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Chair: Ms. Iqra Khalid



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• (1105)

[*English*]

The Chair (Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.)): I call this meeting to order. Welcome to meeting 34 of the House of Commons Standing Committee on Justice and Human Rights.

I have just a few housekeeping notes. Today, we have MP Jean Yip, who is replacing MP James Maloney. Welcome, Jean.

[*Translation*]

Stéphane Lauzon is also back to replace Mike Kelloway.

Good morning, Mr. Lauzon.

[*English*]

We also have MP Tochor, who is replacing MP Kerry-Lynne Findlay. Welcome, Corey. It's great to have you on our justice committee, I think for the first time.

We are continuing our study on elder abuse.

To ensure an orderly meeting today, I will go over some rules for the witnesses and for the members.

Interpretation services are available to everybody who is listening. At the bottom of your Zoom screen, make sure that you've selected the language that you'd like to listen to. You can speak in either of our two official languages. If you need to get my attention, just use the "raise hand" function at the bottom of the screen and I will call on you.

Before speaking, please wait until I recognize you, and before you start speaking, ensure that you unmute yourself, which is again at the bottom of the screen. Speak slowly and clearly. Once you are done speaking, please ensure that you are back on mute.

As a reminder, all comments by members and witnesses should be addressed through the chair. With regard to a speakers list and a speaking order, Mr. Clerk and I will do our best to maintain an orderly meeting.

For the witnesses, just for your reference, I have a one-minute and a 30-second time card that will help you keep track of your time.

Before we start with the introduction of our witnesses today, I'd like to get the committee's approval of the operational budget that was distributed to members yesterday. The budget is in the amount of \$4,100. It will serve to pay our expenses for this current study on elder abuse.

Do I have everyone's approval? Do I see a thumbs-up from members?

Some hon. members: Agreed.

The Chair: Thank you, everyone. I appreciate that.

Now I would like to welcome our witnesses.

Mathieu Robitaille is a community intervenor at the Centre d'action bénévole Saint-Jérôme.

We also have the Canadian Association of Social Workers, represented by Hai Luo, who is a content expert and associate professor in the Faculty of Social Work at the University of Manitoba; and Patrick Fleming, who is a content expert and social worker.

We also have Pak Pioneers Community Organization of Canada, represented by Tehmina Naveed, who is the executive director.

Welcome to all of you.

We'll start with the Canadian Association of Social Workers for opening remarks of five minutes.

Mr. Patrick Fleming (Content Expert and Social Worker, Canadian Association of Social Workers): Good morning. Thank you for the opportunity to appear before this committee and for inviting us to provide a social work perspective on this important study on elder abuse.

My name is Patrick Fleming and I am here on behalf of the CASW. I work at the London Health Sciences Centre in the geriatric mental health program. I'm happy to be here today with my colleague, Hai Luo.

The Canadian Association of Social Workers is a national association, a voice for social work in Canada, with a dual mission to promote the profession and advance social justice issues. Our profession emphasizes the inherent dignity, worth and agency of all persons.

CASW strongly supports and emphasizes the urgent need to work collectively to address and prevent elder abuse. “Elder abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person.” With their varied roles throughout our communities, social workers are uniquely positioned to offer insight on this issue.

CASW has long been active in advancing policy proposals and frameworks that align with our social justice mandates while aiming to see Canada meet the social determinants of health. Policies such as the universal basic income and the social care act have the power to address and combat the underlying factors that often lead to elder abuse. Forgoing these vital social policies can create and perpetuate situations in which older adults experience abuse.

The Canadian Charter of Rights and Freedoms makes it illegal to discriminate on grounds of age. However, Canadian law is not grounded in a single definition that applies to elder abuse or neglect. Risk factors for elder abuse include stress related to caregiving, social isolation, limited cognitive ability, mental illness, poverty, ageism and the overuse or abuse of illicit drugs and/or alcohol. As well, the diversity of aging Canadian populations, such as newcomers, racialized groups, indigenous peoples and 2SLGBTQ+ groups, further complicates the prevention and intervention of elder abuse.

Social workers are painfully aware of the prevalence and impact of elder abuse across Canada. However, data and statistics are woefully lacking. The most recent and authoritative national study on abuse against the elderly was conducted in 2004. The Government of Canada has taken essential steps in the right direction by expanding the guaranteed income supplement and old age security, as well as increasing funds for home care and more. These are essential steps but they don't go far enough in providing the support this population requires and deserves.

I would now like to pass over to my colleague, Hai Luo, to provide further comments.

• (1110)

Professor Hai Luo (Associate Professor, Faculty of Social Work, University of Manitoba, Content Expert, Canadian Association of Social Workers): Thank you, Patrick.

Good morning, everyone. My name is Hai. I'm an associate professor with the faculty of social work at the University of Manitoba. I'm also a research affiliate at the Centre on Aging.

As the committee members are aware, the provinces and territories have various acts and legislation to protect residents' safety and rights while living in a communal setting. The COVID-19 pandemic has brought needed attention to how we care for Canada's seniors. Although the crisis in long-term care is dire, the reality is that most older adults live in communities. This means that both contexts must be robustly addressed. There are trends of under-reporting, unawareness and fear that make it challenging for older adults to receive the justice and support they require.

There are many excellent existing programs and initiatives doing vital work, such as local elder abuse networks. However, these net-

works receive little to no funding. We know that a coordinated approach requires sustained infrastructure.

Finally, the current patchwork of laws, regulations and definitions is a significant problem. The absence of synchronized and comprehensive efforts, stable definitions and robust tracking and reporting means Canada will not tackle this issue. Without a coordinated approach to ensure economic and social well-being, older adults in Canada will continue to experience poverty, homelessness and social isolation. Any additional efforts to combat elder abuse will not be successful if these underlying factors are not addressed.

Consequently, CASW recommends the federal government first and foremost develop a funded, multi-year national elder abuse strategy. This overarching strategy must complement and support current federal and provincial efforts and have structural, formal links to work in collaboration with the national home care strategy, and poverty reduction and housing strategies. Additional recommendations can be found in our brief submitted to the committee.

From the social work perspective—

The Chair: Thank you, Ms. Luo. Hopefully, we'll get the rest of it out during the question-and-answer period.

Now we'll turn to Ms. Naveed from the Pak Pioneers Community Organization.

Please go ahead. You have five minutes.

Ms. Tehmina Naveed (Executive Director, Pak Pioneers Community Organization of Canada): Thank you very much for giving me this opportunity to share our observations with this justice committee for its elder abuse study.

My name is Tehmina Naveed. I am the executive director of Pak Pioneers Community Organization of Canada, which serves the community on the whole and the South Asian community especially for the past 10 years. We focus on helping seniors of South Asian origin stay connected with people of their age group and prevent social isolation. For this purpose, we have established an older adults group called the Senior Pioneers Club. We are based in Mississauga and serve the GTA, including the Milton and Brampton areas.

During our involvement with the community, we have organized many seminars, workshops and lectures on elder abuse prevention and published a documentary short film on YouTube to make as many elders as possible aware of the signs of elder abuse and who to contact for help. During our short time period of serving the community, we have been indirectly informed by the people about any victims of abuse and have shared contact information with them to get them the help they need.

There are many differences between the South Asian and the Canadian cultures when it comes to the parents' expectations of their children. The South Asian parents expect their children to take full responsibility for caring for them in their old age, as they have educated and fully financially supported them in their younger age. However, when the children sponsor their parents to come to Canada to live with them, the seniors go through cultural shock. They are not very fluent in the English language, and become dependent on their children, especially when dealing with the banks or any other government departments. Their basic rights and needs are often neglected, and they are made to feel like burdens on their own children.

Older adults are dependent on their children when it comes to the financial management of their wealth because they may not have access to their bank accounts directly or are unable to use online banking, so either their children or some relative manage their accounts. That's how they misuse the funds for themselves, thus financially abusing the parents. We have come to know of a few seniors complaining that they just get \$100 or maybe a couple of hundred dollars for their monthly expenses out of their old age benefits or pensions. The rest of the amount is taken by the children because they say, "We are keeping you in our house. We are taking care of you. We are giving you food and other necessities of life, so you don't need any extra money for yourself."

