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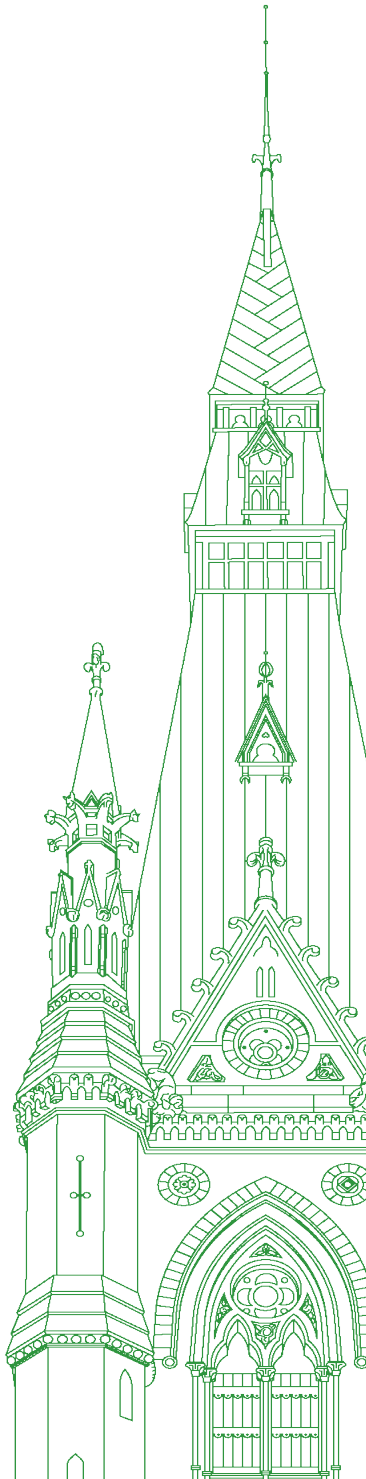

Chair: Mr. Sean Casey

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Tuesday, June 22, 2021

● (1540)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 43 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2021. The proceedings will be made available via the House of Commons website. The webcast will always show the person speaking rather than the entirety of the committee.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, February 2, 2021, the committee will resume its study of the impact of COVID-19 on seniors.

I would like to welcome our witnesses to begin our discussion. Each will have five minutes of opening remarks, followed by questions.

We have with us today Mary Oko, the chair of the Family Council of Copernicus Lodge, and from the Canadian Network for the Prevention of Elder Abuse we have Kathy Majowski, board chair and registered nurse.

For the benefit of our witnesses, I'd like to make a couple of additional comments.

Interpretation is available in this video conference. You have the choice at the bottom of your screen of either “floor”, “English” or “French”. When speaking, please speak slowly and clearly. When you're not speaking, your mike should be on mute.

You may notice that in each round of questions, when the MPs start to get close to the end of their turn, I'll hold up one finger to indicate one minute left. Don't panic. You'll have a chance to finish your thought. A minute is actually quite a long time.

With that, we're going to start with Ms. Oko for five minutes.

Welcome to the committee. You have the floor.

Ms. Mary Oko (Chair, Family Council of Copernicus Lodge, As an Individual): Thank you, Mr. Chair.

Distinguished members of HUMA, thank you for allowing me to participate in the valuable work that this committee has been tasked to undertake.

As you know, I'm Mary Oko. I'm appearing before you today as a family member whose mom is currently at Copernicus Lodge, a long-term care home located in Toronto, Ontario. I'm also the chair of the Family Council, representing the families who have loved ones living in the home. My mom, Wanda Oko, is 95 years old, and has advanced dementia. I come before you to share how my mom and I were impacted by COVID and how I think we can make things better for our seniors moving forward.

I'll start by giving you some background.

During wave 1, my mom's home was fortunate not to have any COVID outbreaks.

During wave 2, my mom's home was hit pretty hard. Twenty-two residents died of COVID, and 100 of 200 residents and 85 of 300 staff were infected. Many residents are still suffering. Their health has declined; many who were once walking and independent now need walkers or wheelchairs or are bedridden. My mom is one such casualty. Before the lockdowns, she was walking; now she is bedridden, and during the lockdown she developed a stage 4 bedsore on her tailbone the size of a golf ball that will likely never heal. She didn't get COVID; however, she suffered due to the lockdown and other restrictions implemented under the guise of keeping residents safe.

Today I will share three concerns that have deeply affected me and my mom.

The first one is insufficient staff support for my mom. My mom has lived in long-term care for nine years. Because of poor supports provided, I felt compelled to hire, at my own expense, a care assistant who helped her with mental stimulation, exercise, feeding, and some outdoor excursions. In addition, I visited her twice per week to help with these and other activities, such as dressing and hygiene. Without this added support, my mom would not have continued walking or maintained mental engagement.

When COVID hit, my mom's care assistant and I were locked out of the home. When I was allowed back into the home in September 2020, my mom had declined because our extra care had not been available. She had stopped talking and she was less engaged. During the wave 2 lockdown, she received no access to exercise and was not able to leave her room. My mom is now bedridden and needs the assistance of a lift to move her from bed to wheelchair.

Assistance with feeding has always been an area where staff shortages are most obvious. Prior to COVID, my care assistant and I helped with my mom's feeding. During the wave 2 lockout, staff shortages and a lack of family support resulted in my mom eating poorly and a decline in her overall well-being.

As my second point, my role as a caregiver for my mom was not considered. Given there is a lack of staff to provide the level of care tailored for each resident, the staff always welcomed my help when I came to see my mom. They also valued that I could quickly identify issues that needed the attention of staff, or in some cases needed to be escalated to the doctor.

When COVID hit, I, like many families across Canada, was shut out. I was reduced to video meetings. At these meetings, my mom didn't acknowledge my presence, as she is better when I'm holding her hand and talking to her.

During wave 2, when families were once again locked out in the midst of our outbreak, as I mentioned earlier, my mom developed a serious bedsore. In pre-COVID lockdowns and restrictions, I could have had access to my mom and worked with the staff in addressing any issues she had. Families were not allowed to help when the home badly needed our support.

Lastly, my mom and I, as her power of attorney, were not properly consulted in decisions that impact my mom. We consider Copernicus my mom's home and not just an institution. Since my mom has advanced dementia, I have always been involved in the discussions and decisions relating to the level of care provided to her. COVID changed this situation. Especially, during wave 2 my mom and I as her power of attorney were not included in some of the decisions that were being made that impacted her level of care.

As an example, on December 14, two residents tested positive for COVID on my mom's floor, and then nine, again mostly on my mom's floor. This led to a decision to confine over 200 residents to their rooms 24-7, many in areas where no active cases existed. This decision was made based on meetings held between Toronto Public Health, the Ministry of Long-Term Care, Unity Health—which is the hospital that's partnered with our home—and the Copernicus management team. Residents and families of residents being impacted by such decisions were not given a voice at these meetings.

Any other patient in our health care system is given the benefit of consultation in decisions that impact their health. During COVID, as it relates to COVID, no such consideration is given to seniors living in long-term care or to their power of attorney. Why is this considered acceptable?

How do we fix this? Here are my four suggestions.

First is national standards for long-term care. Comparing what was happening in my mom's home with other long-term care homes in Toronto or in other provinces, I note there is a lack of consistency in how our seniors are cared for in many areas, including staffing levels, COVID testing, and IPAC controls.

● (1545)

No senior should ever feel that they are discriminated against based on the city or town they live in, the province or territory or the type of home they choose to live in. We are all Canadians, and our seniors should be treated fairly and equitably from coast to coast to coast.

Second, never lock out families. Families serve an integral role in the level of care provided to our seniors. We know our loved ones, and we can and do work with the homes to provide the quality of care our loved ones need. Until adequate staffing levels are addressed and funded, it is essential that families not be denied the right to improve the quality of care and indeed the quality of palliative care for our loved ones who live in long-term care. My mom and our seniors will always need their family for love and support.

Third, raise the profile of family council. During COVID, the Family Council at Copernicus Lodge was a strong voice speaking for their residents. The Family Council pushed for the resumption of regular bathing and showering, demanded increases in mental stimulation and activities and so much more, but family council members are unpaid volunteers, and it is a real challenge to attract and retain members, especially when we are not listened to by well-paid management and health care agencies.

Lastly, a resident voice at the table is needed. In any discussions that impact the health and well-being of the residents, their voice and/or the voice of the power of attorney who represents the resident needs to be included.

I beg you to never silence my mom's voice.

Thank you.

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

We're going to go to Ms. Majowski next. Welcome to the committee. You have the floor for five minutes.

Ms. Kathy Majowski (Board Chair and Registered Nurse, Canadian Network for the Prevention of Elder Abuse): Thank you, Mr. Chair, and thank you to Ms. Oko for sharing her experiences.

Good afternoon, everyone. I'd like to acknowledge that I'm speaking to you from Treaty No. 1 territory, the traditional territory of the Anishinabe, Inninewak, Oji-Cree, Dakota and Dene peoples, and from the heart of the Métis nation.

The Canadian Network for the Prevention of Elder Abuse is a national non-profit organization made up of individuals and organizations that care about older adults and the prevention of harm in later life.

Elder abuse has long been nicknamed “the silent pandemic”. It was rampant in our communities long before COVID. Like gender-based violence, it has flared under COVID and emerged as a shadow pandemic in 2020.

We all experienced the stress and impact of the pandemic. What helped many of us rise to the challenge every day was a supportive family or social group. For many older Canadians, these crucial bonds were obliterated by the pandemic. The necessity to stay home and socially distance whittled away opportunities for social interactions and access to core services.

During the first few months of the pandemic, we ran a survey to evaluate the immediate impact of COVID-19 on our members. We asked elder abuse prevention folks and senior service providers what they were experiencing and observing. When asked about the impact on the seniors they served, respondents listed “increase in elder abuse and domestic violence” as the number one issue, followed closely by “decreased access to services and supports” and “increase in social isolation”.

