of direct care per resident per day, and now we're at 2.45. The experts unanimously agree across the board that the bare, bare, bare minimum should be four hours per day, although we do have some provinces that have over five hours per day or even closer to six. That should not include RSW or resident care aid workers. That would just be for personal support worker and nursing support. It wouldn't include physiotherapy, nutrition, occupational therapy and things like that.

Mr. Randall Garrison: One of the possible solutions that has been suggested is to have national standards written into the Canada Health Act for long-term care. I'm presuming I know the answer to this question, but how do you feel about that? Would that help address these problems?

Ms. Melissa Miller: If you ask most experts, and I have—as I said, I did a series of town hall meetings—most of us agree that the Canada Health Act should stand alone and that a separate piece of legislation should be legislated incorporating the five governing principles in the Canada Health Act with some additional principles.

The predominant reason we need to have legislated standards is, where you have standards legislated for health care, which is governed provincially as we know, that is legislation that's governing doctors and nurses who already have their own regulatory and licensing bodies that they answer to. We do not have the same thing for personal support workers across Canada, so it is incumbent upon the federal government to implement additional standards that stand alone separately in the legislation and operate exactly as the Canada Health Act does to ensure that provinces are complying with those standards in order to receive federal funding.

• (1145)

Mr. Randall Garrison: We have very little time here.

I'm going to ask a question about training. What are the requirements in most long-term care homes for personal support worker training? Do you feel those are adequate?

Ms. Melissa Miller: I couldn't answer that if I wanted to, because it's so variable across even Ontario, let alone Canada. That's the problem. There isn't any standardized training.

That is fundamental to improving care across the board. There needs to be training. There needs to be licensing of these workers and they need to be paid properly. They need to be paid in accordance with their counterparts in acute care in hospitals.

Mr. Randall Garrison: Thank you very much.

The Chair: Thank you very much, Mr. Garrison.

We'll now go to our second round of questions, starting with Mr. Moore for five minutes.

Go ahead, Mr. Moore.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Madam Chair, and thank you to our witnesses for appearing here today.

To the Canadian Centre for Elder Law, this is an important issue at the best of times, and we know with COVID and lockdowns, and everything that we've experienced over the last year, in many cases, it's made bad situations worse.

You have provided a lot of support and resources for seniors, and we've been talking a bit about the impacts of COVID.

I want to speak about something a little different. It's about the targeting of seniors through scams. It's so commonplace now. I mentioned to the committee last week that I received a call that was clearly a scam. People are getting these calls non-stop. We know that seniors are specifically targeted. We know that they wouldn't be doing these scams if some people weren't falling for them.

Can you speak to some of your experiences, maybe the advice that you give and how you're supporting seniors for protection against scams?

Ms. Krista James: Thank you for that question, Mr. Moore.

We developed a series of resources called "Be a Savvy Senior", which are available in English and French. They include French-language and English-language animated videos, and also a series of fact sheets.

One thing we try to emphasize the most—we don't provide individual assistance; we provide high-level tools that front-line providers can share with seniors—is that seniors are not being approached for cons because they are gullible. I think there's a lot of tendency out there to treat seniors like they're easy marks because they are not educated enough or they're more gullible than younger folks, which is all mythology. I've been caught, and you were almost caught, right? Con artists are very sophisticated.

We encourage seniors to get more information so that they can help problem solve how to respond. Generally the best tip, when you're being scammed or you think it's a scam, is to not respond, because saying anything puts you at risk of sharing your personal information.

Honestly, seniors and younger people need the same basic information about how to protect themselves from abuse by con artists.

Hon. Rob Moore: Did anyone else want to comment on that before I move on to my next question?

Thank you, Ms. James. I appreciate that.

Is there any suggestion now on how those scammers could be better targeted? I know it's frustrating for police, because many times these are international in nature.

Do you, or any of our panellists today, have any suggestions? Should we be doing more, as parliamentarians? Should government be doing more to target those scammers?

Ms. Krista James: I think when it comes to scamming, as when it comes to other forms of elder abuse, one key thing is to provide better resourcing to the RCMP, to support robust training and response in communities across Canada. Smaller communities are often less resourced than larger communities.

If you are experiencing a scam that involves under a certain amount, you won't be able to talk to a person. Often you're directed to a website, or you have to follow a certain number of links and put information in. It's not a very helpful or accessible way to provide information on your experience, and it's not a very elder-friendly way to support people to get help.

What seniors need is in-person attendance by RCMP to find out what happened and to support them with their problem. Those relationships in community are what help seniors be safer.

• (1150)

Hon. Rob Moore: Thank you.

I see that the chair has informed me that my time is just about up.

Thank you, all, for your participation here today.

The Chair: Thank you, Mr. Moore. I appreciate that.

We'll now go to Mr. Maloney for five minutes.

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Thanks, Madam Chair.

Thanks to our witnesses. It's been very informative.

I'm going to pick up on something that Ms. Miller said earlier. You referenced nurses who are overworked, underpaid. They go home at the end of the day knowing they're not doing their job properly. The reasons for that have become more widely apparent as a result of the pandemic, even though they were apparent to some before the pandemic, as you pointed out.

One of the things that's become well known in the last 12 months is that homes that were operated privately seem to have higher COVID incident rates than those that are operated municipally or by other levels of government. I'm wondering what your comment is on that.

In your experience pre-pandemic, given that you've been doing this type of work for some time, does the COVID example extend to other areas of the level of care in those homes across the board? If the answer to that is yes, which I gather it is, what are your views going forward on private versus public long term care homes?

Ms. Melissa Miller: Absolutely, yes. COVID has highlighted what has already been true in the public versus private. I can tell you that from the Toronto, Ontario experience, our councillors voted I think unanimously to put the additional funding into the municipally run homes, as an example, to come up to the four hours of direct care per day. That is one of the reasons municipally run homes are usually run very well in comparison to for-profit homes.

Again, speaking of the Ontario example, although I know this is true in other provinces, the funding structures are different, but the funding that comes from taxpayers that goes to care is not the portion of funding that for-profit homes are allowed to derive a profit from. It is the portion of funding that is to go to hospitality that is the portion where for-profit companies are allowed to derive a profit.

In this pandemic we saw that older homes with four persons per room—we call them ward-style homes—are the ones that had some of the worst outbreaks. It is not a coincidence that most of those homes are owned by for-profit companies. They were the only parties willing to buy these old buildings and turn them into long-term care homes. They didn't have to do anything to get people in them because our wait-lists are so exorbitantly long. They did not use the hospitality funds or profits to modernize the homes and make them safer for residents. Instead, they mortgaged these properties to the hilt, and paid out dividends to shareholders.

I think it's pretty clear where you can see I stand on these issues. Profit has no place in care, and I take that from the final report of the long-term care commission in Ontario that was just released on April 30 by Justice Marrocco.