When older adults face fraud or some financial scam, they do not know where to go or whom to complain to due to lack of awareness, which causes depression and a lot of stress, which leads to poor mental health. A majority of the victims of fraud and scams do not tell any of their family members, as they feel embarrassed and ashamed. The justice system takes a lot of time, which means that the seniors will have more stress knowing that their money is all gone, which worsens their health conditions and may lead to their ending up in hospital. The person who has lost all that money because of the fraud is usually in great need of money, and they must wait a long time for justice to be done. To help prevent all this from happening, we must work on getting justice delivered faster so that seniors don't end up in hospital and don't face more emotional stress and declining mental health.

It has also been observed in the South Asian community that seniors who are living with their children are not usually allowed by the children to go out on their own, especially in the winter, as they may have an accident or may slip and fall. Then the children would have to bear the medical expenses or have to take care of the parents, which is an extra liability on them with their work and their responsibility for their children. It's very hard for them to do that, and they end up restricting them to inside the house. As the older adults are dependent on their children, their children usually make the seniors babysit their kids full-time and/or ask them to pick up

and drop off the children. For this, they have to stay at home all the time and cannot go out to meet friends, socialize or network with other people. This also makes them feel isolated.

Seniors are also experiencing physical abuse and sexual abuse, but the South Asian seniors do not report sexual abuse or even share that with anyone, not even their friends, as they are ashamed of it due to cultural barriers. This is also why we do not have exact numbers and data, as many are not comfortable disclosing this information. We work to connect them with the organizations that are working professionally in this field.

• (1115)

Our organization would suggest that the government make policies to ensure a safe environment within elder care facilities and individual seniors homes by providing financial support and by establishing seniors homes that are focused on specific ethnic communities to serve visible minority groups and provide culturally sensitive services. This will also help reduce some of the fear that has been instilled in the seniors by their children—of the abuse they would face in these homes—which leads to them further tolerating various forms of abuse within their respective homes.

Thank you so much.

• (1120)

The Chair: Thank you very much, Ms. Naveed. Hopefully, the rest of your testimony comes out in questions.

We are still without Mr. Robitaille. We'll go ahead into our rounds of questions. Should he join us at a later time, we'll squeeze him in between our questioning.

We'll start with Mr. Cooper from the Conservatives.

You have six minutes.

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

Thank you to the witnesses.

I'll direct my first question to you, Mr. Fleming. You cited the woeful lack of data. I'd be curious to hear you speak to that more broadly and why it is so important that we have that data. I would note that in the mandate letter to the Minister of Seniors, investing in better data collection and law enforcement related to elder abuse is featured prominently, and yet we've seen really no action on the part of the federal government when it comes specifically to data collection in a law enforcement context when it comes to seniors.

Can you speak to that?

Mr. Patrick Fleming: I can speak to the fact that, one, we don't have a specific universal definition of elder abuse. That in itself in data collection makes that challenging.

On the other, I'll speak locally, provincially and nationally in that there are no clear policies and protocols in tracking issues of elder abuse. For example, in the province of Ontario, there are only two pieces of legislation that actually mandate reporting elder abuse, the long-term care act and the retirement home care act. In many spots across the country, there is no mandatory reporting of abuse of older adults.

So it's a combination of that and no specific protocols being put in place for agencies and services to collect that data. In talking to different police services, their challenge is that, again, if you look at the Criminal Code act, what would be forms of abuse or breaking the law in that? There are many forms of elder abuse that occur that do not, quote, "break the law" within the Criminal Code act. From police service to police service, it's about how they track information and how they see situations occurring—i.e., if they connect age to it or if it's just a broad base that there was fraud or burglary or assault or something like that.

That's where some of the challenge is. Some of the services may not actually have it age-connected as opposed to just event-connected.

Mr. Michael Cooper: Thank you for that.

You cited the lack of a clear definition of elder abuse, and I think Ms. Luo mentioned the same in her testimony. Could either of you speak to that? When we look specifically at the Criminal Code, do you think it would be helpful that in future Criminal Code amendments there be a clear definition of elder abuse?

Prof. Hai Luo: I can speak briefly to that.

Yes, I would definitely support that, although it is very difficult to have a universal definition. Right now in the Criminal Code there is no inclusion of such things as verbal abuse, emotional abuse or neglect.

Yes, I would support that idea, but I'm not a legal expert. I would hope that other professionals would be able to take up that piece.

Thank you.

• (1125)

Mr. Michael Cooper: Great. Thank you for that.

When we look at the Criminal Code, for example, that falls exclusively within the jurisdiction of Parliament. You have cited some gaps in the code, but, broadly speaking, is it a Criminal Code issue, a lack of tools—I guess, in part, it is—a resource issue or a reporting issue, and what are some of the things that you're finding, or certainly social workers and nurses finding on the front lines, and how might Parliament or the federal government work to address those?

It's a broad question.

Prof. Hai Luo: I could answer briefly to that.

If Patrick has anything to add, please do so, because I have two other paragraphs to finish in my report.

The CASW is proposing to have a collaborative national strategy to work on that. Legal definition is definitely one important issue, but another thing is that all related agencies should work together to

get training and do public education on the signs and risk factors for elder abuse.

In the literature, it is reported and is documented, across many different studies, that for every elder abuse reported case, there are five cases that remain unreported. Then the general estimate—

Mr. Stéphane Lauzon (Argenteuil—La Petite-Nation, Lib.): Point of order, Madam Chair.

[*Translation*]

The Chair: Yes, Mr. Lauzon?

[*English*]

Mr. Stéphane Lauzon: There is no translation, because we have a mike open somewhere from one of the members.

The Chair: Thank you for pointing that out.

Can I ask witnesses and members to please mute your mikes.

Perfect. Thank you very much.

Go ahead, Ms. Luo.

Prof. Hai Luo: Thank you.

I wanted to add one last point, that the estimated prevalence of rate across the studies is 16% to 18% in every country, in every study in Canada and North America. Based on that estimation from the literature, I think some legal efforts are needed here.

The Chair: Thank you very much.

Thank you, Mr. Cooper.

We will now go on to Madame Brière, for six minutes.

Please go ahead.

[*Translation*]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): I have a point of order, Mr. Chair.

The Chair: Yes, Mr. Lauzon?

Mr. Rhéal Fortin: With your permission, before Ms. Brière starts, I just want to note that I see Mr. Robitaille has arrived. He was unable to make his opening remarks as a result of technical difficulties.

Wouldn't it be appropriate to let him make his opening remarks now so we can also ask him questions afterward?

I leave that to your discretion, but I think it's wise to start with Mr. Robitaille's presentation.

[*English*]

The Chair: Thank you very much for that, Monsieur Fortin. That is an excellent suggestion.

We will stop here and go to Monsieur Robitaille for his opening remarks, for five minutes.

As a quick introduction, Monsieur Robitaille is the community intervenor at the Centre d'action bénévole Saint-Jérôme.

Welcome.

[*Translation*]

Mr. Mathieu Robitaille (Community Intervenor, Centre d'action bénévole Saint-Jérôme, As an Individual): Good morning, everyone. I am pleased to be with you.

I've been asked to introduce myself and to describe some of my experience with vulnerable seniors who are at risk of violence or of finding themselves in abusive situations.

I unfortunately don't have any statistics or figures to provide, but I'm pleased to be learning a little about the subject. However, what I see, based on my experience, is that many seniors are becoming vulnerable as a result of the system in place.

Most of the seniors I meet in the course of my work have a lot of financial concerns that cause them additional problems.

Here's an example of a case involving the CERB, the Canada emergency response benefit. Members of one senior's circle made him file an application, which he did. He then received a CERB of \$19,000. That's the amount he normally receives every year from the guaranteed income supplement and old age pension. What could happen to him—and we very much fear that it will—is that the government may then cut those benefits by as much as \$8,000 or \$9,000 for next year because he has already received that CERB amount. That will put him in a very tough position.

Here's another example. Two years ago, a senior had trouble with his tax return. Thanks to the community volunteer tax program, the CVTP, the Centre d'action bénévole fortunately has people who complete tax returns for low-income individuals, and we continue helping late filers all year long. To put it briefly, we try to rectify the situation, the government is aware of that situation, and corrective action can be taken. Unfortunately, despite the fact that we filed an adjustment request more than a year, nearly two years, ago, the adjustment hasn't yet been made. This person is therefore deprived of that money. He has been in a difficult financial position for a year now because something downstream hasn't been corrected. This is becoming a form of abuse of this person because he's the one experiencing these problems as a result of the adjustment delay.