Social isolation is a serious public health risk, with life-threatening consequences. It can be as damaging to health as smoking 15 cigarettes a day. It incurs negative health behaviours and decreased mental health, and it's also a risk factor for elder abuse, neglect and self-neglect. An isolated older adult may lack access to necessities, be more vulnerable to scammers and be trapped at home with their abuser, with no access to supports.

Almost 65% of our survey respondents reported the impact of COVID-19 on their programs and operations as “high”, with 83% reporting a disruption of services to clients and 46% reporting an increased demand for services. This was the perfect storm: increasingly isolated older adults in greater need of support services that were highly disrupted by the pandemic. Social distancing became a double-edged sword.

We all know what followed. Older adults living at home reported higher rates of isolation and mental health struggles. The Seniors Safety Line in Ontario reported a 250% increase in calls about elder abuse, and meanwhile, in some long-term care homes, residents endured appalling abuse and neglect.

The past year was a stress test that exposed the weaknesses in our system. Older Canadians have borne the brunt of this pandemic through deaths, isolation and decreased safety and quality of life, and they're not willing to be sacrificed and ignored anymore.

Around 90% of older Canadians live at home, and most of us hope to age in place. For this to happen safely, we need to be addressing abuse and neglect in our communities.

Our recommendations include improved training and education programs across sectors by providing adequate care for older adults in their homes and communities. We need to be focused not only on making sure that there are enough human resources to complete the assigned tasks; but older adults should also have a network of supports and community services that work well together and are trained and educated in recognizing and preventing ageism and elder abuse and are familiar with the local, regional and national resources available. The training needs to be trauma- and violence-informed, with an equity orientation to act as a bridge across sectors and mandates for a more inclusive and collaborative approach to prevention and response.

We also recommend encouraging the development of age-friendly communities and ensuring that this effort has an elder abuse prevention lens.

We know that personal support workers, also known as health care aides, have the most consistent and frequent contact with older adults receiving support in their homes and have inconsistent levels of education, training and oversight. Regulation of this role would increase protection for the public by stipulating professional responsibilities and would implement at least minimum standards for entry to the practice, as well as put processes in place for responding to complaints. Regulation would also increase safety by verifying qualifications and competencies for safe practice via a public registry and by providing information on complaints, similar to other regulatory bodies.

A key element would be minimum educational requirements and standardization of educational programs, including for trauma-informed care; dementia care; and elder abuse awareness, prevention and response, including information about the reporting process if there is suspicion of elder abuse. This would also foster safety and stability for these professionals, who are often women from racialized communities who are themselves more vulnerable.

● (1550)

We recommend providing sustained and appropriate funding for the elder abuse and neglect response sector on a par with domestic violence funding. In particular, we recommend providing dedicated support and funding to the CNPEA to ensure that there is a national organization dedicated to elder abuse prevention and awareness that will foster the exchange of reliable information among stakeholders and service providers across Canada.

Finally, we would recommend establishing a federal office of seniors advocate. It should provide systemic oversight and leadership on issues related to the current needs of Canadian seniors, as well as provide insight, analysis and direction to the government on the future needs of our aging population. Elder abuse and neglect awareness and response should be a key and ongoing mandate of this office.

Thank you.

The Chair: Thank you, Ms. Majowski.

We're going to start now with rounds of questions, beginning with Mrs. Falk, please, for six minutes.

● (1555)

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Thank you so much, Chair.

I would like to thank both of our witnesses for their contributions to our study today as we look to better support Canada's seniors as we navigate beyond this pandemic.

We know that the COVID-19 pandemic has underscored and exacerbated shortcomings in our long-term care homes. Unfortunately, it is our seniors who have paid the highest price for these shortcomings. Regardless of where they live, every senior has the right to age in dignity. Every level of government has a responsibility to take action.

Ms. Mary Oko, I want to thank you for your vulnerability and your willingness to advocate on behalf of your mother and, ultimately, all seniors.

I don't want to see an “Ottawa knows best” approach when it comes to national standards. Ms. Oko, I'm wondering how important you would think or believe it would be to not only have the provinces and territories at the table when it comes to discussion of national standards, but also to have frontline workers, seniors advocates and caregiving organizations.

Ms. Mary Oko: I feel that it has to be a collaborative approach. You need to have many people at the table, and definitely frontline workers.

Here in Ontario, we have a very strong registered nurses association that's been a very strong advocate and proponent for the quality of care that residents should be having. Individuals like that and advocacy groups should also be at the table, and also there should definitely be representation from the residents and from the families of those who cannot speak for themselves.

I agree that what I'm proposing in terms of national standards does touch upon what Kathy was referring to. My idea is that regardless of the type of home a senior chooses to live in, long-term care is just one option of many. There should be consistency across the country. It's been very frustrating for me and for many families—I have friends in other parts of Canada, and we compare notes—how disparate the quality of care is for our seniors. It was almost as though we were in 13 different countries instead of one country.

Mrs. Rosemarie Falk: I do want to take note of your remarks.

You made mention of families and how important it is to not shut them out. From my background and experience of having worked in a medical facility, when it comes to people who are being hospitalized, I know how important it is to not fall into that institutionalization lull. It's something that you referred to when you spoke of your mother not having that constant stimulation every day.

I think what's so important is how much our families do in the caregiving role. It's not just that they're actively doing things, but they're also advocating. Family members and close friends—the ones who go and visit loved ones—are the biggest advocates and sometimes the loudest voices. I wanted to note that I think those activities are really important and valid to mention.

With regard to staffing, in my role as shadow minister for seniors, I've heard a lot of testimony on staffing shortages. In your experience, how have staffing shortages impacted the quality of care that you've seen, specifically for seniors in long-term care homes?

Ms. Mary Oko: The biggest example is the fact that my mom has a stage 4 bedsore. When it happened, it was in the three weeks while the families were being locked out. The home and the various people at the table knew that we had a shortage of nurses, specifically of registered nurses, so it wasn't like 200 people were in their rooms and we miraculously had a huge contingent of extra staff to help provide that level of care for each of these residents. They had to make do with the staffing levels that they had, even with the use of agency staff. The problem with having agency staff is that they don't know the residents very well.

Mrs. Rosemarie Falk: There's a rapport with that, right, when you have that relationship? You know what they like, what they don't like and how to communicate, and that goes a long way.

Ms. Mary Oko: A lot of my advocacy is not to attack the staff. The staff have done the best that they can, but they're in a no-win situation. The funding levels and staffing ratios are completely inadequate to provide the level of care that our seniors need, especially in long-term care, where the average age of seniors is 80. Many of them have dementia, and they need specific types of care.

● (1600)

Mrs. Rosemarie Falk: This is where I'm also leery. I know the government has talked about bringing in new penalties for caregivers. This is what I'm not okay with, because if we have residents who live in a home and there isn't the capacity—there are staffing shortages—I don't think it's okay to penalize somebody because they physically cannot do the workload. There clearly is a staffing issue.

I also wanted to make a note about mental health. Could you share at all, in your experience, how seniors you've witnessed have been impacted? How has their mental health being impacted, living in long-term care throughout this pandemic?

Ms. Mary Oko: Again, my mom was engaged and she was talking. She's not talking now. With many of the other residents, it was disheartening to watch those who were mobile and conversable. They are now less so than they were. They now need assistance with feeding. They need to be engaged, or they can't engage and you try to talk to them and they're confused, because they were also getting mixed messages.

During the lockdown, in my mom's home many of the residents were kept in their rooms 24-7. Even the ones who tried to get out of their rooms were constantly being told not to and being pushed back into their rooms. Once things started stabilizing and the residents were allowed to go out, they were petrified. They stayed in their rooms, and the staff would turn around and say, “Well, the residents don't want to come out.” They had been trained not to come out. They had so many negative messages that now they stayed in their rooms, but that just increases their isolation and their decline.

The Chair: Thank you, Ms. Oko, and Ms. Falk.

Next we have Ms. Young for six minutes.

Ms. Kate Young (London West, Lib.): Thank you very much to both of our witnesses today. That was gripping testimony, especially from Ms. Oko, hearing about her experiences with her mother and what she had gone through.

My father died in a long-term care facility eight years ago, before COVID. Knowing the challenges that he faced in a long-term care facility, even that long ago—things have only gotten worse and worse through COVID—I really do feel for you, and can't imagine what it must have been like.

You talked about wanting to raise the profile of families and this idea of having a family council for people to listen to the concerns of residents.

Do you think that should be regulated as a part of long-term care standards? Is that needed, or is that something that the families of residents themselves have to really push for?

Ms. Mary Oko: In response to that question, I feel it needs to be regulated. In Ontario, it is part of the Long-Term Care Homes Act. However, in B.C.—I have friends in B.C.—there is no such act and there is no such thing as a family council. What families have had to do, my friends included, is come together and create their own quasi-family council groups through Facebook. Families were connecting to provide support and share resources.

Even in Ontario, where it's regulated, the idea of a family council is not always respected within ever single home. There are some homes that work very well with a family council, and then there are some homes that do not want to work with a family council. They feel that they don't understand it. They feel that it's just extra work. They feel that they're doing what they need to do to take care of the residents.

Again, the majority of the residents who are in long-term care have some form of dementia or cognitive disability. Even though many of the homes have a residents council, they cannot effectively communicate on behalf of themselves, because they're in fear that if they speak out too negatively, there will be ramifications imposed against them.

I have families within my own family council that are afraid to speak out because they feel that the quality of care their loved one will be getting will decline.

● (1605)

Ms. Kate Young: Thank you very much, Ms. Oko.

Hopefully, you are very pleased that our government recently launched a consultation to define seniors abuse so that they can understand it properly and come up with better legislation.

I will go to Ms. Majowski for a moment.