We've seen some issues across the board, but the evidence is very clear that the for-profit homes have the worst care, for the most part.

Mr. James Maloney: Thank you.

You've answered my next question. I was going to ask you to give us a list of your takeaways from reading that report because I know you've probably read it cover to cover by now.

I'm running out of time, so I'm going to ask you and the others a question, or maybe you could send us the answer to that question in writing. What are your takeaways from that? What do we need to know for the purposes of our study and from a criminal law perspective? That would be helpful.

Ms. Melissa Miller: Absolutely.

Mr. James Maloney: Thank you.

My question is for you and the others. We're talking about specific crimes in the Criminal Code, like failure to provide the necessities of life, etc. There are provisions in the Criminal Code that would provide police the authority to charge these homes and the people who run these homes now, but it's just not happening. Why?

I'm not sure the Children's Aid Society example is on a par with this for reasons I don't have time to get into, but my question is this. The crimes in the Criminal Code that exist now don't apply just to seniors. Are there other jurisdictions in the United States or around the world you can point to that have laws that address the issues we're talking about that are tailored towards seniors?

• (1155)

Ms. Krista James: I'll say something, Mr. Maloney, because it looks as though no one else is going to speak.

There are certainly U.S. jurisdictions that have some relevant similar legislation. That's why we recommend some comparative research into the experience of the U.S., so we can build on what has worked. I think we really need to do that robust comparative analysis.

Many of those provisions are still age neutral. They attach to vulnerable victims, not so much based on an age, although some American states do have legislation that specifically deals with only those over age 60 or over age 65.

The Chair: Thank you very much.

Mr. James Maloney: Thank you.

The Chair: We'll now move to our next questioner, Mr. Fortin, for two and a half minutes.

Please go ahead.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

Either Ms. Bérard or Ms. Marcoux raised some important points earlier, specifically, ways to better protect seniors and community monitors, if you will, who bring the abuse to light. I would like you to talk more about that.

What should these efforts look like? What can we do to better protect seniors who speak up about abuse? Perhaps a community monitor tells you that their neighbour, customer or whoever it might be is being abused.

How can we better protect those seniors?

Mrs. Stéphanie Bérard: As I said, few, if any, shelters exist for seniors who suffer from elder abuse. Shelters are needed so seniors have someplace to go to get out of the abusive situation. Shelters provide abused seniors with safe accommodations. Shelters are an

excellent solution, similar to youth protection service centres or sexual assault centres for women.

Although some centres do exist, they aren't tailored to seniors' needs. A senior who has reduced mobility can't stay in a facility where they would need to climb stairs or access two floors.

Mr. Rhéal Fortin: I understand. I'm going quickly because I don't have a lot of time.

Mrs. Stéphanie Bérard: Yes, of course.

Mr. Rhéal Fortin: I want to ask you about something else.

There has been a lot of focus on measures the government could take to prevent abuse. For example, amendments could be made to the Criminal Code, but not necessarily to send the abuser to jail, since they are often a close friend or relative.

Do you have any suggestions? What should the government do to stop elder abuse but not necessarily send the abuser to jail? Of course, in some cases, that is necessary.

What would you recommend?

Mrs. Stéphanie Bérard: In the case of sexual or physical violence, criminal penalties are certainly appropriate. However, when the abuse is psychological, therapy is available to people who—

Mr. Rhéal Fortin: —to the abusers.

Mrs. Stéphanie Bérard: Precisely, the abuser could be ordered to receive counselling or rehabilitation therapy.

Mr. Rhéal Fortin: Is that something you see a lot—people who go into therapy because of the abuse?

Mrs. Stéphanie Bérard: The justice system is inadequate in that regard. That's why, at Vigil'Ange, we endeavour to provide support to seniors and educate them when possible. Currently, though, that is not something available through the justice system.

Mr. Rhéal Fortin: Thank you, Ms. Bérard.

Ms. James, you talked about this earlier. Would you mind commenting briefly?

[*English*]

The Chair: I'm sorry, Mr. Fortin.

Mr. Rhéal Fortin: You're faster than the translator, Madam Chair.

The Chair: I know, and you had 40 seconds extra to cover that translation time.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

[*English*]

The Chair: Witnesses, if any of you would like to provide written responses to any of Mr. Fortin's questions, please do so.

Last, we will go to Mr. Garrison for two and a half minutes.

Go ahead, sir.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I've been focused on the extreme cases of deaths in institutional care as a result of COVID, but I don't wish to diminish in any way the seriousness of elder abuse that takes place in other forums.

I want to go back to Ms. Miller. She mentioned the role of the coroner. We had, in the evidence presented to the Ontario commission, a large number of deaths, in addition to those from COVID, that took place during the COVID epidemic as a result of insufficient care. I believe it was Ms. Miller who mentioned the role of the coroner and the cursory investigations by the coroner's office of deaths in long-term care.

Is that what you were getting at, Ms. Miller?

● (1200)

Ms. Melissa Miller: Yes. My clients had been asking for coroner investigations even long before COVID happened. In fact, it's sometimes one of the only ways we can even determine what happened, because they have access to records that my clients don't.

Many of my clients who lost loved ones in long-term care homes as a result of COVID are currently fighting with the coroner's office to try to figure out what the actual cause of death was. They want accuracy and they want answers. They want to know whether their loved one actually died from COVID or died from dehydration. Many residents weren't allowed to go to hospital.

It's something that is very much still under investigation. It's problematic for sure.

Mr. Randall Garrison: In these cases that you end up dealing with, in which families are seeking some kind of remedy through private law, how would you explain the attitude of administrators and the owners of these facilities? How can they not be aware of the conditions in their long-term care? Is this plausible deniability or wilful blindness? What is their reasoning when they are presented with these cases?

Ms. Melissa Miller: Mr. Garrison, you said it. I think it's tantamount to wilful blindness. I don't think there's any answer other than that. You hear people pointing the finger at the government, but as I said, accountability needs to be bookended. There needs to be accountability by the homes that have the power, by the government in enforcing and with actual penalties at the end of it, financial and otherwise, including jail if necessary.

The Chair: Thank you very much.

Mr. Randall Garrison: Thank you.

The Chair: Thank you, Mr. Garrison.

Witnesses, at this time, I would like to thank all of you for your contributions to our study on elder abuse. If there are any additions you would like to make or any clarifications, please do write to us and to Mr. Clerk with those clarifications.

At this time, we will suspend the meeting briefly to let in our second panel of witnesses.

● (1200)

(Pause)

● (1205)

The Chair: I will call this meeting back to order.

Before we get going and continue our study on elder abuse, I want to welcome MP Raj Saini.

Welcome. I really appreciate having you here on our committee today.

I will make a few comments for the benefit of our witnesses.