When I say the situation is caused by the system, I mean it, and this is the kind of situation in which people ultimately find themselves.

At some point, it seems appropriate to ask what's really needed in this entire situation in order to help seniors and resolve problems that may arise with governments.

I realize I'm talking a lot about the federal government, but that's because I'm with you right now.

I have another example for you. When seniors need to identify themselves, they have to phone two levels of government. The problem with that is that, when we make calls, we have to wait a very long time.

In one particular case, I went to a senior's home to help him resolve a matter because making calls was a problem for him right off the bat. It took us an hour, trying four or five times, to resolve a situation regarding an old age pension application which could have been done 10 months earlier.

At that point, we learned that it took two months to process the application before the deadline, and once the deadline had passed, or a week or two before that, we learned that he wouldn't receive his full amount because he might have earned more money previously. So we had to file another form so he could get the full amount. That put him in a difficult situation relative to other people, who could then abuse it.

In my opinion, the idea should be to avoid adding to people's problems. I understand why people talk a lot about the legal aspect of matters, but we should avoid putting people in situations where they have to ask virtually everybody for help.

That concludes my remarks.

Thank you for listening.

• (1130)

The Chair: Thank you, Mr. Robitaille.

[*English*]

We'll go back to our questions.

Madame Brière, you have six minutes. Please go ahead.

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Thank you, Madame Speaker.

Welcome and thank you to all our witnesses today.

I'll direct my question to Mr. Fleming and Mrs. Luo.

[*Translation*]

Thank you very much for all the work you are doing, particularly during COVID-19. You work closely with seniors and more vulnerable persons, and we very much appreciate it.

Earlier you talked about working in partnership with occupational therapists, nurses and doctors, for example.

How could the effectiveness of those partnerships be improved? What might help you improve those mutualistic relationships?

• (1135)

[*English*]

Mr. Patrick Fleming: I'll take a moment to respond to that and use this as an example of how collaboration has happened. Our local elder abuse network in London, Ontario, played a significant role in moving London forward, about six or seven years ago, to become an age-friendly city.

That process, and continued process, is an example of where multiple individuals, older adults themselves, community members, neighbourhoods, agencies, health care agencies and social service agencies came together and have really worked on a variety of pillars, including housing, transportation, health, social services, income, and so on, in trying to find ways of agencies working more closely together, responding collectively and giving the lead to older adults to let us know in a community what their needs are. Certainly we still have a long way to go, but that is an example of how collaborative work can occur.

As an example, during COVID, we were able to get one of our agencies, the Canadian Mental Health Association, to set up a friendly support line to call out to older adults who were indicating that they were feeling increasingly isolated and have friendly calling connecting to them over the telephone, which is at least a piece of technology that the vast majority of older adults do have and are able to operate. That's an example where community collaboration, agency networking and working together can work.

The challenge is that all of that has been done voluntarily and really without any dollars connected to it at all. That shows the commitment of communities across the country that wish to respond to this. Realistically, volunteer work and that sort of networking can only go so far before more formal interventive resources and the capacity to assess and review elder abuse situations need to be in place.

Mrs. Élisabeth Brière: Thank you.

[*Translation*]

With regard to your remarks, earlier we talked about data collection, and Mr. Cooper asked a question about that. Under the 2021 budget, a great deal of funding is allocated to Statistics Canada for data collection.

What subjects or fields should we focus on so we can collect better data to help us improve the situation of our seniors?

[*English*]

Prof. Hai Luo: I think this question is better answered by a group of experts. With this being such a brief meeting, we're here serving as content experts. I think a group of multidisciplinary experts should be gathered together to contribute to this idea.

Actually, I know that experts, scholars, in different universities in different provinces have been working on these issues. Without federal funding and a national strategy, it doesn't mean that the researchers have stopped working. They are doing their work.

It would be better to direct it to a group of experts.

• (1140)

Mrs. Élisabeth Brière: Thank you.

[*Translation*]

Do you think we should add to or amend the Criminal Code to ensure we accurately target protection for seniors?

Earlier you said you weren't a legal expert, but you probably have ideas on the subject given your experience in the field.

[*English*]

Mr. Patrick Fleming: Again, I'm going to speak in a regional manner.

In the province of Ontario, as an example, there is no adult protection legislation, and I appreciate that it's a provincial level, not a federal level. What it does indicate is that there is no capacity through law, through legislation to then set up agencies that can actually go out and assess and respond to potential elder abuse situations. Even under the Criminal Code, it needs more than just the police to investigate these situations.

It really, then, needs to bring in social and health care agencies. Most often these issues are multi-levelled. There are financial issues. There are relational issues within families. There may be addiction-related health issues. Because of this, we need to have it be more than just the law, itself. We need to be looking at the determinants of health.

The Chair: Thank you, Madame Brière.

We'll now go to Monsieur Fortin.

[*Translation*]

Mr. Fortin, you have the floor for six minutes.

Mr. Rhéal Fortin: Thank you, Madam Chair.

My questions are for Mr. Robitaille, but first I want to thank all the witnesses for being with us. It's always helpful to be informed on what is happening in the field before we make decisions on these matters.

Mr. Robitaille, you are a community intervenor at the Centre d'action bénévole Saint-Jérôme, in the Laurentians, in my riding, which is the most beautiful riding in Quebec and, of course, in Canada. I am very pleased to welcome you here today.

In your opening remarks, you spoke at length about economic abuse, but there are various types of abuse. We're still trying to determine clearly what abuse means. We talk about physical abuse, which is the most obvious, psychological abuse, negligence—yes, we are often very negligent with our seniors—and economic abuse, which you discussed and which is indeed important.

I'd like you to tell us about other types of abuse. Do you think physical abuse is a major concern on a day-to-day basis in the regions, in the Laurentians, or are economic issues more so?

Mr. Mathieu Robitaille: Yes, physical abuse is a major concern, but I'm somewhat less exposed to it in my practice. I've nevertheless seen it.

As an example, I can cite a situation associated with one of my cases. It involved a person who was being neglected and abused by her granddaughter. The family history was very complicated and involved crime and other issues. The woman couldn't report her granddaughter, first of all, as a result of her emotional tie to her, but also because her granddaughter was virtually the only family member she was in touch with.

Mr. Rhéal Fortin: What should be done in those kinds of situations? That's a good example. We've often wondered what should be done when that kind of relationship exists and the older adult doesn't necessarily want to make it a criminal matter.

What do you think would be the right way to handle that kind of situation?

Mr. Mathieu Robitaille: I consider that situation very problematic. What I see in my practice leads me to the conclusion that the problem won't be solved solely by constantly turning these situations into criminal matters. I think legal measures have to be maintained, but you can try many other solutions before coming round to that one.

That being said, when the situation goes beyond a certain point, I realize that measures should be taken to protect people in spite of themselves.

Mr. Rhéal Fortin: I don't mean to rush you, but we have very little time.

Do you have any ideas on the subject?

Mr. Mathieu Robitaille: You can organize supervised meetings. In financial management cases, some people can be managed. We hear about people who are visited by a child or grandchild on the first of the month because that's the day they get their cheques. Measures can be taken. They may mitigate the problem without necessarily solving it completely.

There are also services that can help prevent these kinds of problems.

• (1145)

Mr. Rhéal Fortin: What kind of services are those?

Mr. Mathieu Robitaille: It could be homecare, for example.

Some caregivers abuse the situations of the people they help. Establishing a homecare service, a housekeeping service in particular, would reduce the influence a caregiver might exercise over the person.

Mr. Rhéal Fortin: Now I'd like to go back to economic problems.

I heard what you said on the subject. If my understanding is correct, you said that, based on your experience, older adults are less capable than the average person of completing forms, in particular. You said there are always two or three steps to complete, at the federal, provincial and, often, municipal levels.

Isn't there an organizational problem involved in assisting seniors whose situation is different from that of the average population?

Am I mistaken in saying that?

Mr. Mathieu Robitaille: No, you aren't mistaken.

I think that's part of the solution.