Of course we know that seniors can experience elder abuse in any facility—in long-term care facilities, hospitals, while they're shopping, even in their own home. In your opinion, what steps can be taken to improve the reporting of abuse of seniors?

Ms. Kathy Majowski: Thank you very much for the question.

Reporting is a very tricky conversation. We do want to keep in mind that, first of all, 91% of our older adults live in the community, so they are being supported in the community. In the abuse that they experience, in many cases we know that the perpetrators are people who are close to them, whether it be a neighbour, a friend, a family member who's providing some sort of caregiving role, or is even [*Technical difficulty—Editor*] the person, so reporting is a very delicate conversation. I would say it's on par with domestic violence reporting.

Sometimes when health workers, social services workers or community services workers take on the responsibility of mandatory reporting, we're actually going against what the older adult would want. There are many reasons that they don't want to report. It may be that they don't want their family member to get in trouble, to experience legal ramifications for the behaviour. Sometimes it's because they do feel some guilt. We look at it as a bit of a harm reduction scenario where putting additional supports into place can take off some of the strain or reduce their need to depend on the abuser. In many cases, that can improve the situation.

It is important to consider [*Technical difficulty—Editor*] talk about reporting. Older adults are just as capable as younger adults to decide what's best for their lives, and they may have different ideas of what kind of behaviour is acceptable. We need to meet them where they're at and understand that we might have really wonderful ideas on how we can significantly improve the situation for them, but if it's not something that the person wants, then it's really going to contradict quality of life and happiness, safety and security. Elder abuse prevention is a very convoluted and nuanced conversation, particularly when we're talking about people who are living in the community.

For long-term care, for example, the conversation is much different. It is a much more structured environment. There definitely are ways that the reporting can be made a little bit more standardized. It's different across the country, unfortunately. Provinces and territories all have different models, so families and staff should be aware what resources are available for their facility, but in the community it's a much more complicated conversation.

The Chair: Thank you, Ms. Young.

Ms. Kate Young: Thank you very much. You answered my next question, so I appreciate that.

[*Translation*]

The Chair: Ms. Chabot, you have the floor for six minutes.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Thank you, Mr. Chair.

I thank the witnesses.

The Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities is conducting this study on the realities experienced by seniors during the worst of the pandemic. However, some of the issues were already there, long before we began our work. We can discuss the living conditions of our seniors in a comprehensive way, from a financial, social or health perspective.

Ms. Oko, unfortunately, many seniors in residences are experiencing a situation like yours and your mother's. The same thing happened in some Quebec facilities. I would not lump all public seniors' care facilities together, because we also saw some good examples and good practices during the pandemic. However, the pandemic snuck up on us, and every province took steps to deal with it, to the best of their abilities. At times, it was painful for seniors, their loved ones and their families.

They had to take action to protect seniors, including preventing their loved ones from visiting them, and you're absolutely right that isolation had a variety of effects. Thank you for your testimony, even though it was difficult. I feel it reflects the glaring testimonies of people across Canada, depending on the network.

On the other hand, I have to say with all due respect that I'm skeptical of one solution that you seem to be putting forward, which is national standards that would come from Ottawa to regulate what's done in each province. I could tell you about the countless standards that we have in Quebec for our institutions and the organization of health care. These are choices we have made, particularly with respect to the number of attendants per patient. I don't believe that can be governed by a national policy that would apply uniformly. I have a very hard time believing that it will fix the situation.

However, you mentioned something that we believe is important. You talked about underfunding with respect to personnel. So it's the underfunding [*Technical difficulty*] of the provinces, which have the skills to organize health care, because it's a provincial jurisdiction. So Ottawa has to contribute. The Ontario and Quebec governments had one request for the federal government: significantly increase health transfers so that the federal share of funding for expenditures meets the needs of the provinces so they can deliver services.

How do you feel about the position of the Ontario and Quebec governments and others? Does Ottawa need to make a bigger contribution?

● (1610)

[*English*]

Ms. Mary Oko: When I made the suggestion about national standards for long-term care, my point was not that Ottawa would be dictating the quality of standards that would be imposed for each of the provinces. What I feel is that, yes, the federal government has an obligation to provide funding to each of the provinces, but they should also be working with each of the provinces, and why not use the best of what has worked in each of the provinces for the benefit of all Canadians who are living across Canada?

To your point, it is very different. As an example, right now I can go to see my mom, but I need to take a PCR test weekly, and I've had to do this since August. I'm fully vaccinated; my mom is fully vaccinated. In addition to the PCR test, I also have to do a rapid test, and then, once I'm in the home, I have to wear a surgical mask and a face shield. In Quebec, based on friends I've spoken to, there is no need to do a PCR test and there's no need to do a rapid test. All they have to do is wear full PPE. In B.C., they don't have to do a rapid test or a PCR test, and the only thing they have to wear is a surgical mask. Why is there a difference?

I'm at a point where, throughout this pandemic, if I could, I would have moved my mom from province to province depending on what was going on and working best for those seniors at that time. Why should I be in that situation? Why should families be put in that situation? We care, we love our loved one, we want them to have the best quality of care, and I feel that the provinces cannot expect to have a blank cheque providing funding to them without any kind of strings attached.

Each of you represent our various provinces, and I feel that each of you working as leaders can work with our provinces to try to find a solution that will be equitable and fair for all of our seniors across the country.

● (1615)

The Chair: Thank you, Ms. Oko.

[*Translation*]

Thank you, Ms. Chabot.

[*English*]

Next is Ms. Gazan, please, for six minutes.

Ms. Leah Gazan (Winnipeg Centre, NDP): Thank you so much, Chair.

I'd like to start out by commending Madame Oko for her strength and sharing the story about caring about her parents. I also looked after my parents when they were both sick many years ago and I know the toll it takes in trying to make sure that your parents have care that allows them to live in dignity. Thank you so much for sharing your story.

Madame Majowski, thank you as well for your tremendous knowledge and work. My first question is to you.

For years, advocates in the disability community, including seniors, have advocated for better supports for disabled persons so that they can live with dignity. Unfortunately, in my opinion, I don't think the rights of disabled persons were a priority for this government or previous governments before the pandemic or during the pandemic.

Today, the day before the House rises and we're adjourning for summer—we have a potential election in the fall—finally this government introduced legislation to create a Canada disability benefit, known as Bill C-35, something that I hope sees the light of day, but I'm not very hopeful. To me, this piece of legislation should have been a top priority if we look at some of the statistics that we've witnessed during the pandemic.

I'm wondering if you can speak about how both persons with disabilities and disabled seniors in particular have been disproportionately impacted during the pandemic.

Ms. Kathy Majowski: Yes, absolutely.

I'm going to speak a little bit from my day job role.

I am a registered nurse and I work in the core area of Winnipeg. We see on a daily basis how underserved our older adults are. Those are my clients. Those are the people I support. We know that people fare better in our system with supports from family, friends and others advocating for them, but there's a large swath of individuals, both those who are disabled and older adults, who don't have those folks advocating for them, and they're really left to their own devices, so they're missing out on core services and finances and sometimes funding being available to them because they're not able to navigate the system and they don't have the community supports they need to be able to do that.

That's where our program actually comes in and tries to fill in the gaps, but it's not enough and it hasn't been enough for years. For people with disabilities who also live in poverty or for people with disabilities who are over 55 or 65, the communities are not set up to support them. There are actually more barriers than supports in place. They're regularly hearing “no”. A lifetime of hearing “no” or “you don't qualify” or “you're not eligible” gets to be very disheartening.

In the last year, with the pandemic, many of the services that had been in place consistently for these folks disappeared. Now we have individuals who are still living in poverty, who still have disabilities, who are still older adults at higher risk if they do contract COVID, but they are without access to technology and without access to phones. Some of the services are available only with technology. Our province has a wonderful counselling program that it launched and funded really early on in the pandemic, having recognized that mental health concerns are very real concerns. Many of our clients have no ability to access it. Either they don't have the skills to use technology or they don't have the funding to do it. We see that those gaps are significant, and they've widened with the decrease in services.

Ms. Leah Gazan: Going back to the question of poverty, in 2012 Statistics Canada reported that 12.1% of older Canadians were living at a low income and that by 2016 the number had increased to 14.5%. That goes to your point that we're not taking better care of our seniors; in fact, they're going into deeper levels of poverty. On top of that, the pandemic also revealed the extent to which Canada forces seniors into vulnerable and unlivable conditions.

I present this question to both of you. It's just a question. I put forward a motion for a guaranteed livable basic income. How do you think this would benefit seniors?

● (1620)

Ms. Kathy Majowski: If I may start, Ms. Oko, I would say that I think this is huge in the community. We were told that $2,000 a month was the minimum amount that people needed to survive in Canada throughout the pandemic. Many of our older adults and people living with disabilities and older adults living with disabilities are expected to live on much less than that a month. They have to make concessions when it comes to the housing they choose and the services that are available to them. What food they are able to purchase is dependent on what's at the corner store, because they don't have transportation to get to a grocery store.

The challenges are just compounded as we get older, and our older adults who are also living in poverty are much more impacted, with many more barriers being put in front of them. The guaranteed basic income would make a massive difference. It would finally allow them to feel comfortable.

Ms. Leah Gazan: Thank you.

The Chair: Thank you, Ms. Majowski. Thank you, Ms. Gazan.

Next is Ms. Dancho. Go ahead for five minutes, please.

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Thank you, Chair.

Thank you, witnesses, for your testimony. I found it very heartfelt, and we could tell that pursuing better and dignified care that is compassionate and considerate for those in long-term care is very personal to you and a passion of yours.

Obviously this year we've seen that there is an incredible need. It really feels as though it's lifted the veil for Canadians to see how [*Technical difficulty—Editor*] with home care, as you, Ms. Majowski, had touched on, as had Ms. Oko with regard to long-term care.

I have a question for each of you.