Before speaking, please wait until I recognize you by name. When you are ready to speak, ensure that your mike is unmuted. Your mute button is at the bottom of your screen. Once you are done speaking, please make sure you go back on mute. Speak slowly and clearly.

The interpretation is available to you at the bottom of your Zoom screen. Select the language that you would like to listen to. You can speak in any language, English or French, as you desire. When speaking, please make sure you are speaking slowly and clearly.

At this time I would like to welcome our witnesses. We have the BC Care Providers Association, represented by Terry Lake, who is the chief executive officer. We also have the Canadian Network for the Prevention of Elder Abuse, represented by Bénédicte Schoepflin, who is the executive director, and Kathy Majowski, who is the board chair and a registered nurse. We are also joined today by Elder Abuse Prevention Ontario, represented by Marta Hajek, who is the executive director, and Raean Rideout, who is the director of provincial partnerships and outreach.

Welcome, witnesses.

Each of the organizations will have five minutes to make their remarks. I have a one-minute card and a 30-second card to help you keep track of your time.

We'll start with the BC Care Providers Association.

Please go ahead for five minutes.

Mr. Terry Lake (Chief Executive Officer, BC Care Providers Association): Thank you very much.

Good morning, members of the Standing Committee on Justice and Human Rights.

My name is Terry Lake. I am the chief executive officer of the British Columbia Care Providers Association. I speak to you this morning from the traditional territory of the Secwepemc people in the beautiful city of Kamloops.

The BC Care Providers Association is the largest organization representing contracted providers of long-term care and assisted living in B.C. We comprise both non-profit and for-profit organizations. Through our operating arm, EngAge BC, we also represent private home health providers and independent living providers.

While I have served in this role for the last eight months only, I was the B.C. Minister of Health from 2013 to 2017, responsible for seniors care in the province.

In B.C., long-term care is provided by health authorities, non-profits and for-profit corporations, with each responsible for about one-third of long-term care residents, of whom there are about 30,000 in B.C.

It is my understanding the committee is interested in knowing if there are sufficient measures in place to protect against elder abuse, if existing penalties are sufficient, and how the Government of Canada can improve elder protections. This study is aligned with the 2020 Speech from the Throne, which stated:

The Government will work with Parliament on Criminal Code amendments to explicitly penalize those who neglect seniors under their care, putting them in danger.

While I have heard others opine on the current Criminal Code provisions that speak to neglect, I cannot with any authority tell you if these provisions are sufficient, so I will focus my comments on how protection against elder abuse and neglect can be improved in two very important ways.

The average age of an elder in long-term care is about 85 years. The majority of residents have multiple chronic, complex conditions that require 24-hour care and monitoring. About 60% of residents have some degree of dementia. For this reason, staff include registered nurses and licensed practical nurses, but most activities of daily living and management are carried out by health care aides or, as they are known in Ontario and some other provinces, personal support workers.

In most provinces and territories, health care aides are graduates of recognized programs delivered by public and private post-secondary institutions, although there are some provinces in which this is not a requirement. In British Columbia, there is a registry of health care aides, and any health care aide working in a publicly supported seniors care environment is required to be on the registry. The goals of the registry are to protect vulnerable patients, residents and clients; to establish and improve standards of care; to promote professional development for care aides; and to assist these workers in identifying career opportunities. It is my understanding that B.C. is an exception in having formal recognition of HCA credentials. However, unlike the nurses with whom they work, HCAs are not self-regulated, although the former government and the present government in B.C. have indicated the intention to move health care aides into the newly expanded College of Nurses and Midwives.

The professionalization of health care aides is a very important way in which elders in care can be protected. Even if a care aide is found to have abused or neglected an elder in care, they can find themselves removed from the current registry, but they can continue to work in privately provided care, and potential employers are not notified of their removal from the registry. A robust self-regulatory college will ensure that those delivering care to vulnerable seniors are held accountable for their actions at the bedside, no matter who is providing their paycheque. Another benefit of the professionalization of health care aides would be continuing education

opportunities and increased stature for this important role, which would likely draw more people into this important career.

This leads me to the second important way in which we can prevent the neglect of elders in care: addressing the critical shortage of care aides and nurses in seniors care in Canada. The Royal Society of Canada's report on long-term care recognized that this is the first thing we can do.

We all heard terrible stories of situations in the first wave of COVID, particularly in Ontario and Quebec, in which elders were found to be dehydrated, often sitting in clothing that was soiled, and that was the result of the lack of care aides available to work. Many were off sick. Many were afraid to come to work. However, this health care challenge has been recognized for many years, so I think if there's one thing that we can do, it's to address the health human resources challenges in seniors care and invest as much as we do in seniors care as our peer OECD countries do in theirs. They invest about 30% more than we do in Canada today.

• (1210)

Thank you very much. I look forward to your questions.

The Chair: Thank you very much for that.

We will now go to the Canadian Network for the Prevention of Elder Abuse for five minutes, please.

Ms. Kathy Majowski (Board Chair and Registered Nurse, Canadian Network for the Prevention of Elder Abuse): Thank you for inviting the Canadian Network for the Prevention of Elder Abuse to speak today. We commend the committee for its decision to develop a study on elder abuse.

As mentioned, a few months into the pandemic, our country witnessed horrifying accounts of abuse and neglect in many long-term care homes. Two reports that were published recently documented the appalling conditions that residents endured. Outside of long-term care homes, older Canadians have also borne the brunt of this pandemic through deaths, social isolation and decreased quality of life.

This year brought ageism and elder abuse to the forefront. Elder abuse was rampant in our communities long before COVID, and the abuse is not limited to long-term care settings. Elder abuse has been a silent pandemic for years. From a 2015 national study, we learned that the prevalence rate of mistreatment was 8.2% among Canadians age 55 and over. That's over 750,000 Canadians. Mistreatment includes physical, emotional, sexual and financial abuse, systemic abuse, neglect and the violation of rights and freedoms, such as interfering with spiritual practices, denying privacy or preventing visitors.

CNPEA is one of the many voices calling for this issue to be recognized and addressed at the federal, provincial, territorial and local levels, with an emphasis on prevention and early detection through a collective and sustained effort. Like domestic violence, elder abuse is a complex issue that requires nuanced responses because older Canadians are not a homogenous group. Layers of identity such as gender, race, sexual orientation, economic standing and disability have a direct impact on a person's risk of victimization, their ability to report and to access adequate services and justice.

If we're serious about tackling elder abuse, we need to start by confronting ageism. By the World Health Organization's definition, "Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage, and injustice."

Ageism is rarely recognized as the violation of human rights it is. Little by little, it dehumanizes older persons. From jokes about "senior moments" to referencing a "silver tsunami", it's a quick slide to debating whether some lives are worth more than others during a pandemic. Ageism and how we think, or don't think, about older people has a drastic impact on the quality of the care and services that we receive as we get older. Ageism negatively impacts a person's quality of life and increases social isolation and loneliness, which are high risk factors for elder abuse.