I'm going to describe a situation that I experienced with the Canada Revenue Agency.

We're involved in the community volunteer tax program. A CRA employee called to tell me about the situation of a senior who was trying to file his tax returns for the previous 10 years. According to

the calculations, the man owed \$10,000. However, he didn't know how to go about filing. So I was asked if we could help him, and I answered that we could. In the end, we managed to reduce the amount from \$10,000 to \$5,000.

Mr. Rhéal Fortin: What kind of service can help assist seniors in navigating the public service and departments?

Mr. Mathieu Robitaille: At the provincial level, there are all the services of the CLSCs and the CLSC social workers, for example.

At the federal level, it depends on what can be done. The Canada Revenue Agency has a good database of volunteers ready to help people complete their tax returns. The agent I mentioned a moment ago took the initiative of contacting us to help that man, which is very good. We can help people.

People will be less vulnerable if you try to understand their situations before denying them access to services. Other initiatives can thus be taken before they're denied that access.

Mr. Rhéal Fortin: Is there some sort of network that assists people in the Laurentians who are being physically abused?

Mr. Mathieu Robitaille: Yes, there's the Ligne Aide Abus Aînés. There are community workers whose job is to identify vulnerable seniors, for example; we're also people who can be contacted. There are employees of the CLSCs and community agencies. There's Vigil'Ange, and I believe the committee recently heard from the representatives of that network. There are also other agencies on the ground to help...

Mr. Rhéal Fortin: Yes, we've met the representatives of Vigil'Ange.

Is that enough? Do you think we can improve the basket of services?

Your answer will have to be brief, Mr. Robitaille.

Mr. Mathieu Robitaille: The basket of services can definitely be improved.

Mr. Rhéal Fortin: Thank you.

The Chair: Thank you, Mr. Fortin.

[English]

We will now go to Mr. Garrison, for six minutes.

Please go ahead, sir.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair, and thanks to all the witnesses for their valuable contributions today.

We've heard a lot about the impacts of COVID on seniors in institutional situations and the crisis that it produced there, which led to their neglect and abuse. I'm thankful for the reminder that most seniors do not live in institutional situations.

I'd like to ask our witnesses about the impact of COVID on the situation of elder abuse against those who are not in institutional situations. Maybe I can start with Ms. Naveed.

Ms. Tehmina Naveed: Thank you.

I would like to just share one of the experiences that we went through. As I said, cultural differences between the South Asian community, South Asian seniors, and the Canadian culture really exist. The seniors living with their children during the COVID situation do face a lot of restrictions on their movements. Just to take a walk, one of the seniors shared this experience. They said, "I not go even for five minutes to take a walk, and I stay in the basement because I don't want my children to blame me if anything happens. If anybody contracts or is exposed to COVID-19, for whatever reason, they may say that I went out and probably brought that in."

That is the stress and the mental state that our seniors are going through because of this COVID situation. They don't want to hurt their families. They kill their own desire to go out. They want to go out. They want to socialize. They want at least to step out of the house to get fresh air, but they do not, because they do not want their families to suffer, and they don't want to get the blame for that.

That is something that has really gravely affected the seniors, and that's just one example. There are many who do not even go for a walk, or they don't talk to their friends. They don't even go and interact with their own family members, because they don't want to be a burden if they contract this disease.

• (1150)

Mr. Randall Garrison: When you talked earlier about those who are already suffering from perhaps financial abuse or other kinds of abuse, would you say that the COVID crisis has made it even more difficult for them to overcome those cultural barriers in seeking help?

Ms. Tehmina Naveed: Absolutely, because of course during this time they are staying home and they're dependent on the children. Some of the children themselves have been laid off, some of them have lost their jobs, so they are also going through some financial crises. At this time if the parents ask for any financial support from the children, it again leads to further mental stress for both of them. Then, at times, that just turns into maybe abuse, which can be verbal abuse or some financial abuse, or at times it turns into physical abuse too.

That definitely has affected the seniors and the children also, I would say, and also the family members.

Mr. Randall Garrison: Thank you, Ms. Naveed.

I'd like to ask the same question to Monsieur Robitaille in terms of the impact of COVID on clients he works with, and their ability to seek assistance.

[*Translation*]

Mr. Mathieu Robitaille: COVID-19 has definitely had a major impact on seniors; you need only consider the isolation they're forced into.

I've been in this occupation for about 20 years. However, in the past two years, for the first time, I've had to urge seniors to stay at

home. We usually have to encourage them to get out, to engage in outdoor activities, to talk to people and to build a social network. Two years later, the effort that some seniors have made in this area will have to be started over from scratch.

One of the consequences of isolation is that people have less and less contact with others. Consequently, any mental health or other problems they may have will worsen. People then become more fragile.

Problems have definitely increased, even among the clientele I've observed to date.

[*English*]

Mr. Randall Garrison: Very quickly in my time remaining, can I ask the Canadian Association of Social Workers, either of our witnesses, about the challenges COVID has presented for social workers providing services to seniors?

Mr. Patrick Fleming: It has made it challenging because typically services that would go out to home visits or see people face to face have become much more limited. In that sense, then, that direct connection with the individual.... Many older adults don't have computer capacity at home, so the contact may be over the telephone as opposed to a virtual meeting like this. There is increased isolation, and it is causing, from a mental health perspective, increased feelings of anxiety, uncertainty. As mentioned by some of the other witnesses, the increased isolation is increasing symptoms of depression. For some individuals that may then lead to increased symptoms of psychosis.

It really is having a major impact, and it's making it challenging for us to provide that direct service.

• (1155)

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

Thank you, Mr. Garrison. Looking at the clock, we have five minutes remaining on the hour. I recommend to members that we have perhaps one minute each per party.

If we're okay with that, we'll start with Mr. Tochor, please. You have one minute.

Mr. Corey Tochor (Saskatoon—University, CPC): Thank you very much. I'd like to thank the witnesses for your expertise and the work you do in the public service. Thank you very much, especially during these trying times for our seniors.

We talked about the impacts that COVID has had on seniors.

Madam Naveed, I'd like to hear what experiences you've had with seniors getting their vaccines right now. Are there are any stories of troubles? Is it indirectly abuse if they are not able to get fully vaccinated? Have you seen or heard that?

The Chair: You have 30 seconds.

Ms. Tehmina Naveed: As I said, we have been working on the awareness and prevention of social isolation. For that, we've been conducting Zoom meetings weekly. Throughout these Zoom meetings we have made a point to educate the seniors who joined us—around 20 to 25 per week—to be able to know the impact of COVID-19, how to prevent contracting it and all those safety measures they have to take.

The vaccination part has also been a very important aspect that we have covered. We made sure that we give them exact information. The president of our organization is a microbiology Ph.D. He really does the research and he provides very accurate information to all those seniors. We have seen that the families have really co-operated. I won't say if they have been abused, but not in our experience. The families have been very co-operative with all the information they got. That was also provided by the government.

The Chair: Thank you very much.

We'll now go to Ms. Yip for one minute. Please go ahead.

Ms. Jean Yip (Scarborough—Agincourt, Lib.): Seniors in my riding of Scarborough—Agincourt come from a diverse background. Many come from a culture that carries a deep respect for elders. Despite this, we know that elder abuse rates are higher in the racialized communities and especially for women. I'm just aware that there are cultural sensitivities that may discourage victims from reporting elder abuse.

Ms. Luo, in your experience, what are the best practices in navigating these cultural sensitivities and engaging with diverse communities in a meaningful way?

Prof. Hai Luo: What you mentioned is actually extensively addressed in the literature. Racialized groups have significant problems with elder abuse, to my knowledge and also theoretical elaboration. That's why we address the collaboration among multiple disciplines.

In the literature, elder abuse happens in multiple diverse cultural backgrounds. It is, for example, language tutors who noted that first, as opposed to elder abuse cases in other racial groups. It is the house professional who would identify it first. That's one of the things.

The Chair: Thank you very much.

We'll now go to Mr. Fortin for one minute.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

A minute goes by quickly. Unfortunately, we won't have time to explore everything we'd like to discuss.

I'm quickly going to ask Mr. Robitaille my question.

I'd like to hear what you have to say about the difference between the situation in big cities such as Montreal, Toronto, Vancouver and Quebec City and that in regional cities like Saint-Jérôme, where you work, Mr. Robitaille.