First, Ms. Oko, in some of the answers to other questions today you talked about isolation and the impact on your mother's health. We heard something similar in previous testimony as well. One witness told us that there is a measurable decline in physical and mental ability for seniors in long-term care after prolonged isolation.

Also, I really appreciate how you laid out your remarks. There were the three problems and the four solutions. That was excellent. For the purposes of my question, could you outline a little bit further how you saw grave impacts from that isolation and potential solutions to that?

Ms. Mary Oko: In the case of my mom, my mom was somewhat engaged. She did talk. When music was being played, she would readily clap her hands—not that she understood what was going on, but she had energy. Now when I visit with her, she sleeps most of the time. When she is awake, I can't get her to talk to me, or when I play music, she's just lying in bed. She's not engaged. I play-act. I have musical instruments. I play YouTube clips of polka music consistently while I'm dancing around the room. I can't get anything out of her. This is after just five months of isolation. I have good days and bad days, and a lot of days, unfortunately, they are bad: I'm there for maybe six or seven hours, and she's awake for maybe an hour. This is a woman who was walking with a walker in December.

Ms. Raquel Dancho: Thank you for sharing that. I certainly took quite a few notes on your remarks and I will further reflect on the recommendations. I thought you made some very strong ones.

I'm sorry that you're dealing with this in your family. I can appreciate the polka music; my grandparents greatly liked polka music as well. Again, thank you for what you're doing for your mom. I wish everyone had advocates like you are for your mother.

Ms. Majowski, you touched on home care. I want to ask for your perspective on something I read recently by a man named André Picard, who has written extensively about long-term care. He is proposing that the Dutch model may be a solution to some of the issues that we're facing with home care.

Recently my grandfather passed away. We tried really hard to keep him at home, as was his request, so he wasn't isolated at a hospital or in long-term care. However, we saw so many different home care workers who would come in for 50 minutes and often engage in very intimate activity with cleaning or changing. It was very difficult for an individual who thus far, until this point, had been completely autonomous. I just think that the Dutch model, whereby they come in, sit down, have coffee with the resident, spend a couple of hours there, and get to know the community and the other residents, was an interesting idea. Seeing it first-hand, I would love your perspective on that.

● (1625)

Ms. Kathy Majowski: Absolutely. I've personally witnessed, working in the community, less and less time available for frontline staff to interact with people. We've seen push-back from those same frontline staff, who are saying they can't do it. Yes, in an ideal world, they can prepare a meal in 10 minutes, but what about the clients who need to talk about something? What if there is a crisis going on? Way too many of our clients are hearing things like, “I'm sorry. I just don't have time. If I sit with you, I'm late for the next person.” Those significant time constraints in the community are robbing the people who are receiving services of real connections. It sounds like your grandfather did have family supports around him, and that's wonderful, but we know that for many people who are receiving home care, home care is their only contact with the outside world.

Ms. Raquel Dancho: That's right.

Ms. Kathy Majowski: If it's somebody coming in and doing very intimate care over a 10-minute period and maybe not even having time to introduce themselves or explain what they're going to do because they're so worried about getting it done in that period of time, they don't have that connection. They don't have that contact. It can actually feel very uncomfortable for the individual receiving care.

I support the Dutch model. I support extending the time available for frontline staff who are caring for individuals in the community.

The Chair: Thank you.

Ms. Raquel Dancho: Thank you very much to both of you.

The Chair: Thank you.

Next we have Mr. Turnbull for five minutes, please.

Mr. Ryan Turnbull (Whitby, Lib.): Thanks, Mr. Chair. I'm going to split my time with MP Vaughan.

Ms. Oko, I want to echo the comments from my other colleagues about your testimony today. It's really emotional. I very much relate to it on an emotional level because it's very similar to the story of my own mother, who is in long-term care as well.

I just want to ask you.... I know you've been advocating for your mother, and I know that's something that many family members have to do. I guess one reflection that I constantly have is that if you, as a person who needs care, have to rely on someone else to advocate for you in order to get the quality of care you need, it seems like a key indicator of a broken system. Would you agree with that?

Ms. Mary Oko: Definitely. I'm advocating for my mom, but I'm also advocating for all the other residents. My fear is that because of privacy issues and confidentiality, whenever I'm dealing with the home or with the health care providers or the hospital, I can never talk about someone else because of confidentiality issues. It always has to be related to my mom.

When I filed a complaint with the ministry, I raised concerns that existed for other residents, but unless it was something that was impacting my mom specifically, they couldn't address it. That's my biggest fear, because I myself do not have children. I do not have an advocate who will be advocating for me when the time comes that I need long-term care or assistance in a long-term care facility.

Mr. Ryan Turnbull: Thank you for that.

Ms. Majowski, I have a quick question for you. You mentioned the survey you did and the large number of people reporting increased elder abuse during the pandemic. What kind of elder abuse did you see, specifically? Are you seeing social or financial abuse, neglect, physical abuse? Can you describe a little bit the trends that you were seeing?

Ms. Kathy Majowski: I would be happy to provide a report of our survey.

We put out the survey to our members, to our network, which includes frontline service providers and researchers in the field from across the country. Off the top of my head, I don't know if we broke it down that specifically. I understand that there are different levels and different kinds of elder abuse, but the bottom line is that when our frontline senior service providers are saying that they're seeing an increase, that's the information that we're going with.

● (1630)

Mr. Ryan Turnbull: Okay, that's fair.

I'll give the rest of my time over to MP Vaughan.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): Thank you.

I share the whole committee's appreciation for the personal testimonies as well as the emotional impact they've had.

Ms. Oko, you talked about national standards, but you also seem to talk about those standards not coming from Ottawa but being supported by Ottawa as a condition of funding. In other words, they come from frontline workers and they come from families and lived experience, but they're married to funding that Ottawa then distributes to provinces.

Is that the system you're advocating?

Ms. Mary Oko: Yes, I feel that no one person is the source of the best ideas. I feel that it has to be a collaborative effort, meaning the federal level, the provinces, the municipalities, the stakeholders, the advocates and the families coming together and working together collaboratively in terms of a standard that would make [*Technical difficulty—Editor*] perspective and a resource perspective that is doable across Canada from coast to coast to coast.

Mr. Adam Vaughan: Is that partly driven from your experience of watching federal funding being invested into long-term care in Ontario while the situation didn't actually improve over the summer? During the second wave, some of the shortcomings actually intensified, so money wasn't the solution; a systems change also needed to be put in place. Is that part of where that observation comes from?

Ms. Mary Oko: Well, yes, and it's also just from the conversations that I've had with friends, primarily in Quebec and B.C., and comparing notes in terms of what was being done in those provinces.

However, I'm sure if I started speaking to families from other provinces we'd see disparity as well. Even within the same city, the city of Toronto, when we were in the thick of an outbreak, one home—our home—was testing the staff only every five days for COVID, while another home that was in an outbreak was testing the staff every three days. Same city, same public health, same Ministry of Long-Term Care, and yet.... Why was that happening? Families were never given a proper answer.

The Chair: Thank you, Ms. Oko. I'm sorry, Mr. Vaughan, that's your time. I know it goes by quickly.

Mr. Adam Vaughan: No worries. Thank you.

[*Translation*]

The Chair: Ms. Chabot, you have the floor for two and a half minutes.

Ms. Louise Chabot: Thank you, Mr. Chair.

I'd like to talk about abuse. It's a pressing issue for our seniors. I can tell you that in Quebec, we now have a policy to fight abuse that was established even before the pandemic. The policy provides a definition of abuse and also protects staff members who report certain situations.

I'd like to focus more on financial abuse. What role could we handle better in terms of fraud or financial abuse?

[*English*]

Ms. Kathy Majowski: What would be the role for reporting? I want to make sure I'm understanding the question correctly.

[*Translation*]

Ms. Louise Chabot: What I meant to say is that each province probably has its own policies to handle these issues. However, when it comes to financial fraud, the federal government could play a role. Can anything be strengthened?

[*English*]

Ms. Kathy Majowski: Yes, absolutely. There's dependence on the financial abuser.

In frauds and scams, that abuse is coming from individuals who are strangers or are scammers in various sectors. The financial abuser is somebody who's close to the older adult they're abusing, so it's a neighbour or family or a friend.

At a federal level, I think that awareness is key. Many individuals don't necessarily know that they're being abused. They're being told that they owe this person money or that they're paying them for services. They've handed over their bank card or their credit card or they've given a power of attorney. Awareness of their rights would go a long way toward helping individuals realize that the way they're being treated and the way that their money is being taken from them is not right and needs to stop.

[*Translation*]

The Chair: Thank you, Ms. Chabot.

[*English*]

Next is Ms. Gazan, please, for two and a half minutes.

Ms. Leah Gazan: Thank you so much, Chair.

My question is for Madam Oko.

Certainly the pandemic has shone a light on the glaring inequities and inequalities, and certainly targeted inequalities, in this country. I would say that seniors are one of the groups that have been targeted or ignored even prior to the pandemic. Had we ensured that seniors lived in dignity, we wouldn't have found ourselves in this situation in the first place. I think it relates to ageism and the idea that when you reach a certain age, you are no longer of value. They are the kinds of ideas that are associated with the concept of working—that when you are no longer working full time, you lose your value.

I was really touched by the story you were telling about caring for your mom. We've heard comments like "COVID-19 isn't too dangerous, because it's just impacting older people." We heard a lot of shocking things like that.

Can you speak to how ageism played a role in the responses to COVID-19 and how it has impacted many of the seniors that you're talking about today?

● (1635)

Ms. Mary Oko: It's definitely an ageism issue, and I would add that it's a gender issue, because the majority of residents who are in long-term care are women and the majority of health care providers who work in a long-term care system are predominantly women, and also racialized women or newcomers.

