



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

# ADVANCING INCLUSION AND QUALITY OF LIFE FOR SENIORS

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

Bryan May, Chair

MARCH 2018  
42<sup>nd</sup> PARLIAMENT, 1<sup>st</sup> SESSION

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Human Resources, Skills and Social  
Development and the Status of Persons  
with Disabilities**

**Bryan May  
Chair**

**MARCH 2018**

**42<sup>nd</sup> PARLIAMENT, 1<sup>st</sup> SESSION**

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### **Reports from committee presented to the House of Commons**

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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**THE STANDING COMMITTEE ON  
HUMAN RESOURCES, SKILLS AND SOCIAL  
DEVELOPMENT AND THE STATUS OF PERSONS  
WITH DISABILITIES**

has the honour to present its

**EIGHTH REPORT**

Pursuant to its mandate under Standing Order 108(2), the Committee has studied Advancing Inclusion and Quality of Life for Seniors and has agreed to report the following:





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# LIST OF RECOMMENDATIONS

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*As a result of their deliberations, committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.*

## **Recommendation 1**

**That Employment and Social Development Canada work with Finance Canada and the Canada Revenue Agency to review and strengthen existing federal income support programs for vulnerable seniors to ensure they provide adequate income. In strengthening existing programs, the Committee recommends that the government:**

- **Increase resources to Service Canada and the Canada Revenue Agency, particularly for telephone and in-person services, as well as public education to ensure that all seniors get the benefits to which they are entitled and within reasonable timeframes.**
- **Implement a public education campaign and train Service Canada personnel to ensure vulnerable seniors understand the rules related to the Guaranteed Income Supplement and Registered Retirement Savings Plan withdrawals.**
- **Provide information and education to encourage those who are financially secure to delay receiving Old Age Security.**
- **Review the indexation of the Guaranteed Income Supplement and Old Age Security to achieve the appropriate balance between price and wage indexation.**
- **Continuously review and update the Guaranteed Income Supplement benefit to ensure that:**
  - a) **vulnerable seniors receive adequate income; and**
  - b) **the impact that marital status can have on recipients is assessed and understood.**
- **Increase the Working Income Tax Benefit to help lower earning individuals fund their Canada Pension Plan. .... 92**

**Recommendation 2**

**That Finance Canada work with Employment and Social Development Canada and the Canada Revenue Agency to completely and comprehensively review the system of tax measures and incentives related to seniors with a view to increasing transparency and assessing the most efficient, effective and fair means and ways to deliver support. .... 93**

**Recommendation 3**

**That the federal government, and all responsible departments, work to tighten the rules and regulatory environment which has allowed some employers to under-fund the pensions of their employees, and to ignore their pension obligations under current law and practice. .... 93**

**Recommendation 4**

**That the federal government review the impact of the Canada Pension Plan expansion with respect to seniors eligibility for and level of benefit from the Guaranteed Income Supplement. .... 93**

**Recommendation 5**

**That the federal government better inform families on their eligibility to claim the Canada Pension Plan Death Benefit. .... 93**

**Recommendation 6**

**That the Department of Employment and Social Development increase the amount that Guaranteed Income Supplement recipients can earn before the benefit is reduced, include self-employment earnings in this amount, and explore options to have the claw-back phase in more gradually once the earnings threshold is reached. .... 93**

**Recommendation 7**

That Employment and Social Development Canada and all relevant departments ensure that the decisions they make for and about seniors, pay special attention to the wishes of seniors – and with particular attention to seniors in the workforce. This includes:

- adopting a seniors lens with respect to growing workplace opportunities for seniors;
- ensuring seniors have accommodating working conditions; and
- ensuring workplaces are compliant with applicable rules..... 94

**Recommendation 8**

That Employment and Social Development Canada work with Finance Canada, the Canada Mortgage and Housing Corporation and the Canada Revenue Agency to develop specific policies and plans for monitoring and protecting seniors from financial abuse and to measure the effectiveness of such policies and plans. .... 94

**Recommendation 9**

That the federal government direct banks and other financial institutions in Canada to develop a system to recognize and prevent financial abuse of seniors, including increased staff training. .... 94

**Recommendation 10**

That the federal government take a leadership role in its interactions with other levels of government and housing enterprises and strongly encourage all non-profit and for-profit builders, provinces, territories, municipalities, and other organizations to set universal accessibility building standards that meet the accessibility needs of Canadians. .... 95