The World Health Organization and the United Nations emphasize the importance of age-friendly communities. A supportive, age-inclusive community that promotes health, safety and well-being across the life course leaves less room for abuse and violence to breed.

We're currently leading a project with a group of partners to develop a pan-Canadian road map to increase the prevention of elder abuse. Thanks to funding from the Department of Justice victims fund, we will develop a guide with multiple entry points, which will allow each of us, at an individual, organizational or governmental level, to play a role in preventing elder abuse.

Our consultations point to a collaborative approach as a meaningful tool to support older people. We hope to foster coordinated community response mechanisms and integrated teams that will connect policing, community, social and health services. Building bridges through training that promote trauma-informed principles and focus on equity can help address additional barriers to safety that are facing underserved seniors such as older women, especially older women of colour, indigenous and LGBTQ+ seniors.

Canada has shown increasing leadership in its approach to tackling gender-based violence. It's time to turn our attention to the needs of older citizens facing life-threatening abusive situations. This means providing adequate support and resources for research, direct services and public education across Canada. Supporting innovative research at the federal level would help address our knowledge gaps and propel the development of future policies and best practices.

The sector of elder abuse prevention is a fragmented one. Not all provinces and territories have a dedicated organization or network, and funding varies between jurisdictions. The results are disparities in prevention and response capacity. A well-resourced infrastructure would support an efficient, coordinated approach to detection,

prevention and response. With the right support from the Government of Canada, existing practice and knowledge communities could work in unison, ensuring that we can all age in health and safety, with our rights protected and respected.

Thank you very much.

● (1215)

The Chair: Thank you very much.

We'll now go to Elder Abuse Prevention Ontario.

You have five minutes. Please go ahead.

Ms. Marta Hajek (Executive Director, Elder Abuse Prevention Ontario): Madam Chair, members of the committee, *bonjour*.

Joining me today is our director of partnerships and outreach, Raean Rideout.

Thank you for inviting us to speak with you about elder abuse. Let me get straight to the point. We are now in a state of crisis.

Our parents, siblings, neighbours, friends and others within the community who have no one to turn to are facing unprecedented rates and increased risks of abuse, physical, psychological, and sexual, as well as financial exploitation.

Over the past year, call volumes to the 24-hour seniors safety line have risen 250% in Ontario—250%. Let that sink in.

Many more are victims of neglect. The lockdown measures intended to curb the spread of the virus have only exacerbated those issues arising from isolation, translating into increased vulnerabilities to abuse.

Here are but a few of the stories that we have heard each day: A woman was forced by her family to live in an unheated garage with the windows darkened. A senior man was found lying alone in a bed, covered in feces. A late resident in a Mississauga long-term care home was robbed of her life savings by the person who abused their authority as her power of attorney. These are heartbreaking yet all too common incidents of vicious abuse.

This problem needs to be identified and it needs to be named. Elder abuse cannot be buried within other strategies and programs. Systemic issues require deliberate and systemic approaches. If we do not answer the call now, we might not get a second chance.

What can the federal government do to effectively combat elder abuse? It starts with one thing: prevention.

First, the federal government should support the continued development and implementation of a national elder abuse strategy, one that includes diverse communities with a pan-Canadian awareness-building campaign. People need to know how to recognize the signs and how to take appropriate action, particularly in situations where someone is incapable of doing so for themselves. People need to know how to protect themselves and be able to access services in a timely manner.

Second, the federal government should provide tethered funding to provinces and territories to support the execution of this national strategy. It is fundamental that the federal government leverage its ability to engage provinces in bilateral agreements to increase safety and well-being outcomes for seniors, no matter where they reside.

Whether at the national, provincial or local level, community-based volunteer, non-profit organizations such as the Canadian Network for the Prevention of Elder Abuse, local area networks, and Elder Abuse Prevention Ontario need to be sustainably supported.

In Ontario, where there were once 57 networks, we are now down to 30. We are on the front lines, but our capacity is dwindling. These organizations are best positioned to raise awareness through education and to provide localized and culturally appropriate responses related to elder abuse.

Third, the federal government must invest in better data collection related to elder abuse. The mandate letter of the Minister of Seniors confirms this.

We need data for evidence-based decision-making to be able to tackle the issues with timely precision. To do so, the federal government should require federal, federally funded and regulated agencies to collect disaggregated data on elder abuse and neglect and to report it; integrate data collection requirements into future national standards for long-term care; and invest in research to better understand and respond to elder abuse and neglect.

The federal government must also consider public policies through an intersectional lens that takes age into account. In fact, ageism is at the core of elder abuse.

Demanding accountability from groups and individuals working with older populations is fair, but accountability needs to start with government.

In politics it is said that people regret the things they do not do. This is our opportunity to have no further regrets. The cost of not addressing the elder abuse crisis in Canada is too high.

Thank you.

● (1220)

The Chair: Thank you very much, Ms. Hajek.

Before we go into our first round of questions, I'll just ask you, Ms. Majowski, if you can double-check that your headphone is selected in your audio settings. My understanding is that we're still getting some questionable audio from you.

Madam Findlay, you have six minutes as our first questioner. Please go ahead.

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Thank you, Madam Chair.

Thank you to all of the witnesses for being here on this important topic.

This is directed to the Canadian Network for the Prevention of Elder Abuse. With respect to the federal budget and in particular data collection, an April 29 blog post on your organization's website notes the following:

The Budget cites plans for better data collection and for improved access to justice in general but makes no specific mention of elder abuse. This is a somewhat disappointing direction, as “investing in better data collection and law enforcement related to elder abuse” features prominently in the mandate letters of the Minister of Seniors and the Minister of Justice....

Could you elaborate on this need for data? You talked about research. I assume we're talking about the same thing. What would you like to have seen in the federal budget on this? You also mentioned protection response. Do you want to elaborate on that a little more?

● (1225)

Ms. Bénédicte Schoepflin (Executive Director, Canadian Network for the Prevention of Elder Abuse): I'm not sure if Kathy's sound is in the clear, so I'll take this one.

Overall, we're facing a situation where we have extremely spotty data about elder abuse in general. The research is still scarce. We have big gaps in terms of, for instance, interventions. What interventions work and what interventions don't work? There's also criminal justice. What is the actual impact of it on elder abuse occurrence and on the victims?

I could go on. We recently compiled a whole list while working on our strategy. It would help tremendously in shaping the way we think of elder abuse, the way we plan to address it, and the policies and practices we could disseminate further across the country if we had a fuller picture. I know that this was something, as we mentioned in the blog post statement, that was a priority for the Minister of Seniors. We were really hoping to see a more specific mention of elder abuse.