In terms of ageism, just [*Technical difficulty—Editor*] raising or escalating issues. Unfortunately, I had many discussions with the Ontario Ministry of Long-Term Care and the media and many people, and it just felt like people just didn't care. I would be giving them detailed accounts of what was going on in the homes. It always felt that my mom and the residents were being punished because they were living too long.

Even after the outbreak, with her having the bedsore, in some of the discussions I had I would hear that my mom was frail, that she has advanced dementia, that this was to be expected. Yes, it's to be expected that she has advanced dementia and that she will decline, but not to have a stage 4 bedsore and not to have declined in five months' time.

These are the kinds of conversations that I've had with many families within my home and in other homes as well: The resident has declined to the point where now they're not eating well and they're struggling and they need to be assisted with eating. The conversation is always, "Well, they're at that age," or "It's dementia." There's always some kind of an excuse. What I feel is that each person should be treated with dignity and have a quality of life and a quality of death. Each day should be a day of joy until that point when they are no longer living. We shouldn't be discriminating based on their age.

I've had a conversation with a doctor who said that in some cases, age discrimination goes to somebody in their sixties. I'm sorry, but I feel that somebody in their sixties is still a young person with a lot of value.

Who gets to decide? I think no one should be making that decision or making a judgment in terms of the quality of care that the person is getting.

The Chair: Thank you very much, Ms. Oko. Thank you, Ms. Gazan.

That concludes the questions for this panel of witnesses.

Ms. Oko, your testimony touched and moved every one of us. I completely agree with Ms. Dancho that we should all be so fortunate to have an advocate like you. Your telling of your deeply personal story of your mom certainly has impacted us and has undoubtedly helped many other families in a similar situation.

Ms. Majowski, you're probably aware that another parliamentary committee has recently completed a study with respect to elder abuse. It is something that has the attention of parliamentarians, due in no small part to your advocacy and that of others in that sphere.

Thank you for the work that you're doing. Please know that it's making a difference. We very much appreciate your being with us today.

Colleagues, we're going to suspend while we bid adieu to these witnesses and do a sound check for the next witnesses to come.

We'll suspend for a couple of minutes.

● (1640)

_____(Pause)_____

● (1640)

The Chair: I call the meeting back to order.

Today the committee is meeting on its study on the impact of COVID-19 on seniors.

I'd like to make a few comments for the benefit of witnesses.

When you are ready to speak, you can click on the microphone icon to activate your microphone. Interpretation is available in this video conference. You have the choice, at the bottom of your screen, of either “floor”, “English” or “French”.

[*Translation*]

Please speak slowly and clearly. When you are not speaking, your mic should be on mute.

[*English*]

I would like now to welcome our witnesses to continue our discussion, with five minutes of opening remarks followed by questions.

We have with us today, from the Canadian Men's Shed Association, Doug Mackie, chair.

[*Translation*]

We also have Violaine Guerin, coordinator of the Conseil régional de développement social des Laurentides.

[*English*]

We will start with Mr. Mackie for five minutes. I'm really looking forward to this.

Mr. Mackie, you have the floor.

Mr. Doug Mackie (Chair, Canadian Men's Sheds Association): Do I have to start off with a joke, or is that okay?

Thank you for the opportunity to be a witness today.

Men's Sheds is a volunteer-based organization that currently has 39 sheds, or groups of men, in Canada. It's part of a worldwide movement of over 2,200 sheds located in Australia, New Zealand, the U.K., Ireland, the U.S.A., Kenya, Iceland and other countries, as well as Canada. Men's Sheds opened in North America in 2010 here in Winnipeg.

Men's Sheds is a unique volunteer grassroots organization run by men for men. The activities and projects are determined by the men themselves within their sheds, not from a central office. The main goal of a men's shed is to offer a safe, convenient place for men to gather, socialize, enjoy camaraderie and participate in individual projects or group projects while working shoulder to shoulder.

When a man retires, he loses structure in his life, may leave his most important social contacts at work and loses meaning in his life. Senior centres do not fill the gap. The membership of most senior centres is made up of 80% women and 20% men. Men can be hesitant to seek help. There are no other programs in Canada just for men and run by men.

Men's sheds combat loneliness, isolation, anxiety and depression in men. The Men's Sheds Association is not a self-help group. The Canadian Men's Sheds Association receives no federal funding, or even provincial funding, unless it's on a sporadic basis. This is very much unlike the Men's Sheds programs in the U.K., Ireland and Australia. The benefit of a men's shed is the improved emotional well-being or mental health of the men involved, thus improving the lives of the men, their families and the communities in which they live.

This is respectfully submitted.

Thank you.

● (1645)

The Chair: Thank you, Mr. Mackie.

[*Translation*]

Mrs. Guerin, you have the floor for five minutes.

Mrs. Violaine Guerin (Coordinator, Conseil régional de développement social des Laurentides): Thank you, Mr. Chair.

The mission of the Conseil régional de développement social des Laurentides is to increase and support the capacity for community action in social development in the Laurentides region. Its members come from different sectors working with vulnerable people, including seniors.

The measures adopted during the pandemic have had a profound impact on the mental health of seniors, and we have seen an increase in the incidence of psychological disorders, including depression, anxiety, sleep disorders and post-traumatic stress.

The physical and psychological effects on older adults will likely continue after the pandemic and beyond the time when physical distancing measures remain in place. To minimize the negative impacts, it is appropriate to ensure that visiting policies in residential facilities, hospitals and hospices balance the need to protect others with the need of the residents or patients to see family and to socialize.

It would also be appropriate to study and review how and when we involve older adults across the country, to have them participate more in making decisions and developing policies that affect them. Social participation helps to protect the health of older adults. Those who participate have better cognitive abilities. While physical distancing measures are intended to protect the health of vulnerable people, the same measures also lead to social isolation, which in turn leads to the deterioration of mental health, physical health and cognitive abilities.

Elderly people who have felt they were isolated during the pandemic have tended to engage in behaviours that are detrimental to their health. In addition, the disruption of many community services and home visits due to the pandemic has had a significant impact on the health of older adults who rely on the services.

The pandemic has also given rise to more ageist messages and discrimination against older adults. These messages reaffirm a preconceived perception that older adults are vulnerable people whose lives are less valuable than those of younger people. [*Technical difficulty*], perceiving older adults as a homogenous group undermines their social identity, which makes them more susceptible to discrimination and exclusion, and fails to adequately portray their contribution to society or their resilience in the face of crisis. These messages may lead to a number of social consequences, such as discrimination against older workers and retirees looking to return to the workforce after the pandemic.

Internalizing ageist messages could also have significant consequences on older adults, such as a loss of self-esteem and a loss of a sense of purpose in society.

It is therefore important to use non-stigmatizing language to describe older people, to avoid stereotypes, and to avoid labelling all older people as frail and vulnerable. We should also refrain from referring to older people in words that have negative connotations and that convey prejudice. Intergenerational exchanges should be encouraged to increase solidarity between the generations and to fight prejudice. Awareness campaigns should also be developed to combat ageism.

Fraud and abuse in all their forms have increased during the pandemic. Seniors have been targeted at a time when they are more vulnerable and anxious. They need the right tools to be as informed as possible about the various scams and frauds to which they could fall victim. It is therefore appropriate to strengthen prevention and protection services for seniors against all forms of violence, abuse and fraud. Seniors should also be informed, educated, made aware and equipped so that they know that those problems exist.

The pandemic has come with its own set of challenges and has forced us to adapt very quickly to new technologies. However, the shift to virtual platforms socially excludes the elderly and places them at a lower level. Many older adults share a similar level of digital literacy, and few have been attending virtual gatherings during the pandemic. We are seeing deep inequalities in this group's social participation virtually, because it further excludes low-income seniors with lower levels of education, as well as those with underlying medical conditions.

● (1650)

The situation has widened the digital divide, especially for seniors living in rural areas where Internet access is still lacking, and for the most vulnerable seniors who cannot afford to buy the technology.

Seniors and their caregivers must therefore be helped to have access to digital communication tools or other ways of keeping in touch with family and social networks when actual travel is limited. We should also make it possible for older adults to participate in lifelong learning programs and improve their access to information and communication technologies.

This is not new: seniors want to remain in their homes as long as possible. Given what we have experienced during the pandemic, with many deaths in various types of housing for seniors, seniors are even more resolved to remain in their private homes. Governments will have to look at concrete solutions to help seniors stay in their homes. Home-based services will need to be more readily available, so that they can remain in those homes under the best possible conditions.

The shortage of affordable, adaptable and accessible housing is also a growing problem. This sometimes leads seniors to relocate and move closer to larger urban centres so they have access to housing that is more affordable and closer to amenities. It would therefore be advisable to increase mobile services to ensure access to more isolated seniors, or those with limited mobility, so their needs can be assessed and support provided.

It would also be advisable to ensure that appropriate care services are always available for older adults. These include mental health services and palliative and geriatric care. They also include support for unpaid caregivers who provide care in the home and community, as well as paid social workers who provide home care and institutional care.

We also need to ensure that community services and assistance to older adults, including social and legal services, are maintained despite physical distancing restrictions.

We must recognize the critical role of family caregivers and enable them to play that role with the necessary tools.

We suggest that programs be put in place to foster and support home care.

In addition, more affordable and accessible community housing for seniors is needed so that they can continue to live in a safe environment.

According to the market basket measure, in the Laurentides region, 6.3% of seniors aged 65 and over fall below the low income threshold, meaning that 5,930 individuals are in precarious situations. It's important that we gain expertise and be more vigilant with respect to the living and employment conditions of people aged 55 and over by ensuring that basic needs are covered and that they do not fall into the poverty level after they retire.

We need to make it a priority to ensure the right to a basic quality of life for everyone, in retirement as in an entire lifespan.

The social participation of seniors is no longer in question. The aging population certainly brings its own set of challenges—

The Chair: Mrs. Guerin, are you almost finished?