• (1200)

Mr. Mathieu Robitaille: In Saint-Jérôme and surrounding cities, our problems are twofold because rural and urban areas involve two different approaches. In the urban approach, isolation is a fact, but services are available, and so the situation is simpler. In rural areas, access to services is a problem as result of distance. I'm thinking, for example, of access to soup kitchens, materials and so on.

Mr. Rhéal Fortin: Is Internet access a problem for seniors living in the regions?

Mr. Mathieu Robitaille: Yes, it's becoming a problem. Access to services, whether limited by distance or connection problems, may indeed be an issue.

What I can also tell you, based on what I've seen at seniors' homes is that, even if they have Internet access, knowing how to use online services is a problem in itself. Online grocery apps, for example, are complicated for seniors.

[*English*]

The Chair: Thank you very much, Monsieur Fortin.

We'll now go to Mr. Garrison for a minute.

Mr. Randall Garrison: Thanks, Madam Chair.

I just want to go back to the Canadian Association of Social Workers to follow up on services to seniors and ask about social work services for those who live in institutional situations. Are social workers generally on staff at institutions for long-term care, and have you noticed a difference between the availability of services between profit and non-profit long-term care homes?

Mr. Patrick Fleming: I can only speak from an Ontario perspective on that, because it is different from province to province and territory.

In Ontario, the long-term care act is very vague in the level of social work service within the legislation. Basically, there is no specific mandate that long-term care homes have to have a social worker on staff, and in fact, the majority of them don't have a social worker on staff, so they would hire out. They may hire a social service worker as opposed to more highly educated social workers. Many of the psychosocial issues for older adults in long-term care are not properly dealt with.

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

With that, I'd like to thank all of our witnesses for your very compelling testimony this morning. We really appreciate your contributions.

If there are clarifications or additional information you'd like to provide, please send it in writing to our clerk of the committee, who will then circulate it to members.

We'll suspend briefly as we let in our second panel of witnesses.

• (1200)

(Pause)

• (1205)

The Chair: I call this meeting back to order.

Welcome to our witnesses for this afternoon's panel on our study on elder abuse.

Just for the benefit of witnesses who are just joining us now, I'd like you to take note of the interpretation icon that's at the bottom of your Zoom screen. Just select the language that you'd like to listen to. You can speak in French or English. When you are speaking, just ensure that you unmute yourself, speak slowly and clearly, and when you have finished speaking, make sure that you put yourself back on mute. Please wait until I recognize you before speaking.

With that, I'd like to welcome our witnesses. We have the Canadian Indigenous Nurses Association represented by Marilee Nowgesic, who's the chief executive officer. We also have the Canadians Nurses Association, represented by Michael Villeneuve, chief executive officer. We have Miranda Ferrier, who is the chief executive officer, Canadian Support Workers Association.

Welcome, and just before we get into it, I'd like to wish all of you a very happy National Nursing Week. On behalf of our committee, we really appreciate all of the great work that you do in keeping us safe and healthy. Thank you for your contributions.

We'll go ahead and start with the Canadian Indigenous Nurses Association for five minutes.

Ms. Marilee Nowgesic (Chief Executive Officer, Canadian Indigenous Nurses Association): Thank you, Ms. Khalid.

My name is Marilee Nowgesic. I am the chief executive officer for the Canadian Indigenous Nurses Association.

I am in the unceded Algonquin territory of the Anishinabe people. I am here in Ottawa. I am originally from Thunder Bay/Fort William First Nation, and I am an Eagle clan member of the Ojibway Nation.

I'd also like to recognize today is Indigenous Nurses Day, so I extend acknowledgement to all of the indigenous nurses across the country. We are the organization to represent your voice.

I would also like to give you a little bit of a backgrounder to CINA. CINA is the oldest indigenous organization in the country, celebrating this year 46 years. As well, we have at this point roughly 9,800 indigenous nurses across the country who have identified as being first nations, Inuit or Métis. We have concluded there are probably quite a lot more. Because of the unique identifier situation we face in Canada, many workers are apprehensive about identifying in the indigenous category for various reasons, one of which we will step into in June as we address the third round table on racism. However, today, I thank you for the opportunity to come and speak with you with regard to elder abuse in the indigenous population.

I would like to thank and recognize Mr. Virani for bringing forward the motion to the House to look at this very important issue in Canada.

Indigenous elder abuse in Canada is part of a recognized land issue. We need to, first of all, take a look at the definition issue of "elder". Elders in Canada in the indigenous lens are those people who have been given insight and understanding, as well as communication skills, to pass on the collective wisdom of generations that have come before us. You have heard from many of our elders, first nations, Inuit or Métis, in your previous work within your constituencies. "Elder" is capitalized when used to indicate honour or a

title, as opposed to "senior", as identified in Health Canada's definition.

The global statistics are lacking and the abuse of elders is grossly under-reported worldwide. Several countries, including Canada, have carried out research to examine the issue over the past several decades. There is no way of knowing whether abuse and neglect is getting worse or better, especially in indigenous communities. Statistics on the abuse of our elders are scarce for the general Canadian population, and the information is less available for the indigenous elder population.

Having said that, the definition of "elder abuse" has also some contributing factors when looking at the categories of elder abuse: domestic elder abuse, institutional abuse or self-neglect. Because of these categories, we also look at types of elder abuse that are prevalent in our indigenous communities: physical, psychological and financial. The most egregious forms of this abuse was evident when we saw the settlements to our indigenous elders as part of the Indian residential school system allocations.

Defining "elder abuse" also looks at several other areas that we, in our indigenous nursing ways and knowledge, want to be able to identify. We want to look at abandonment; physical, psychological, financial and sexual abuse; neglect and spiritual abuse; and the contributing factors that lead to elder abuse, the demographics, the stress, the societal factors and those which also lead to our life expectancy. We know there are dependency rates and there is a lack of statistical sources that would allow us to really look at that view with regard to the indigenous population.

• (1210)

We would welcome the opportunity to work with you on the report of this study, and further, with the indigenous population.

Again, thank you for allowing me to come here with you today.

Meegwetch.

The Chair: *Meegwetch*, Ms. Nowgesic. I appreciate your testimony.

We'll now go to the Canadian Nurses Association for five minutes.

Please go ahead.

Mr. Michael Villeneuve (Chief Executive Officer, Canadian Nurses Association): Thank you, Madam Chair; and thanks to the members of the committee. Good afternoon.

I'd like to acknowledge that I am on the same land as Marilee, my good colleague. It is the unceded ancestral lands of the Algonquin Anishinabe peoples, and I am just so privileged to live here and speak from here today.

My name is Mike Villeneuve. I am the chief executive officer of the Canadian Nurses Association.

I am joined today and will share my time with Miranda Ferrier, who is the chief executive officer of the Canadian Support Workers Association.

As you have noted, it is a special week for nurses as we celebrate National Nursing Week and recognize the courage and commitment nurses have shown during the COVID-19 pandemic. I don't need to tell you that it's not quite the cake-and-parties nursing week that it sometimes is, but that's the reality we're living today.

I give a special acknowledgement to indigenous nurse colleagues as we celebrate national Indigenous Nurses Day today.

Turning to the subject at hand, CNA strongly believes that as a society we need to assume a stance of zero tolerance for elder abuse. It's an unacceptable reality that, as Canada's population ages, it will require more forceful interventions. As you know, a lot more of us are heading into that age curve.

As patient advocates, nurses have a responsibility to both prevent harm and provide early intervention to protect older adults. Through their time spent with patients and families across the entire continuum of care, nurses are well positioned to help identify and address elder abuse.

Rigorous practice guidelines and screening tools, training, and effective monitoring systems and structures to make health care workers feel safe in reporting abuse are just some examples of important elements that need to be put in place.

Nursing is a self-regulated, autonomous profession. A major condition of this privilege is to protect the public and the profession by having nurses adhere to strict professional codes of practice that are underpinned by dignity and respect for patients.

The care provided by nurses and personal support workers, PSWs, in long-term care is deeply integrated and we really can't talk about one without the other when it comes to older adults in long-term care, so I am happy to now turn over the rest of my time to my colleague, Miranda Ferrier.

Thank you very much.