As Marta Hajek was mentioning earlier in her speech, elder abuse, whether we're talking about direct services or any approach, quite often is folded in with other services and folded in with approaches of other issues. It gets a little forgotten in the mix. We were really hoping for much more pointed mentions of it.

To be fair, though, we were still very happy to see—

Hon. Kerry-Lynne Findlay: More specific identification is what you're looking for.

Ms. Bénédicte Schoepflin: Yes.

The Chair: I'm sorry, Madam Findlay. I have to stop your time.

Ms. Majowski, your sound issue has been fixed.

Ms. Schoepflin, your Internet is coming in and out. There's a bit of breakage in what you're saying. I just wanted to flag that.

I will now resume your time, Madam Findlay. Please go ahead.

Hon. Kerry-Lynne Findlay: I thought it was just me, Madam Chair.

I know very well from my previous role as minister of national revenue that phishing calls and emails from criminals pretending to be the CRA often target seniors. I imagine this issue is particularly relevant right now, given that it's tax season, census week, and we're still in the midst of a pandemic.

Could either of you speak to this issue and how it has maybe evolved during the pandemic? Is there anything the government can do to help, or more that can be done, whether it be amendments to the Criminal Code, greater enforcement of existing laws, education or something else? I know that this is a real and continuing issue in just trying to make people aware. Could you address that with perhaps a very brief answer?

Ms. Majowski, maybe we can hear you now.

Ms. Kathy Majowski: Is that a little bit better?

Hon. Kerry-Lynne Findlay: Definitely.

Ms. Kathy Majowski: Perfect.

I can definitely speak to that. What has been compounded throughout the pandemic is the isolation that older adults face. Some older adults are connected to more resources than others. We definitely see that older adults who are less connected are more likely to become targets of scams and fraud.

As mentioned, I work as a registered nurse. I work in a community setting. Some of the older adults I support don't have phones. They don't have access to technology. They may or may not have family supports. They are a little bit more at risk. Thankfully, I'm able to connect with them and my team is able to connect with them when they come across concerning information.

We do provide health education. Obviously, prior to COVID we were able to do group education sessions in 55-plus buildings and in areas where seniors groups congregated. That has changed as well. We cannot have group settings. We cannot have those information sessions. Our ability to connect to older adults with that information and that education has also been limited by the pandemic and by COVID. There are many, many things that have an impact.

• (1230)

Hon. Kerry-Lynne Findlay: Thank you.

This question is for Terry Lake.

It's good to see you again, Terry.

I want to thank you and your members for caring for our seniors here in B.C. It's obvious that you provide important care to a lot of our seniors, and ensuring their health, safety and quality of life is very important to me.

I see that you're on an upcoming panel entitled "What Went Right... What Went Wrong? Seniors Care and COVID-19". Could you briefly tell this committee what you think went right and what went wrong in our care homes during the pandemic?

Mr. Terry Lake: Your question deserves more than a 30-second response, but as my comments suggested, I think the health human resource crisis that has been unaddressed for years is a key. Second, we focused too much on acute care and not the most vulnerable setting, which was long-term care. This happened in province after province after province. We had empty hospitals, surgeries cancelled, and we really did not see the acute care system stretched. Meanwhile, long-term care was struggling to access PPE, struggling to have enough people working there, struggling to get resources. That was the biggest single factor in our national failure to protect seniors in care.

Hon. Kerry-Lynne Findlay: Thank you.

The Chair: Thanks very much.

We'll now go to MP Stéphane Lauzon for six minutes.

[*Translation*]

Mr. Stéphane Lauzon (Argenteuil—La Petite-Nation, Lib.): Thank you all for your useful input. The panel's insight will certainly help move the needle on the issue.

Mr. Lake, you spoke a lot about the importance of skilled workers in the delivery of long-term care. You piqued my curiosity. You said workers come from a mix of private and public institutions, which work together.

What role can the government play in training workers? What measures are necessary to prevent a labour shortage?

[*English*]

Mr. Terry Lake: Thank you for the question, Monsieur Lauzon.

In British Columbia, the curriculum in public and private institutions that train health care aides is certified by the provincial government, so there is a standard of quality which is important. I think putting health care aides into a professional college will increase the ability for continuing education and also, of course, addressing any issues of neglect or abuse.

The Conference Board of Canada says that we need up to 200,000 new long-term care beds in the next couple of decades. With that, of course, we are going to require far more health care aides or personal support workers, more LPNs and more RNs. The domestic supply in Canada will not be sufficient to meet this demand, which is why we have been hopefully optimistic with the developments on the national occupational classification code changes that will allow people with less than a degree to be considered trained and skilled workers and have an easier path to permanent residency in Canada.

Those changes will be implemented probably not until a year after the changes occur. We really hope they will be implemented much, much sooner, so that we can bring people into Canada who will be trained and ready to step into the workforce to care for our elders here. We simply need far more of them than are available today, not only to deal with the growing population of baby boomers who will be coming into the system, but because we need to increase the number of hours of care per day to increase the level of care that our elders deserve.

Mr. Stéphane Lauzon: Thank you very much for your answer.

One thing we are concerned about as a committee is preventing the tragedies that were reported on by the military when they visited these long-term care homes that you mentioned in your remarks, especially in provinces like Ontario and Quebec. Maybe the situation in B.C. has been different, as you mentioned.

In your view, what is important to consider first when establishing new offences and penalties in the Criminal Code related to elder abuse and neglect?

• (1235)

Mr. Terry Lake: I'm not sure that the current provisions are not sufficient, because neglecting or abusing elders is embedded in the Criminal Code.

The abuse and neglect that we saw, particularly during the first wave in the provinces of Ontario and Quebec, were due to insufficient staff available to look after these very vulnerable Canadians. So many staff fell sick to the virus or were afraid to come to work. We heard reports from the Canadian Armed Forces of 115 residents with only three staff members.

Those three brave people who showed up to do their job were just not enough to keep people from being dehydrated, not having the food they required, and for not being toileted properly. That's because Canada invests 30% less than other OECD countries in the care of seniors. We've all known this for a while.

As a provincial health minister I knew this, and the measures we took to address it were insufficient across the country. The one thing that COVID has shown us is that we need to address the care of seniors in Canada. We need to make the system much stronger than it is today.

I'm hopeful that this will be one of the positive changes that occurs as a result of this pandemic.

Mr. Stéphane Lauzon: Thank you for your answer.

This question is directed to all the witnesses who want to answer. It is a very important question about the mandate letter of two ministers and the Minister of Seniors.

[*Translation*]

The question is straightforward.

Can data collection make a big difference?

How would the data inform solutions to address job readiness, long-term care and, of course, elder abuse?

[*English*]

Perhaps Madam Hajek can answer this question.

Ms. Marta Hajek: Thank you, Mr. Lauzon, for the question.