● (1655)

Mrs. Violaine Guerin: Yes, I'm done. This is my conclusion.

The Chair: Okay, thank you.

Mrs. Violaine Guerin: However, it is important for us to measure the social impact that seniors have in the community. They are volunteers, mentors, caregivers, lovers of the arts and tourism, and consumers, just like everyone else.

National programs and policies fail to adequately protect the human rights and the lives of older adults. The post-COVID-19 recovery must be an opportunity to lay the groundwork for a more inclusive, equitable, and age-friendly society, rooted in human rights and with the goal of never again leaving anyone behind.

Thank you.

The Chair: Thank you, Mrs. Guerin.

[*English*]

We will begin now with questions, starting with Mr. Morantz for six minutes.

Welcome to the committee, sir. You have the floor.

Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC): Thank you very much, Mr. Chair. It's nice to be here.

Hi, Doug.

Mr. Doug Mackie: Hi, Marty.

Mr. Marty Morantz: For purposes of disclosure, Doug is actually a constituent of mine, but more than that he is a great jokester, and more than that he is a great Manitoban.

I first met Doug back when I was on Winnipeg City Council a few years ago and he came to present to the committee. I'd never heard of Men's Sheds, but since then I've visited Men's Sheds a number of times. This group does amazing work and really deserves the attention of this committee. In fact, I said to Doug that if my political career ever came to an abrupt or voluntary end, I may seek membership in the Men's Shed if they'll have me. We'll cross that bridge someday, I suppose.

Doug, I want to give you a chance to speak a little bit more about Men's Sheds so the committee gets an idea as to exactly what happens there. I know when I visited, men were carving canes out of tree branches and doing woodworking and working with glass and doing all kinds of arts and crafts and things like that. I wonder if you could describe it. I see you have an example of the woodwork right there.

Mr. Doug Mackie: Yes, Marty, thanks very much.

Men communicate differently from women and men communicate differently when they are virtually alone instead of within a group of mixed people. Quite often, a man starts his communication with his arms across his chest, protecting himself.

What Men's Sheds offers is an open area where people can come and get to learn and to know each other. Why would they be doing this?

Well, these are comfort birds, by the way, and they're given to palliative care patients. They fit beautifully in your hand. One of our men made 150 of them and donated them to a person working with people in palliative care.

If you give a man something to do, whether it's a bigger project or a small project, he'll sit there and do his work and start looking at the man beside him or on the other side and watching what they're doing. Then, believe it or not, they open up. Who are you? What did you do? What is your family? How are you feeling? What are you doing?

I can relate very personal stories about how doing things together shoulder to shoulder—and not in a plan, project or program that is dedicated to them but in an open-ended kind of thing—gives men an opportunity to sit back, relax and start to communicate.

That's one of the questions or problems. People say, “Men don't communicate.” Yes, they do, under the proper circumstances.

Mr. Marty Morantz: I've seen it first-hand. It really is a great environment, particularly for men who are widowed or retired and alone, but even more when their situation is exacerbated by the COVID pandemic.

I'm just wondering if you have been able to have meetings virtually at all, or have they been...? How have you coped?

Mr. Doug Mackie: That's an interesting comment. What I found is that when men's sheds are within a good community—it could be Squamish or Vanderhoof, B.C., or Almonte, Ontario—those men get together. We've been having a number of Zoom meetings. At one stage of the game, I think I was on five or six a week, listening to men from all over.

Interestingly enough, with a men's shed in Ireland and another situation with the U.K. Men's Sheds, Zoom has allowed us to meet and greet and establish relationships, both locally here in Canada and elsewhere on an international basis.

Mr. Marty Morantz: How many are there in Canada right now?

Mr. Doug Mackie: At this moment, there are 39. About 1,200 men are involved.

● (1700)

Mr. Marty Morantz: You established the first one right here in Winnipeg, correct?

Mr. Doug Mackie: Yes. My daughter in Saskatoon learned about Men's Sheds and phoned me and told me to go on a site in Australia. I looked at it and said, “Well, that's interesting”, and she said, “Good. Start one.”

Mr. Marty Morantz: Now, while I've got you, because my time is limited, I wanted to touch on this. I know you said that in other countries that have men's sheds—in Ireland, Australia, the U.K. and so forth—there are federal supports. What would Men's Sheds like to see from the federal government?

I know you've tried to apply for charitable status a number of times. I wonder if you could talk about that and the other kinds of supports that you think might be necessary from a federal perspective.

Mr. Doug Mackie: For Men's Sheds, the bottom line is mental health. I understand that we have 14 different jurisdictions in Canada. Some of you will say, “No, no, Doug, there are 10 provinces and three territories,” but you also need to throw in the aboriginal national health care program. That's the 14th one.

Under those conditions, it's a very difficult situation to try to get all of the provinces, as you people know, to co-operate and come up with an individual program. However, I think it would be an advantage to have a small national office to advocate on behalf of all the provinces, and as we form more and more provincially based organizations, to be able to take the challenges and the opportunities to people such as you.

Mr. Marty Morantz: If I have time, Mr. Chair, I just have one quick last question. I think this is the most important question right now for Mr. Mackie. For anyone watching, how do they join Men's Sheds? How do they get involved?

Mr. Doug Mackie: There's a national website. They can go on there. All inquiries end up in my email. I immediately get hold of them. I try to pick up the telephone and call them or do a Zoom meeting with them, but it's a very simple operation. If two or three men get together and want to call themselves a men's shed, we will accept them. There's no national cost.

We like the New Zealand model, as a matter of fact. They pay about $40 a year for each of their 120 sheds.

The one other comment I'd like to make about this, Marty, is that we have different sorts of social get-togethers here in Canada compared with Ireland, which could fit into the bottom half of Manitoba and only has about 450 sheds.

Mr. Marty Morantz: We have a lot of work to do, clearly.

Mr. Doug Mackie: Yes.

The Chair: Thank you, Mr. Morantz, and thank you, Mr. Mackie.

Mr. Marty Morantz: Thank you, Doug.

The Chair: Next we have Mr. Dong, please, for six minutes.

Mr. Han Dong (Don Valley North, Lib.): Thank you very much, Chair.

Mr. Mackie, I really enjoyed your jokes in the beginning. I took notes. I'm going to share them with my kids and we're going to have a laugh.

Thank you very much for telling the committee a bit more about Men's Sheds projects. I know some Men's Sheds projects across the country have received New Horizons for Seniors program funding and also the special COVID-19 additional funding that was announced and implemented, which is worth, I believe, $20 million.

It's very important to support projects like this. You're right about the belief in society that men have trouble expressing how they feel or seeking help when they face mental health challenges. We know mental health challenges may lead to serious physical harm. I remember a report by CAMH indicating that over 75% of serious physical harm involved men.

In your opinion, how can these projects or peer support groups combat stigma around mental health, especially when it comes to men in Canada?

Mr. Doug Mackie: Thanks, Mr. Dong, for your question.

On your first comment about New Horizons for Seniors, it doesn't work on a national basis. Other than the one big project every five years.... I have a New Horizons for Seniors grant that ends at the end of this month. There are no Men's Sheds in Saskatchewan, but I cannot take any of the money that I have—and I will expend it all—and go to Saskatchewan to help them open up a Men's Shed. New Horizons for Seniors is provincially mandated. It's to one province. It does not go across provinces. With our kind of situation, I need some funding to be able to go across provinces.

The second thing is that I'd like all of you to look at the New Horizons for Seniors priority 3. Why do I say number 3? I'm going to read only part of it. It says, “Combatting ageism, celebrating diversity and promoting inclusion”. Then it says, “particularly members of underrepresented or underserved groups including but not limited to: women, Indigenous Peoples, persons with disabilities, members of racialized and newcomer groups, and members of the LGBTQ2+ communities”.

I want you to note that I can find no place within New Horizons for Seniors with any mention of programs or opportunities for men, period.

● (1705)

Mr. Han Dong: I appreciate that input.

You mentioned different levels of government needing to work together to provide that support. In your opinion, how does that look in terms of creating more outreach initiatives from the government to support peer-to-peer support groups?

Mr. Doug Mackie: Again, it's interesting. We started Men's Sheds here in Winnipeg. It's now spread throughout B.C. and somewhat around Alberta, but nowhere east of Montreal. How do we start supporting it, or how do I, as an individual? I live on a fixed income. I'm 80 years old. How do I reach out to those people or get a program to those Men's Sheds or possible groups of men in other communities? It's time-consuming and it's a process. I certainly have enjoyed the challenge over the years. It gets me up in the morning.

If there was funding that would allow Men's Sheds to do their outreach outside of an individual province, that would be of assistance. If there was potential funding—and we'd have to be careful here—for a one-person advocate or manager on a national level, I think that has some merit.

We also need to try to work with Canadian mental health associations wherever we can. It's interesting that CMHA has different priorities depending on where they are. Recently I gave a Zoom meeting instruction on how to open up a Men's Shed to the rural part of the Alberta division of the Canadian Mental Health Association.

Mr. Han Dong: Thank you very much.

Do I have more time for one question?

The Chair: You have just under a minute.

Mr. Han Dong: I have a quick question to Madame Guerin.

In your work, have you noticed any challenges that seniors face in terms of accessibility? To keep them active and socially connected, accessibility is very important.

[*Translation*]

Mrs. Violaine Guerin: Yes, it's a fairly widespread problem, especially in transportation. The Laurentides region has many rural areas, which raises major issues for public or adapted transportation. This means that seniors may be significantly isolated.

We also have a shortage of accessible and adaptable housing to accommodate the various stages that seniors go through over the years. Someone can enter housing with their independence, but then gradually lose it. The lack of adequate services or the fact that people's surroundings encourage them to move cause difficulties for those who want to remain in their homes. Social disruptions also occur when seniors have to move once they have lost their autonomy. So all levels of government should reflect on all the work that needs to be done to make housing more accessible.