• (1215)

Ms. Miranda Ferrier (Chief Executive Officer, Canadian Support Workers Association, Canadian Nurses Association): Thank you very much, Mike.

I am Miranda Ferrier. I am the CEO of the Canadian Support Workers Association. We represent approximately 67,000 support workers across Canada. It is an honour and a privilege to speak today on this very important topic.

I know it's National Nursing Week, but I want to take this opportunity to commemorate Canada's personal support workers who have continued to step up through our COVID-19 pandemic.

We are here to address the ongoing issue of elder abuse, examine the effectiveness of our current laws in fighting elder abuse, analyze ways of penalizing those who neglect seniors under their care, and look at how to combat elder abuse more effectively in the future.

We must first acknowledge one of the very many roots of the cause. Our personal support workers across our nation are unregulated; therefore, our elderly need necessary public protections implemented through government regulations. Regulations provide the industry with a stabilizing element and help professionalize and validate the status of the PSWs. A core mandate of the PSW is to protect older Canadians and seniors and it is surprising that this workforce remains unregulated.

Through the establishment of a regulatory model, it becomes clear that PSWs are formally recognized as equal members of their health care teams, but more specifically, regulation would provide our elders and the public with necessary protections. If adopted nationally, a regulatory model demonstrates clear public safety mechanisms for all Canadians, including seniors. Regulation also levels the playing field in long-term care and community care.

We are grateful that, for the first time ever, the Ontario government has announced that it will be implementing a regulatory body for personal support workers in the province. This is a first step forward to addressing this problem.

Thank you.

The Chair: Thank you very much. You still had about 40 seconds on the clock, but I do appreciate any extra time we can get.

We'll now go into our first round of questions, starting with Mr. Moore.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Madam Chair.

Thank you to our witnesses. I wish you all a happy National Nursing Week, as our chair has already said. As well, happy Indigenous Nurses Day.

We want to commend the work of nurses throughout the country and indeed throughout the world. Over this past year, the extra strain of COVID—

Mr. Stéphane Lauzon: I'm sorry, Mr. Moore.

Madam Chair, we don't have translation because I think one of the witnesses has an open mike. The mike could be in the House of Commons in Ottawa.

The Chair: Thank you, Mr. Lauzon.

Can I please ask Mr. Clerk to just check in to see if all [*Technical difficulty—Editor*]?

The Clerk of the Committee (Mr. Marc-Olivier Girard): [*Technical difficulty—Editor*].

The Chair: [*Technical difficulty—Editor*].

Hon. Rob Moore: [*Technical difficulty—Editor*].

Mr. Michael Villeneuve: [*Technical difficulty—Editor*].

• (1220)

Ms. Marilee Nowgesic: [*Technical difficulty—Editor*].

Hon. Rob Moore: [*Technical difficulty—Editor*].

Mr. Michael Villeneuve: [*Technical difficulty—Editor*].

The Chair: [*Technical difficulty—Editor*].

Mr. Arif Virani (Parkdale—High Park, Lib.): [*Technical difficulty—Editor*].

• (1225)

Mr. Michael Villeneuve: Not being a legal expert, I won't venture too far into this, but I will say that there are a number of safeguards in the Criminal Code as we see it and understand it. We believe that strengthening and enforcing those at both the individual practitioner and the organizational level would go a long way to help the cause.

I'm not expert enough, Madam Chair, to suggest whether or not there need to be additions to the Criminal Code. The conditions that are there seem to be enough to safeguard if they're properly deployed.

I'll stop there, so I don't just wander.

Mr. Arif Virani: Ms. Nowgesic.

Ms. Marilee Nowgesic: If the current socio-economic conditions aren't addressed for the indigenous population, the violence against all members of that indigenous community, especially the most vulnerable—elders and children—will continue at its present rate and will increase. Therefore, addressing the Criminal Code—which impacts the ability of the national indigenous policing services, the Royal Canadian Mounted Police, law enforcement and the legislation for indigenous nurses—will provide that opportunity for better reporting systems, incident management, patient safety and quality and improvement.

Data collection comes from the first nations, because we have the First Nations Information Governance Centre structure. In order to facilitate the raw data that will help in looking at treatments, programs, services, licensure and mobility of our indigenous nurses, we have to look at those pieces of policy, legislation and regulatory

affairs that govern indigenous health care providers across the country.

Mr. Arif Virani: Thank you for that.

I want to bring you into the conversation, Ms. Ferrier. This next question is about the nature of who needs to be the focus of any potential Criminal Code changes. We have heard a little bit about this over the course of the previous days. It's this idea of whether it should be the individual PSWs or nurses who are potentially criminally liable or whether the nexus of a strengthened offence should be more focused on the people who are managing institutions, directing institutions, etc.

I presume that I might know the answer, but I want to hear your perspectives, Ms. Ferrier, Ms. Nowgesic and then Mr. Villeneuve.

Ms. Miranda Ferrier: I've been asked this question many times before. It's something that we as an association federally and provincially have looked into, because nowhere across our nation is it the same.

I'll give you the example of Ontario, where I reside. In Cambridge, where I live, there really is no senior abuse unit for police. This is an issue we've come across many times, with personal support workers in community care becoming POAs, powers of attorney, for people and taking advantage of situations. Some police forces find that a civil matter, not a criminal matter. We need to look at it as a whole.

I think it depends on where they work, whether it be nurses or PSWs or whether the individual would be the one responsible or charged for whatever it is. I think the operators of long-term care homes or management should also be held accountable, depending on where they work.

• (1230)

Mr. Arif Virani: I have only 30 seconds left. Could I have a brief answer from Ms. Nowgesic and Mr. Villeneuve on that point, please?

Ms. Marilee Nowgesic: If a report is going to be identified in the indigenous community at that level, then we have to think of a safe space for them to quickly go to. Once it's reported, how do we evacuate that nurse, the person, the people involved [*Technical difficulty—Editor*].

The Chair: I'm sorry, Ms. Nowgesic. We missed the last part. Would you like to repeat that?

Ms. Marilee Nowgesic: Not a problem. It was about evacuating people from any further harm, so removing all parties.

The Chair: Yes. Thank you very much.

We'll now go to Monsieur Fortin.

Please go ahead for six minutes.

[Translation]

Mr. Rhéal Fortin: Thank you, Madam Chair.

Thanks to all the witnesses who are here today.

Elder abuse is a concern for us all, and I think it's appropriate that we hear the various points of view. With you, I'd like to pay special attention to first nations. Maybe it's just my imagination, but I always thought the first nations had a great deal of respect for their elders. That's what I've always felt. I'd like to hear what you have to say about that.

Do you think first nations elders are treated differently by their fellow citizens than in civil society in general?

Perhaps Ms. Nowgesic could answer.

Ms. Marilee Nowgesic: Thank you very much, Mr. Fortin.

[English]

I will try to look at what it is in regard to the first nations specifically.

In that community, we've been inundated via an exhausting list of external factors—drugs, loss of jobs, money, and under this current COVID environment, people being restricted once again to maintaining no other contact outside of their community. We're then seeing an increase in domestic violence. We're seeing child abuse. We're seeing people not having resources available.

First nations elders are held in esteem in a greater portion of the communities. However, because of whatever socio-economic conditions, mostly financial, the elder becomes a victim of constraint, limitation and restriction. It's those types of abuses. We've seen them. We've heard them. We heard what happened when the Indian residential school monies came out. That was why power of attorney documents came forward. But what didn't come forward after that? The identification and requirement for wills for these elders. Who does the money go to? Then we have people fighting in the community.

But for the most part, the elders, because of the wisdom, because of what they have obtained...and we're now moving into a new generation of elders who have a different level of ways of knowing. That will become part of what will be a policy, political and legislative structure as we move into the 21st century.

[Translation]

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

Is the situation of first nations elders the same when they live on reserves as when they live in big cities?

[English]

Ms. Marilee Nowgesic: It is the same reality. I think it's even increased when they get to an off-reserve environment. Due to the societal values and factors that come into play, they become victims within what was supposed to be a safe space for them. Their ability to catch a bus, their ability to sit on the road and wait for that bus to come...and then somebody takes advantage of their frail mental state, says, "Oh. Hi, Auntie. I'm so-and-so. I'll take you for a ride", then dumps off Auntie and steals her purse. What does Auntie do then? She doesn't know how to use a phone. She doesn't know what

to do. That is the reality. That is what's still happening. Unfortunately, law enforcement is saying, "Oh well, it's out of our hands. Report it back to your chief."