The data collection is really fundamental if there is such a disparity in terms of what is being collected across the various provinces, various sectors, and the partners we work with.

With standardized data, we will be better informed in terms of those policy decision-making initiatives, and to make things a bit more consistent across Canada. Having a community centre that is 15 miles away from where particular residents reside, because there's nothing for them locally, is a reason where the community did not react with the resources that are required where they are required.

[*Translation*]

Mr. Stéphane Lauzon: Thank you.

[*English*]

The Chair: Thank you very much, Mr. Lauzon.

We'll now go to Mr. Fortin for six minutes.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

Thank you to the witnesses for being with us today.

I listened as Mr. Lake and others spoke about their previous experience. He used to be a member of the Legislative Assembly of British Columbia and a former health minister in the province. Senior care is an issue he has been paying attention to for quite a few years, so he can definitely shed light on certain facets of the issue.

My questions are for you, Mr. Lake. I gather from your remarks that human resources or labour is a problem in senior care. I would think the problem affects almost every province, probably many other countries as well. After all, care is expensive and the work is far from easy.

Legislative assemblies have a larger say in the matter than the federal Parliament does, but let's overlook that for now.

I'd like to hear your comments in relation to something else. As you know, in the federal Parliament, we apply a federal jurisdictional lens. Currently, we are trying to figure out whether we should amend the Criminal Code to better protect seniors.

You mentioned this, and you're right. The Criminal Code already contains provisions that deal with mistreatment, negligence, abuse and so forth, so we shouldn't pass countless provisions to address similar offences.

Would you say the Criminal Code is silent on certain elements?

For instance, the previous panel told us that when a senior is abused or mistreated, the abuser is often a relative or close friend—a neighbour, a friend, a cousin or a nephew, say. The senior, who is often fearful, wants the abuse to stop, but doesn't necessarily want the abuser to be prosecuted or sent to jail.

In your experience, how could we make sure the abuse stops without instituting criminal proceedings against the abuser? Do have any suggestions?

• (1240)

[English]

Mr. Terry Lake: That is an interesting question and one that's quite challenging.

When I talked about the professionalization of health care aides or personal support workers, you could include more training on elder abuse and recognizing situations in which family members may be taking advantage.

We have situations quite frequently where pensions are raided by family members. That leaves the elder in care unable to pay their copayment for their care and hospitality fees. That obviously leaves them in a very dire situation.

I think training those who work closely at the bedside and who interact with the families on a regular basis would be very helpful in preventing or at least spotting early cases of that type of abuse.

[Translation]

Mr. Rhéal Fortin: Thank you, Mr. Lake.

Yes, I imagine training would play a significant role. Let's say a senior's nephew made them sign a bunch of cheques the week before on the pretext that he needed money for this or that, and the senior reported it to an authority of some sort. What happens in that case? Obviously, the authority can go to the nephew and tell him to repay the money. The senior could be the abuser's father, uncle or cousin. Criminal prosecution is one option.

Are there not other options in terms of penalties or consequences for this type of behaviour?

It goes without saying that I agree with you about training. Training goes hand in hand with prevention. I'm not trying to waste your time with this line of questioning. I just want to know whether any measures that are not currently in place should be.

[English]

Mr. Terry Lake: I would defer to other members of the panel. I think their expertise lies more in this area, Monsieur Fortin.

[Translation]

Mr. Rhéal Fortin: Thank you, Mr. Lake.

Ms. Majowski, perhaps you could answer.

[English]

Ms. Kathy Majowski: Absolutely. Thank you.

In the community setting, we see in many cases that older adults do not want to report family or friends and do not want criminal proceedings. They are dependent on the perpetrator for something, whether it be to help them get groceries, for transportation to a doctor's appointment or for tasks that allow them to continue living comfortably in the community. They do care about the person who is helping them.

From the work I do, we've seen a lot of success when we assist to put more resources in place so that older adult is no longer dependent on the person who is abusing them. They are able to access resources in the community, whether it be volunteers, social services or health services. Particularly during COVID, we've seen a wonderful uptick in these services and supports, where they no longer have to be so dependent on the perpetrator. They can go back to being family members without that extra complication of one depending on the other.

[Translation]

Mr. Rhéal Fortin: Thank you, Ms. Majowski.

Thank you, Madam Chair.

[English]

The Chair: Thank you, Monsieur Fortin.

We'll now go to Mr. Garrison for six minutes.

Mr. Randall Garrison: Thank you very much, Madam Chair. Thank you to all the witnesses for being with us today.

I want to go back to Ms. Majowski, who talked about prevention.

Do you believe that strengthening the Criminal Code provisions that would hold private care operators responsible for failures of care that result in injury or death of long-term care residents would help in terms of providing an incentive to avoid elder abuse in those homes?

• (1245)

Ms. Kathy Majowski: I do. I do think there needs to be more accountability when it is discovered that private care providers, and even municipal care home providers, are not doing the job that our older adults deserve. There should be a level of accountability.

Speaking for Manitoba, there is oversight from our provincial government for the long-term care facilities. There are certain standards that the long-term care facilities need to uphold.

However, if a care facility in Manitoba does not meet those standards, that information has not been made public. It's not something that is shared. They are given chance after chance to rectify the situation. Sometimes they do for as long as the oversight committee is keeping an eye on things and then they no longer need to.

There are—one hundred per cent—concerns that the accountability is lacking in these care homes and for these care providers.

Mr. Randall Garrison: Thank you very much.

On the question of staffing and staffing levels, it would seem to me that if institutions had been properly staffed during COVID, they wouldn't have fallen into crisis so early or so deeply. While Mr. Lake's testimony seems to treat staffing as something that falls from the sky, it would seem that before COVID there was a problem with inadequate staffing levels to provide adequate care. Is that your experience?

Ms. Kathy Majowski: Absolutely.

I can speak both professionally and personally. My grandmother is in one of the care homes that suffered a significant COVID outbreak, and we learned after the fact that they were staffed at pre-pandemic levels, even when there were outbreaks in other care homes in the city.

I have worked in care homes. The pre-pandemic levels are woefully inadequate. The amount of time that staff have to spend with each resident is broken down almost to the millisecond. They are given very little time. There's no time for any crisis or any variation from the routine, which makes staff very stressed. They're not able to perform the task they know they should be doing. This has been an ongoing issue, and I don't think that the staff need to fall from the sky, but I do feel there are long-term care facilities that are chronically understaffed and expect volunteers and family members are going to fill the gaps.

What we saw with COVID was, when the volunteers and family members were no longer able to access the homes, there was a significant crisis already. We should not have to depend on volunteers and family members to be able to care for our older adults properly.

Mr. Randall Garrison: Thank you.

I will turn to Mr. Lake since I have cited him.