Mr. Han Dong: Thank you, Mrs. Guerin.

The Chair: Thank you, Mr. Dong.

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

Ms. Louise Chabot: Thank you, Mr. Chair.

I thank our guests very much for their testimony.

Mrs. Guerin, I salute you. Thank you for your testimony and for everything you do as coordinator of the Conseil régional de développement social des Laurentides. We can see how important these agencies are in Quebec. I congratulate you.

Your testimony is so broad. You addressed social factors, economic factors, work factors, but, above all, you succeeded in brilliantly describing the contribution that seniors make in our society. I don't know how I'm going to approach my questions. As the labour critic, I was struck by one topic in particular in your testimony: when you were talking about job losses among seniors and their return to work.

Your brief indicates that, in 2008, people aged 62 and older were the least likely to find new jobs after becoming unemployed and that they may experience negative age stereotypes in attempting to return to work.

Do you believe this problem will continue? We know that people 60 and older sometimes work to meet certain needs. Can specific efforts be made to avoid that kind of discrimination?

● (1710)

Mrs. Violaine Guerin: That question could be answered from several perspectives.

Yes, seniors don't always return to the workforce by choice. Sometimes, they do so out of necessity, because they can't support themselves on their retirement pensions. This is already a problem.

On the other hand, I believe seniors will continue to be stigmatized in the labour market. If anything, the pandemic has made it worse. Because seniors are considered to be more vulnerable, employers have been hesitant to hire experienced workers, even though we have programs with financial incentives to do so. The incentives have not been enough to convince employers, who feel that hiring experienced people costs more and is more risky.

For all these reasons, I don't believe this problem is going to go away in the next few months, or even years. I think it's something that needs to be seriously addressed, because, with life expectancy on the rise, there will be more older workers. So it's an issue that we are really going to have to deal with.

Ms. Louise Chabot: As you may know, the Bloc Québécois is particularly concerned about the financial situation of seniors. I'm not saying that it's the only party concerned. I don't want to stigmatize anyone. That said, we know that seniors are becoming poorer. The pandemic has increased costs in terms of groceries, housing and drugs. Some seniors are family caregivers. The cost of getting around has increased as well.

The government decided to help seniors by increasing the old age security pension, but only for people aged 75 and over. In our opinion, it would be fairer to support all seniors by providing this increase to everyone aged 65 and over. What do you think about this?

Mrs. Violaine Guerin: A number of factors prevent a person from working up to the age of 75 and result in a drop in income well before then.

For example, as you rightly said, a number of seniors must leave the workplace not by choice, but because they become family caregivers. They leave the workplace to take care of their spouse or loved one. Their income drops significantly.

Of course, providing financial compensation to seniors aged 65 and over would certainly meet the needs of a larger portion of the population.

● (1715)

Ms. Louise Chabot: I would now like to talk about affordable housing.

You're conducting a great study for our region, the Laurentians. We need to determine how to adapt housing and make it affordable for seniors.

It has taken years, but the federal government has implemented the rapid housing initiative. There's also the national housing strategy. Yet Quebec municipalities are saying that this isn't enough.

You believe in the need to strengthen these measures to meet housing needs.

What makes these needs so critical?

The Chair: Please keep your answer brief, Ms. Guerin.

Mrs. Violaine Guerin: The current housing situation is indeed of great concern throughout Quebec.

In terms of housing for seniors, a great deal of community housing is being built for people who are independent or semi-independent. However, the housing isn't adaptable for people who are experiencing a loss of independence. As I said earlier, this is an issue. It drives people to leave their housing, and sometimes to move to another region. This leads to social disruptions, which are increasingly difficult to address as people get older. The older you get, the less you can adapt to certain changes. This has physical, cognitive and mental implications.

The need to design new housing for seniors is a specific issue.

The Chair: Thank you.

[*English*]

We have Ms. Gazan, please, for six minutes.

Ms. Leah Gazan: Thank you so much, Chair.

I'd like to welcome Mr. Mackie, a fellow Manitoban, to the committee today.

I have some questions for Madame Guerin on affordable and accessible social housing.

In my riding in Winnipeg Centre, many seniors are on the verge of being unsheltered—a real threat, a real reality—as a result of not being able to afford housing. Can you speak a bit more about the importance of affordable, accessible social housing as one of the most important social determinants of health?

[*Translation*]

Mrs. Violaine Guerin: Housing is indeed one of the social determinants of health. This right should be a given and accessible to all.

We're currently experiencing a very worrying and difficult situation. We're seeing uncontrolled increases in housing costs throughout Quebec. Measures should be implemented to slow down this increase in housing costs. Old age and retirement pensions remain unchanged, while rental, grocery and electricity costs keep increasing. This makes the most vulnerable people even more vulnerable. Some people are facing fairly significant levels of poverty.

Affordable housing is a major and very significant issue. However, I was also talking earlier about adaptability and accessibility. It isn't enough to have affordable housing. It must also be adaptable and accessible for our seniors.

A potentially suitable solution would be to implement community structures where senior care services could be provided on site and where housing could be adapted to the seniors' progressive loss of independence, depending on their changing health status. We should be able to provide this care to seniors where they live, so that they can spend the rest of their lives in the same place. This solution would be good to consider.

[*English*]

Ms. Leah Gazan: I really appreciate what you've shared, particularly about choice. I know we've had many witnesses come to committee who have talked about widening options so that seniors can choose if they want to be at home or in a long-term care facility. They have talked about opening things up so people actually have a choice. Having a choice is really important for people to maintain their dignity and independence, particularly as we age and particularly for women.

Speaking about women, we know that women, as they age, live at disproportionately higher levels of poverty than men. They are not eligible for pensions, for example. Their care work is often not paid.

How has poverty disproportionately impacted seniors during the pandemic?

● (1720)

[*Translation*]

Mrs. Violaine Guerin: I can't give you a specific answer to that question.

That said, women often have lower levels of education or have done invisible work by staying at home to raise their children. They receive fewer pension benefits. Sometimes, they don't get any benefits. This is indeed an issue for women.

Many isolated people live alone in Quebec. These people are increasingly living alone in their own homes. They may not have access to all the available health care. This leads to mental and physical health issues that can become worse. There are issues with the accessibility of home care. In addition, we must be able to identify the most vulnerable people in society.

[*English*]

Ms. Leah Gazan: To follow up with that, one of the things I've been pushing for is a guaranteed livable basic income. Could you speak about the importance of ensuring that all seniors have a livable income?

[*Translation*]

Mrs. Violaine Guerin: Yes. I completely agree with this proposal.

[*English*]

Ms. Leah Gazan: Do you have anything to add on the importance of having a livable income?

[*Translation*]

Mrs. Violaine Guerin: This would ensure that all seniors have the same opportunities and would limit social inequality. It would ensure that all seniors can participate in social activities, can get out of their homes, can afford transportation to go grocery shopping, or can go to the movies if they wish to do so. A number of them can't afford to participate in certain cultural or social activities because they don't have enough income. Their income barely covers their basic needs, such as housing, clothing and food. Their expenses come down to about that.

When people can't afford to buy food or clothing, fortunately, community organizations provide a major social safety net in our society. These organizations support the most vulnerable people and make it possible for them to maintain some quality of life.

Ultimately, basic income should be raised to reduce social inequality.

The Chair: Thank you, Ms. Guerin.

[*English*]

Thank you, Ms. Gazan.

Ms. Leah Gazan: Thank you so much.

The Chair: Next we have Ms. Dancho for five minutes, please.

Ms. Raquel Dancho: Thank you, Mr. Chair, and thank you to the witnesses for their testimony today.

My first question is for Mr. Mackie. Thank you for being here.

My understanding is that your organization provides—please correct me—support for senior men. You come together almost fraternity style, with friendship, support and similar interests, to help senior men cope with the issues that [*Technical difficulty—Editor*].

Mr. Doug Mackie: Yes, that's it.

I'd like to make one comment on the last speech. I have a homeless son here in Winnipeg, living in a shelter. If you want to get really personal, I can tell you some stories.

Anyway, I'll get back to it. What Men's Sheds does is offer a place for what we call "health by stealth". Health by stealth is not an arranged total program on whatever; instead, we bring in speakers. We may bring in someone on Alzheimer's, on stroke recovery or whatever. We ask someone to speak about it to the men.

It's interesting, because if a man and his spouse or partner go to a public meeting, quite often the man sits there with his arms across his chest and doesn't ask any questions and doesn't want to reveal, but if you get a group of men working together, trying to learn something together, then they will come to listen to a speaker on nutrition, on Ducks Unlimited, on stroke recovery and all of these kinds of things.

The second part of it is that we go back to those organizations—it can be mental health, it can be occupational therapists—and ask them to socially prescribe to Men's Sheds. If you're not familiar with social prescribing, please look it up. They refer men. Medical people refer men to us.

● (1725)

Ms. Raquel Dancho: Mr. Mackie, how would you say that your efforts to support men in your community with this program have been impacted by COVID? I know you outlined it a little bit, but have you felt that it's been quite detrimental? What have the impacts been?

It sounds like you gather in a group and socialize and have the camaraderie that I would imagine is quite important to that model of service delivery. How has that been impacted by the COVID measures, and how do you feel we can best move forward?

Mr. Doug Mackie: We're trying to prepare for that right now, as we go along, but yes, virtually every Men's Shed has closed down. We can't get together as a group. We've been in lockdown in Manitoba since about November 7, and all the Men's Sheds have closed.

The unfortunate situation is that some of the locations where we used to run a Men's Shed may not be available to us as we come out of COVID. The reason is the costs. They have now gone into debt, and they're going to start saying to us that we have to pay them $200 a month. We don't have enough money. As a sideline, we raise money by garage sales of tools.

Ms. Raquel Dancho: Oh, that's very innovative.