It's those kinds of complacent attitudes that frustrate the nurses even more because then it's, "What medications did you have? What were you placed with?" Then the nurse is inundated. We have to look at protecting our nurses because they are the front line for that trust and the traditional approach between western and traditional medicine.

• (1235)

[Translation]

Mr. Rhéal Fortin: What do you think could be done to provide better protection for elders living on reserves? First of all, can anything in fact done?

If not, should the solution come from band councils or from the federal government?

How do you view that?

[English]

Ms. Marilee Nowgesic: That's called the "dream list" for the elders. They would like to see elder lodges. We would like to see an elder lodge placed in every one of the 637 first nations communities across the country, all able to hire every kind of health care professional that they can within those facilities. It is a federal government responsibility because they have the facilities management and the infrastructure.

We need to hook them up with Internet. This is going to be a new generation, one that will be part of FaceTime, Facebook and any other technological advancements at their disposal.

Thank you.

[Translation]

Mr. Rhéal Fortin: I see.

I'm going to go quickly to Ms. Ferrier or Mr. Villeneuve.

How do you think the financial security of seniors across Canada could be improved?

[English]

Ms. Miranda Ferrier: I'm not sure if my colleague is still here. He might have been having some Internet problems, but I'll take it first. Thank you very much.

For their economic safety, we need to look at how we can provide them with the best care possible, the safest care possible, so that they can flourish where they are. I truly believe that we need to have better reporting systems, data collection systems, as was talked about earlier. We need to have education, and not just education of health care workers. I can tell you, as a personal support worker for 16 years, I had to source out my own education on elder abuse. The public is not aware of the signs and symptoms of elder abuse.

The Chair: Thanks very much.

[*Translation*]

Thank you, Mr. Fortin.

[*English*]

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

Mr. Randall Garrison: Thank you very much, Madam Chair. I too want to thank the witnesses for being with us, especially during National Nursing Week and also Indigenous Nurses Day. I want to thank them, obviously, for the work their members have done over the last 15 months, but also for the work I know they'll do when the rest of our society moves on from the immediate COVID crisis and the impacts are left to their members to deal with.

I want to start with a question, Ms. Nowgesic, about services and supports available to indigenous seniors who live off reserve. In my riding, more than half the indigenous population is urban and off reserve. Certainly, I've heard a great deal, especially during Covid, about the lack of services for those seniors.

Ms. Marilee Nowgesic: That becomes the jurisdictional issue—and, again, we're trying to get it to stop—between the health care provider having certain powers available to them and...why is there no indigenous health care access centre within those areas? Why is there no outreach being defined for that?

That's something we need to address. It is one of those socio-economic and societal factors that the federal government along with their provincial and territorial partners need to provide some recognition of.

Just because they moved off the reserve for a better quality of life, or for whatever reasons, that's their choice, it shouldn't lessen the availability of what they have coming to them as far as benefits and services are concerned. We have them come forward to participate in ceremony, then their old age security is clawed back, and so on, and so forth. It's an exhausting cycle. You can imagine what it's like for a senior who doesn't understand why these...are being placed on them.

• (1240)

Mr. Randall Garrison: Thank you very much.

We have heard testimony, and we have heard certainly in the media, of long-term care operators who have said the problem and the crisis during COVID was a lack of staff, and a lack of skilled staff. I have described that as acting as if the staffing problem fell from the sky when we know it existed before.

I want to go to Ms. Ferrier to talk about the lack of standards for staffing in long-term care homes and the pushing of work that often requires higher skill levels down to personal support workers.

Ms. Miranda Ferrier: That's completely in my wheelhouse to speak about.

Yes, COVID really brought the issue of staffing to the forefront, which I for one am very thankful for. The issue of short-staffing in long-term care facilities has been going back at least two decades slowly, and it has just been getting worse.

What we're seeing now in long-term care facilities, especially through COVID, is number one, the personal support workers are the ones who do the bulk of the work. What I mean by bulk is the bulk of the physical work. We're the ones who perform all their personal care. We help them with their mobility. We help feed them, dress them, toilet them, shower them. We are their main communication throughout the day.

Of course, the nurses are just as important, and we work as a very solid team in that environment, but what you have are two personal support workers, let's say, to a floor of 28 residents all with varying degrees of mental and physical issues. Some might take five minutes to help get ready, and some take 30 minutes to help get ready. Nurses have up to 60 to 80, if not more, people to distribute medications to in one shift.

It's a really impossible situation in long-term care facilities, and until there's an actual standard, maybe even a standard of a ratio, for long-term care facilities.... That's what we would hope to see come down from the federal government, a set ratio in long-term care. So there would be x number of residents per PSW in long-term care homes, and the same with x number of residents per nurse in long-term care homes.

Here in Ontario I sit on a long-term care champion table in regard to the long-term care staffing crisis we have been having, and the conversations are all around staffing and ratio issues.

Mr. Randall Garrison: Would you think establishing national standards either within the Canada Health Act or in separate legislation would help with the situation across the country?

Ms. Miranda Ferrier: Absolutely. I have thought that for years. Even if we start with something as simple as one personal support worker to eight residents, that's still too big for the record because of the varying mental health and physical issues, but if we just start with 1:8, then we will start to see a decrease in bed sores, in behaviours. We would see less burnout of the frontline staff because then there would be guaranteed only eight people they have to care for. Right now we're seeing one PSW to 18 to 20 residents, and that's in an evening shift. Overnights it's one PSW to 35 to 45 residents.

We need to see change, and I think it needs to happen from this part down.

Mr. Randall Garrison: And as we're the justice committee, we have been looking at possible changes to the Criminal Code. What I think we've seen is a tendency to blame personal support workers when there are cases of neglect rather than to blame the system that doesn't allow them to provide quality care.

I know that's a leading question, but I would like to hear from you on that.

Ms. Miranda Ferrier: I have nothing to add to that or change. I want to be perfectly honest. It's the truth. Because we're an unregulated profession, we're the easy go-to for blame. They can throw us under the bus, and our college is not going to get upset.

Yes. I totally agree, and that needs to change. It's not fair.

Mr. Randall Garrison: Thank you.

The Chair: We'll go into our second round with Mr. Lewis for five minutes.

Mr. Chris Lewis (Essex, CPC): Thank you very much, Madam Chair.

Thanks to all the witnesses, once again, for fantastic testimony.

My daughter works at a long-term care home, so I very much appreciate each and every one of you. Also, I own an outfitting business in the far north.

Ms. Nowgesic, probably all of my questions will be directed to you. I will tell you that when you said in your testimony about elder with a capital "e", that really resonated with me. I will keep my story short.

I will only use the first name, and I will not give the reserve name. However, I have visited many reserves myself.

I will tell you that Irene—I call her Grandma—is the most amazing person, and she has taught me so much from far northern Ontario on the Attawapiskat River. I have spoken to her at length over the last four or five years, and she's suffering dearly right now because she's stuck in Thunder Bay, and she can't go back to the reserve because of COVID.

As opposed to perhaps physical abuse of seniors, perhaps we could switch it and talk about the mental health issue that those elders off reserve right now are going through.

My first question is this: Is that a fair statement? A follow-up would be this: What can the government do to give nurses an opportunity to help both on reserve and off reserve?

• (1245)

Ms. Marilee Nowgesic: Thank you, Mr. Lewis.

Let's just say [*Technical difficulty—Editor*].

The Chair: [*Technical difficulty—Editor*].

The Clerk: [*Technical difficulty—Editor*].

The Chair: [*Technical difficulty—Editor*].

Ms. Marilee Nowgesic: [*Technical difficulty—Editor*] to say, "Grandma and Grandpa, you can't go out for a walk on your own because you might get lost." Do you know how insulting that would be?

Would you try that on your grandparents if they liked to walk around? I hardly think so. However, in order for us to help with the federal responsibility and look at the legislation and the impacts of regulatory and legislative affairs, we need to be able to look at the workforce analysis and how we're going to adjust and identify the onslaught that's going to be required to adequately—not fairly, just adequately—address indigenous health conditions on or off reserve for the elderly population.