I'm curious about whether the BC Care Providers Association is working on establishing standards for itself as care providers and professionalizing its own organization. You've talked about B.C. care aides needing to be professionalized, but does your organization work to establish standards of care that your members will deliver when providing long-term care?

Mr. Terry Lake: All our members are contracted to the provincial government through health authorities, and they're very highly regulated. For instance, all inspection reports of long-term care are available on the health authority websites. We have patient care quality officers whom families can go to if they feel there's an issue about care in their family's nursing home.

On our independent living and home health side, we are starting an assurity program, which does have a level of care, a level of standards, that people have to meet. That's more on the independent living and private home health side, not the contracted long-term care side, because the regulations there—I can tell you, having been the minister—are very stringent.

In British Columbia we have probably the best organized system of care for seniors because we are so tied into regional health authorities for oversight. Whether you are a health authority home or a contracted provider, that same level of regulation and care and hours of care are legislated.

Mr. Randall Garrison: What you're saying to us then as a committee, is that we shouldn't wait for the providers to raise standards of care. We will need to focus on regulations and perhaps national standards for health care, rather than wait for the providers to tackle these problems, that you're just going to wait with the current level of regulations.

• (1250)

Mr. Terry Lake: We have to remember that seniors care in Canada, in almost all cases, is publicly funded for their care component but not the hospitality component. Providers can only provide the level of care that governments are willing to invest in. When we talk about not being able to have staff or not being able to attract and retain staff, it's because Canada underinvests in seniors care by about 30%. Until and when we address that, we won't see improvements in raising the level of care through staffing.

The Chair: Thank you very much.

That concludes your time, Mr. Garrison.

We'll now go into our second round of questions, starting with Mr. Baldinelli for five minutes.

Mr. Tony Baldinelli (Niagara Falls, CPC): Thank you, Madam Chair.

I'd like to take this opportunity to thank all our witnesses for being with us today.

Ms. Hajek, thank you for being here. One of your comments resonates with me. It's the regrets, the things we do not do, and so it's important that we're doing this study and we're here today to look to all of you and your comments.

I was wondering if you have had a chance to review the recent long-term care report in Ontario that was released on April 30. If so, do you have any comments on that?

Ms. Marta Hajek: If I may, through the chair, I'd like to defer this question to our director of partnerships, Raeann.

Ms. Raeann Rideout (Director of Provincial Partnerships and Outreach, Elder Abuse Prevention Ontario): Thank you.

I haven't read the report entirely, but we do know there is the need for further training and education to the staff in identifying. Sometimes staff may not even recognize some of their actions may be considered abusive in nature in regard to that.

Again, I don't work directly within that long-term care sector, but with my colleague, Mr. Lake, we recognize the lack of staffing. We knew that some of those shortages were evident prior to COVID as well, and that it is a necessary need that we do need to implement in the future in terms of staffing.

Also, getting back to the national standards for long-term care, we need to integrate that training and education component. There needs to be the recognition of what the role and responsibility is in reporting when they do see significant issues happening to residents by other colleagues they're working with and that whistle-blower protection that I think other colleagues have mentioned in previous testimonials.

Thank you.

Mr. Tony Baldinelli: I'll follow up on that with regard to what other witnesses talked about, under the federal Criminal Code, the notions and requirements for whistle-blower protection and then criminal endangerment codes as well. Could I get your thoughts on that?

Ms. Raeann Rideout: I would refer to our colleagues who have the expertise and legal background in regard to the Criminal Code amendments.

I know Mr. Graham Webb made a recommendation around criminal endangerment, and I know it's something other colleagues have supported.

Again, Krista James, from the Canadian Centre for Elder Law indicated, in terms of looking at investigation or research, what best practices would work, and what other legislation is working across borders as well in terms of looking at best practices that we would implement in the future.

Mr. Tony Baldinelli: Excellent. Thank you.

It seems to be a consensus in some of the discussions here on the whole issue of staffing and the needs in that area. I know from the long-term care report that the province issued on April 30, from page 236 all the way to page 239 it talked about staffing and the requirements there. It talked about the regulation of PSWs.

I know the provincial government has committed \$86 million, for example, to provide free tuition to PSW students so that it could bring on stream 8,000 new PSW workers.

If that were provided today, how long would it take before we would have those workers working in facilities?

• (1255)

Mr. Terry Lake: In British Columbia, and I think it's fairly similar across the country, it takes about eight months to be certified as a health care assistant. These programs are extremely important and the sooner we start them, the better.

We have a similar program in the province of British Columbia.

We simply don't have enough people living here in Canada to fill those roles. Already the provincial government has hit a plateau in entrance to a totally free, paid-for program, so we need to have immigrants take those roles. That's why we really need to work hard to bring people in to fill those gaps.

Mr. Tony Baldinelli: Thank you.

Thank you, Madam Chair.

The Chair: Thank you very much, Mr. Baldinelli.

We'll now go to Mr. Virani for five minutes.

Mr. Arif Virani (Parkdale—High Park, Lib.): Thank you very much, Madam Chair.

I'll be splitting my time with Mr. Sarai, so I'll keep it fairly brief.

I want to recognize, first of all, that this is National Nursing Week, so thank you to all of the nurses who are doing this extremely important care, particularly, Ms. Majowski. I know you are a registered nurse. I am married to one.

Second, I would just say thank you to all of you for the work you are doing and your commitment to this cause.

We're very seized of the issue of standards, which has come up repeatedly, and with the issue of funding to support those standards. That's why, as a government, between the fall economic statement and the current budget, we've committed about \$4 billion in total to this sector alone.

What's important is that we also recognize that standards will, by necessity, still be breached.

I want to address this question particularly to Ms. Hajek, because I don't think she has weighed in on it yet, about this criminal component. We've heard from Mr. Lake on this and I've heard a little bit from Ms. Majowski about it.

One, do you feel, Ms. Hajek, that we need to improve the criminal standards for neglect of those who are in care? Two, if so, do you appreciate or endorse what was suggested by Mr. Webb at the last panel?

Ms. Marta Hajek: Thank you, Mr. Virani.

I would certainly endorse the position that many of my colleagues have taken. Again, we are in a crisis situation. There needs to be more accountability, and there need to be consequences for bad behaviour.

People who don't adhere to the rules and whatever existing standards are in place now have already demonstrated how, without consequences, this will just continue. It will be exacerbated beyond just what the COVID environment has provided for us. Yes, there need to be consequences and they need to be worked into the Criminal Code.

I have no legal expertise myself, but I hear horrible stories every single day. Our responsibility as a society is to look after one senior at a time and to make a difference in their quality of life.

Mr. Arif Virani: Thank you very much, Ms. Hajek.

I'll turn my remaining time over to Mr. Sarai.

Thank you.

Mr. Randeep Sarai (Surrey Centre, Lib.): Thank you, Mr. Virani.

My question is for Mr. Lake.