Mr. Doug Mackie: We collect tools. I got one email this morning saying, "Do you want a chop saw? Do you want a radial arm saw?" It was two or three things. I literally know who the man is, so I'll pick those up in the next little while and we'll store those items for the tool garage sale.

Now, that has much further implications than simply raising some money in a garage sale. It's fascinating, because quite often younger people who come to that tool garage sale start to learn to use those tools. They ask how you use it, and one of the men will mentor them.

Ms. Raquel Dancho: You're passing on this sort of generational handyman knowledge from the senior men to the younger men and women.

Mr. Doug Mackie: Yes. That's what I was going to say. It's always fascinating for me to watch the younger women who come in and say, "I want to buy that tool. I'll learn how to do it. Where do I go and what do I do?"

Ms. Raquel Dancho: It's wonderful.

Mr. Doug Mackie: Yes.

Ms. Raquel Dancho: I appreciate that. When I went off to university many years ago, the gift my father gave me as a parting gift was a tool box. I actually used it quite a bit. My grandfather had taught me many things when he was around, so I really appreciate the generational knowledge that you're also providing. I can imagine that there are many opportunities with the shed model to bring in younger and perhaps troubled men to have that knowledge and the transfer from senior men.

I want to thank you for what you're doing, and I hope that your organization can fully recover when we come out of this pandemic. Thank you, Mr. Mackie.

Mr. Doug Mackie: Thank you very much.

The Chair: Thank you, Ms. Dancho.

Next is Mr. Vaughan, please, for five minutes.

Mr. Adam Vaughan: Thanks very much.

Madame Guerin, I was curious about your observations vis-à-vis accessible housing and isolation. Obviously during COVID, when people were asked to stay home, people without accessible housing, and particularly seniors, may be able to navigate the stairs once or twice a day very carefully, but if they forget their glasses or need something from downstairs or upstairs, accessibility becomes a limiting factor if we don't build accessible housing.

Are the programs sufficient in delivering accessible housing in Quebec right now?

[*Translation*]

Mrs. Violaine Guerin: I would say that the programs aren't enough. Certainly more programs are needed to build additional accessible housing for seniors.

● (1730)

[*English*]

Mr. Adam Vaughan: One of the characteristics of the national housing strategy, which is the federal funding that flows through Quebec City to the province, is a federal requirement that 25% of all new affordable housing be built to a universal design to allow for people with disabilities and also to allow people to age in place. Is that a program you would support? Would you support a federal standard at the provincial level for 25% of all new social housing to be built to that standard?

[*Translation*]

Mrs. Violaine Guerin: It's hard for me to comment on that percentage. I'm not sure that it would be enough. We know that we'll need to deal with an aging population in Quebec and in Canada. More and more seniors will be part of our community. I think that we must anticipate the situation, to avoid ending up in a difficult situation in the coming years. We know that, in 20 or 30 years, the number of seniors in our population will grow dramatically. I think that we must anticipate this growth and plan now for new accessible housing for these people, which includes the services that they'll need.

[*English*]

Mr. Adam Vaughan: You would support the federal position, which is that accessible housing should be mandated to be part of any new public housing program. Otherwise, it gets built without those—

[*Translation*]

Mrs. Violaine Guerin: Certainly.

[*English*]

Mr. Adam Vaughan: That's one of the areas where federal requirements can help advance the needs of the people of Quebec without necessarily being agreed to or not agreed to by the Province of Quebec.

[*Translation*]

Mrs. Violaine Guerin: Yes.

[*English*]

Mr. Adam Vaughan: In terms of how affordable housing is delivered, one of the other components of the national housing strategy is rent support. We know that as people age in place, and particularly as people with disabilities age in place, there are additional costs attached. You spoke about basic income before, but there are additional costs that model around the person's life as opposed to just simply turning 65 and getting a cheque. Disability, as well as age and as well as gender, are all intersectional realities that create different costs of living for different people.

Is it a single system of paying everyone the same, or do we need to pick up and pay for the exceptionalities that differentiate one particular age population as opposed to another? In other words, do we need to fit the programs around people, or do we need to fit people into the programs? As we see COVID take root, how critical is it to make sure that we attend to the individual needs of people and not just treat them as over 65, and that's that?

[*Translation*]

Mrs. Violaine Guerin: The danger of focusing only on individual needs is that social inequality will surely increase. If we focus only on specific issues, we'll certainly leave out certain categories of the population. These people won't be able to benefit from some programs, given the strict and limited eligibility criteria.

It would be worthwhile to provide an equal guaranteed income for everyone, with the possibility of additional subsidies for specific issues, such as a disability.

Ultimately, I think that it would be better to standardize the basic amounts to create a more inclusive society with much less social inequality.

[*English*]

The Chair: Thank you, Mr. Vaughan.

[*Translation*]

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

Ms. Louise Chabot: Thank you, Mr. Chair.

Ms. Guerin, I'll ask you an open-ended question and give you time to answer it.

I really liked your reference to human rights in your testimony, which included issues relating to isolation, mental health, psychology, affordable housing, dignity, poverty and equality.

You said that our analysis grid should be based on human rights. Could you elaborate on that, please?

● (1735)

Mrs. Violaine Guerin: I think that everyone should have the same rights at every stage of their lives. I'll shift the focus a little from seniors to the ability of young people to stay in school during the pandemic. It became apparent very quickly that the most vulnerable people didn't have access to computers for remote learning. From the outset, we saw how social inequality could exist from a very young age.

It's important to further include people living in special situations in the process of reflecting on the programs that we want to implement. These programs must be developed with input from the people concerned. That way, we'll be much better able to meet their needs and find strategies and answers that reflect the real needs of the public. The first step is to further include the people concerned in the reflection process. This applies as much to seniors as to young people, to victims of domestic violence or to people who are homeless. We must include them in our reflection process in order to build programs that truly meet the real needs of the community.

Everyone should have the same rights. Everyone should have access to safe housing in good condition. Everyone should have access to healthy food, not just food from food banks that isn't always fresh or of good quality. Many seniors use food banks because they can't afford to go to the grocery store.

All these things must be taken into account and considered when developing future programs in order to build a fairer and more inclusive Quebec and Canada.

The Chair: Thank you, Ms. Guerin.

[*English*]

Finally, the last person to pose questions today will be Ms. Gazan, please, for two and a half minutes.

Go ahead, Ms. Gazan.

Ms. Leah Gazan: Thank you so much, Mr. Chair.

My question is for Mr. Mackie.

You spoke a lot about the conditions of social isolation and the impacts of social isolation during the pandemic. How does your organization assist with combatting the social isolation of seniors?

Mr. Doug Mackie: I think you've made an assumption here that we have a top-down organization. We do not. We have a bottom-up grassroots organization. Each Men's Shed, wherever it is, has been looking after their own within their community. Whether it's in Neepawa or in Altona, these men quite often are keeping in touch by Zoom or talking to each other on the phone. We have encouraged that. Because we're not top-down, we do not impose programs on anyone. It's up to the individual shed, and many of them have done a great job on that.

Ms. Leah Gazan: One of the things we've discussed a lot in committee is the importance of technology, especially during the pandemic, when people can't meet in person. Would it be helpful to get support for participants so they can participate should they have, for example, issues with accessing the Internet or computers?

The Chair: Excuse me for one minute, colleagues.

The bells are ringing in the House. Therefore, we require unanimous consent to continue. Ms. Gazan actually only has about another minute to go, so I don't think it's much of an imposition. Are we okay just to finish up this round, and then we'll adjourn?

We are. Thank you.

Ms. Gazan, go ahead.

Ms. Leah Gazan: Just build on that. Thank you.

Mr. Doug Mackie: That's an excellent idea. Again, I can hardly wait for COVID to be over, allowing us to meet again, and to bring in technical people and show people how to do some of these things.

I personally teach Zooming. Whenever I can, when I get hold of someone, I first of all telephone them and then I set them up to download Zoom onto their machine. I have them do that. Then the next thing I do is set up an individual Zoom meeting with that particular man. Then they gain confidence. Many times the technical aspects of computers are simply outside the confidence of older men, who sometimes feel they should know it all and are therefore not going to ask questions. Any way that we can expand their confidence in using computers, etc., would be a help.

● (1740)

Ms. Leah Gazan: Thank you so much.

The Chair: You can ask one short and final question if you want, Ms. Gazan.

Ms. Leah Gazan: Yes, sure.

I'm going to turn to Madam Guerin.

In terms of technology, you talked a little bit about social isolation. One of the things I've been talking about is making Wi-Fi a public service. Would you agree that this would be helpful with seniors?

[*Translation*]

The Chair: Ms. Guerin, you have the final opportunity to speak. Please keep your comments brief, if possible.

Mrs. Violaine Guerin: This service should be free and accessible everywhere. This would strongly support the participation of seniors, especially the most vulnerable seniors, who may not have access to new technology, as I said. It would support the inclusion of many people who unfortunately can't afford to access new technology.

[*English*]

Ms. Leah Gazan: Thank you so much.

The Chair: Thank you, Ms. Gazan.

I want to thank the witnesses for being with us.

Mr. Mackie, you have a very effective way of capturing and keeping the attention of your audience. I'm sure that's a big reason for the success of Men's Sheds.

[*Translation*]

Ms. Guerin, thank you for your testimony. You obviously have extensive knowledge of the topic. We appreciate your work with your community and your presence here today.

[*English*]

Colleagues, that is a wrap for the summer. I hope you're able to put your feet up and have a very relaxing and enjoyable summer. I look forward to seeing you all back here energized and ready to go in September.

With that, is it the—

Mr. Adam Vaughan: Could we please give three cheers to our chair, who has been gracious, organized, smart, helpful and a good friend to all of us?

Sean, it's never easy to herd cats like MPs are herded at times, but you've done a heck of a job. I just want to thank you for all your assistance.

The Chair: You're very gracious.

We stand adjourned.