Mr. Chris Lewis: Thank you very much.

I know I'm out of time. Thank you very much, Madam Chair, for allowing her to extend.

The Chair: We'll now go to Mr. Lauzon for five minutes.

[*Translation*]

Mr. Stéphane Lauzon: Thank you, Madam Chair.

First and foremost, I'd like to wish everyone a happy international nursing day and a happy national nursing week. Thanks to all the witnesses for their excellent testimony, which will be very helpful.

When seniors self-isolate more and don't have access to in-person services—I'm talking about those who aren't necessarily in a residence, but rather who are at home—we've observed an increase in domestic violence—verbal, physical, financial and other types of abuse—in those places.

Based on the information you have, do those seniors really confide in you when they need your services?

Second, what system do we have for managing them?

The question is for anyone who wants to answer it.

• (1250)

[English]

Ms. Marilee Nowgesic: In regard to the in-person services for those elders who are privileged enough to still maintain their households, we worry about them at the indigenous level, but in regard to what we have instituted, you might have heard of bear patrol or mama patrol, those types of community-level services where they engage as law enforcement.

When incidents happen, and they do occur, the first point of contact with anything that happens in the indigenous community or in the Inuit hamlet is that you run to the nurse, because the nurse knows everyone, their family composition, who's on what drugs, who's doing what treatment, who is doing this and who is doing that.

We can do that because we don't have enough personal staff or skilled staff to be able to treat them. That one nurse is working 24-7, and that's why we have to be careful about their burnout rate.

Getting back to the issue, when elders do confide in a health care professional such as a nurse, we have to be very cautious about who we confide in, in the next steps, to looking at enforcement or some restorative justice for that elder, because then we might lose the trust or the confidentiality of other members within the community.

That's why I said we have to create safe spaces and we have to look at how we're going to train those nurses in that secure situation, how to control themselves so that it doesn't become a situation of chaos and regret.

Thank you.

[Translation]

Mr. Stéphane Lauzon: Thank you very much for those very interesting answers.

[English]

Mr. Michael Villeneuve: Madam Chair, is there time for me to comment?

Oh, excuse me.

[Translation]

Mr. Stéphane Lauzon: You discussed vulnerable seniors. I'd like to talk about those who are in centres because those who are at home are often slightly more independent or still have a spouse or family member taking care of them.

What tools could the government give you to collect the right data and intervene with vulnerable seniors who are suffering from a disability, Alzheimer's disease or a physical disability that limits their ability to move around independently, for example?

How can the government intervene to assist you?

[English]

Mr. Michael Villeneuve: Thank you, Marilee.

I apologize, Madam Chair, for my connection issue.

I'll just say that there are a number of tools out there that can help nurses and others to recognize when this is happening.

One of the challenges is that we're often operating in someone's home. Whether the home is the long-term care setting or their actual home, there are technologies we could harness, for example, cameras and so on, to help people, or a daily call or daily check-in. There are some pieces that can be put in place to help us make lives safer.

I'm sorry; this may have been covered when my connection dropped, but I will also add that our systems are well tuned to capture quality and safety errors, often errors of omission. They aren't looking for high crimes and misdemeanours, so to speak. You know there's been a terrible example in Ontario of a registered nurse who killed a number of patients and moved from site to site.

One of the things the government could do is push very hard for the health care sector to have unique identifiers so that we can track people across employment settings, careers and so on. That's absent at this time, and, while it might not seem believable, people can move with a bad record to different places. That's something the government could do.

• (1255)

The Chair: Thank you very much. That concludes your time, Mr. Lauzon.

We'll go to Monsieur Fortin for two and a half minutes now.

[Translation]

Mr. Rhéal Fortin: Thank you, Madam Chair.

My question is for Mr. Villeneuve. I like to hear what he has to say about what's considered to be the best way to treat our seniors. I understand that there are problems everywhere. They occur when seniors live in an institution, in a seniors residence and with their families. Problems arise no matter where they are; we agree on that. They may be financial problems, physical abuse and so on.

What model should we favour?

In view of all that, should we focus on keeping seniors with their families?

If not, do you think older adults are treated better or lead better lives when they're in seniors' residences?

Perhaps there's another arrangement that you could recommend.

[English]

Mr. Michael Villeneuve: I'll try to be very brief.

Only about 7% of people in Canada ever go to long-term care, typically the most vulnerable and most frail, often with dementia. That leaves the other 93% of us. At the back end of the baby boom at 62, I'm getting to that place.

We in nursing believe that the best thing we could do is help people to age safely and with quality of life in the place where they want to be, which is typically, when you survey people, the home in which they live. That can make them vulnerable for sure if they're with an abusive spouse, for example, or an abusive child.

In the main, people say they want to be home. If you're asking where we target our efforts, what can every Canadian expect as they age in their house or in their church basement? What services are there? What do we get from Meals on Wheels? What can we get in palliative care? What is the roster of safeguards and services? These are not all all high priced. Some is technology to check in on people and sort of track them through their aging.

Our focus has been very much hospitals, institutional long-term care and, to some degree, post-operative home care. We believe that ramping up home care, including simple things like drone delivery of groceries, is going to play a big part in keeping people in place safely as they age.

I hope that's somewhat helpful.

The Chair: Thank you.

[Translation]

Mr. Rhéal Fortin: Thank you, Mr. Villeneuve and Madam Chair.

The Chair: Thank you, Mr. Fortin.

[English]

Mr. Garrison, you have two and a half minutes.

Mr. Randall Garrison: Thank you, Madam Chair.

I know we have very little time left, and Mr. Villeneuve was unfortunately disconnected for technical reasons.

I'd like to go back to something we were talking about while he was offline. That is the question of staffing in long-term care that turned into an enormous crisis during COVID, and—as I have said many times before—how the operators acted as if the staffing problem fell from the sky.

My question really relates to the necessity for national standards in health care, particularly when it comes to nursing staff in long-term care situations, and whether his association favours such a move.

Mr. Michael Villeneuve: We strongly favour it and have been advocating for that for some time.

I apologize if I've shared this example with you before, but one of the elements that makes hospitals safe is a set of standards everybody follows. If you find yourself in the emergency room in Winchester, where I live, or in Grande Prairie, when you walk through the door, it looks the same. It smells the same. They ask

you the same questions. They use the same technology. You can predict exactly what's going to happen in every emergency room, depending on what your issue is.

Long-term care is a free-for-all. Strong staffing, very strong standards of care in acute care and so on, highly accredited, regulated settings.... We believe that the same must be held true for long-term care where the staffing is often very sparse. We can't forget that safety in nursing care is often vigilance in the number of eyes, but you can only see so many people. If the staffing isn't great, whatever the categories, it tends to lead to trouble.

• (1300)

Mr. Randall Garrison: In the experience of your organization, have you noticed a difference between profit and not-for-profit long-term care in terms of the number of nurses who are on staff?

Mr. Michael Villeneuve: There are some reports that for-profit settings, because they are for profit, tend to sometimes skimp on some of the services. When we look at the actual science, it's not that simple a story.

It's tempting for us, because we tend to land on the side of medicare, to say there shouldn't be anything for profit, but you do find that actually some of the for-profit places are very good and some of the not-for-profits are not. It's to tease out what elements work in those settings and put those in place in both.

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

At this time I'd like to thank our witnesses for your very compelling testimony today. I really appreciate your time. If there are further clarifications or additions that you would like to provide to the committee, please do send a note to our clerk, so that he can distribute that to members.

For members, I would ask that we quickly disconnect and rejoin in an in camera meeting. You have been emailed the link, so please do that. Hopefully, it will be a very brief meeting in camera to discuss draft instructions for this elder abuse report.

[Translation]

Mr. Rhéal Fortin: Madam Chair, before we leave, I have a point of order.

I haven't received the email containing the link for the in camera meeting.

Would it be possible to send it to me, Mr. Clerk?

[*English*]

The Chair: Absolutely. The clerk will forward that to you right now.

Mr. Randall Garrison: I think it needs to be sent to everyone again.

The Chair: Send it to everyone, Mr. Clerk, if that's okay.

Thank you. We will suspend the meeting.

[*Proceedings continue in camera*]

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