Mr. Lake, it's good to see you here. I've grown up around old folks homes all my life. My mother was a cook in one and my aunts were care aides and nurses aides. I used to get babysat for 45 minutes to an hour between my parents' shifts, so I knew a lot about it when I was in my younger years.

What I've heard from you is the concern that, one, there is a lack of funding and, two, there is a lack of care aides and other staffers. There is an acute shortage here.

Here's what I would like to know. When a private care facility doesn't have the staff, do they still maintain the same amount of patients or do they have to reduce the amount of patients to make sure the staff-to-patient ratio is maintained?

Mr. Terry Lake: Thank you, Mr. Sarai.

Our president, Aly Devji, has the same background you do. His family started a care home in Delta. He has been there since he was about 10 weeks old, so he has a similar background.

The contracted providers have to provide a number of hours of care per day. In British Columbia currently, it is 3.36, so they must have the staff required to meet that standard of 3.36. It can be extremely challenging to find people to staff.

We had a nursing home in the neighbouring community of Merritt announce just this week that they are closing their long-term care home. Part of the reason for closing those 20 beds is that they simply cannot recruit and retain staff in order to provide those hours of care. It is an ongoing challenge and one that needs to be addressed very quickly.

• (1300)

Mr. Randeep Sarai: Has there been any review provincially with regard to changing the proportion of funding there in order to adequately increase salaries of those who work there and therefore attract better talent, whether it was when you were the minister or

in the subsequent government? It's not a partisan issue. I'm just trying to find out.

Mr. Terry Lake: Absolutely, and we started raising hours of care when I was minister. That has continued under the current government and, to their credit, the current government in British Columbia has instituted wage levelling, so that everyone essentially is getting paid the same wage for doing the same job. Benefits may vary from contractor to health authorities, but that has largely been addressed in recognizing that we need to pay people a living wage and that to attract people into this career we must make it attractive. The people who are in it are passionate and they're fulfilled, but they need to be paid better.

Mr. Randeep Sarai: Have you anything quick on elder abuse that you've seen in your facilities and that needs to be remedied quickly?

Mr. Terry Lake: Well, the biggest incident of elder abuse in our country was the lack of people to take care of our elders during the pandemic.

The Chair: Thank you very much for that.

I see that it is one o'clock, but I do have Monsieur Fortin and Mr. Garrison still remaining with two and a half minutes each.

With members' permission, we'll go to Monsieur Fortin for his two and a half minutes.

Please go ahead, sir.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair. I'll try to be quick.

I want to raise a specific issue with this panel.

Ms. Schoepflin, I want to talk about protection for seniors who are whistle-blowers. We've talked a lot about how to protect them, but how to go about it is less clear. One way or another, it's problematic.

That said, what can we do to encourage them? Is there some mechanism we could put in place to encourage those who feel comfortable reporting the abuse?

Ms. Bénédicte Schoepflin: Thank you for your question.

An important consideration in the case of a senior who may wish to report an abusive situation is that, very often, the abuser is a family member or someone they are close to. That can prevent them from reporting the abuse or limit their ability to do so. Something else to keep in mind is that seniors are sometimes afraid to speak to police and get involved in the justice system. Involving the police can make the situation seem more serious and real for the victim, making them feel that they wouldn't be able to take it back afterwards if they wanted to, because it would be too late.

However, we know that, before involving the authorities, seniors often talk to someone who is close to them or a friend. A good idea would be to take the necessary actions to raise widespread public awareness of elder abuse. That way, should a senior confide in their neighbour, for instance, about how their son was treating them, the neighbour would know how to respond and what to say. That, alone, would be an excellent first step, one that could help the victim feel more confident and prompt them to take the next step, knowing that there is help.

Another option might be to focus on the relationship between the victim and the abuser, perhaps by bringing in a mediation expert, who could help defuse the situation before it got worse.

Mr. Rhéal Fortin: Mediation is an excellent idea, I think.

Thank you very much, Ms. Schoepflin.

[*English*]

The Chair: Thank you very much.

We'll now go to Mr. Garrison for two and a half minutes.

Mr. Randall Garrison: Thank you very much, Madam Chair.

My last questions here will be for Elder Abuse Prevention Ontario.

We've certainly had some very disturbing news about at least two of the care homes where the Canadian military had to intervene. Not only were there high levels of death among residents from COVID, but there were additional deaths resulting from the failure to provide the necessities of life. We've heard previous testimony about some kind of reluctance to investigate these cases, both from the coroner's office and the police, and there have never been any charges laid in these cases.

Is it your experience that there has been a reluctance in these institutional cases to fully investigate, and that there have never been any charges that we know of?

• (1305)

Ms. Marta Hajek: Thank you, Mr. Garrison.

The long-term care home environment is not something we have total penetration into. As a community agency, we are responding to things mostly within the community. We are privy to some of the developments within long-term care. We have had an opportunity to read the various reports that have been put forward, but as far as the reluctance goes, I cannot personally speak to that.

Mr. Randall Garrison: May I ask the same question of the Canadian Network for the Prevention of Elder Abuse?

Ms. Kathy Majowski: I have a similar answer, but I can speak anecdotally.

When it comes to victims of abuse or neglect, with older adults, whether in long-term care settings or in community settings, service providers don't necessarily take the information as seriously as they would if the victim were younger. Whether that is related to ageism or to this notion that older adults have lived a long life and that it's a family matter, a private matter, those are potential underlying issues that may prevent people from coming forward. Service providers and community organizations that are not trained in elder abuse prevention or are not familiar with elder abuse and ageism may not respond in as fulsome a way as they would if the victim were younger.

Mr. Randall Garrison: Thanks very much.

I want to thank the witnesses again for their testimony today, and also for those who shared difficult stories about the circumstances of individuals who have suffered elder abuse. I think it's very important for the committee to hear those stories. I know some of them are very personal, so thank you very much.

The Chair: Thank you very much, Mr. Garrison.

Thank you, on behalf of the committee, to all of the witnesses for their very compelling testimony. If there are clarifications or additional information that you would like to provide to the committee, please do send it in writing to Mr. Clerk via email so we can include them in our deliberations.

I have two quick housekeeping items for members.

Members, there was an opportunity. We had exhausted the witness list in terms of invitations. There was a slot that had opened up for Tuesday. Given the area of questioning, etc., that I'd seen over the past couple of meetings, I did invite Stats Canada departmental officials to come before us to answer some of the questions that I've heard multiple members ask. That will be on May 25. They will be one of our panellists.

As a quick reminder, at our next meeting we will be taking the last 30 minutes to talk about some of the drafting instructions and recommendations for this report before we go into constituency week, so our analysts can have a bit of a head start in putting together the report.

If you have any questions, please do get in touch with me or with Mr. Clerk.

Thanks, everyone.

The meeting is adjourned.

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