**Recommendation 11**

That the Canada Mortgage and Housing Corporation provide strong incentives for construction and renovation by both for-profit and non-profit owners and organizations that will increase the number of collective dwellings for seniors that are both accessible and adaptable..... 95

**Recommendation 12**

**That the federal government designate a proportion of funding allocated through the National Housing Strategy, the National Sciences and Engineering Research Council and the Canada Mortgage and Housing Corporation Affordable Rental Innovation Fund for research on innovative approaches to seniors housing (e.g. co-housing and shared spaces). ..... 95**

**Recommendation 13**

**That Canada Mortgage and Housing Corporation expand its data and research programs to include rental housing for seniors and innovative models of accessible housing. Moreover, that the Corporation proactively distribute data and research on promising practices to investors and stakeholders who build and manage housing for seniors across the care continuum..... 95**

**Recommendation 14**

**That Canada Mortgage and Housing Corporation explore innovative and emerging trends in seniors housing, including co-housing, intergenerational housing, and any other promising models. It should communicate the results of these efforts broadly. .... 95**

**Recommendation 15**

**That the federal government work with federal, provincial, and territorial ministers responsible for health and responsible for social programs to develop pan-Canadian guidelines for home care services to be provided to seniors, regardless of where they reside in Canada. .... 97**

**Recommendation 16**

**That Employment and Social Development Canada and Veterans Affairs Canada work with other governments to explore expanding the lessons learned, innovative approaches, and new ideas from the Veterans Independence Program such that they inform other seniors assistance programs throughout Canada. .... 97**



**Recommendation 17**

**That Employment and Social Development Canada convene provincial, territorial and Indigenous government departments with responsibility for labour and training to develop a certification process and comparable standards for working conditions for home care workers, with a view to increasing the quality and supply of home care workers. .... 97**

**Recommendation 18**

**That the federal government, through Indigenous Services Canada, the Correctional Service of Canada and Veterans Affairs Canada and any other appropriate federal agencies, model the interdisciplinary approach to providing long-term care, and share promising practices with all stakeholders involved in providing long-term care. .... 97**

**Recommendation 19**

**That the federal government, recognizing the importance of seniors living on their own, significantly fund research, development and scaling of technology that provides social and health supports to seniors in their homes through the National Sciences and Engineering Research Council, the Strategic Innovation Fund and other research organizations. .... 97**

**Recommendation 20**

**That the federal government, in its role as an employer, implement model job security protections for employees whose family commitments include long-term caregiving for a family member. .... 98**

**Recommendation 21**

**That Finance Canada and the Canada Revenue Agency improve awareness of the Canada Caregiver credit and make it refundable. .... 98**

**Recommendation 22**

**That the federal government in collaboration with other governments support the co-location of housing with seniors health services and other seniors services, particularly in its work on infrastructure and community projects..... 99**

**Recommendation 23**

**That Canada Mortgage and Housing Corporation study age-friendly communities and zoning practices in conjunction with the provinces/territories and municipalities with an objective of understanding how these policies shape the landscape for age-friendly practices and programs, their impact on seniors, and their long-term effects on land use, co-location of other seniors services, and quality of life. .... 99**

**Recommendation 24**

**That the federal government continue to support and enhance the New Horizons for Seniors Program, with additional priorities that include: seniors at risk of social isolation, volunteer recognition in Indigenous communities, sustaining existing successful programs and fostering innovation. .... 99**

**Recommendation 25**

**That the federal government devote resources to Employment and Social Development Canada and the National Seniors Council to develop a pan-Canadian Seniors’ Strategy that includes:**

- A vision for aging with dignity;**
- Monitoring and disseminating information on promising practices in Canadian and international contexts;**
- Promoting partnerships between governments and stakeholders, in areas that include, for example: transportation, access to services and initiatives that address social isolation. .... 100**

**Recommendation 26**

**That the federal government help address social isolation among seniors through a national volunteer program. .... 100**

**Recommendation 27**

**That Service Canada review and, where necessary, improve their services to seniors living in rural communities, including education, communications and delivery of benefits. .... 100**

**Recommendation 28**

**That the federal government review all seniors programs in an effort to reduce duplication of service provision across the federal government, reduce competing programs with provincial/territorial and municipal governments, and look for ways to eliminate duplicative efforts in services..... 100**

**Recommendation 29**

**That the federal government direct, and specifically resource, Statistics Canada to develop an agenda to collect data and conduct research on the most pressing seniors data which the federal government does not currently possess, notably data on the most vulnerable seniors, including but not limited to First Nations, Inuit, and Métis; racialized minorities; immigrants; linguistic minorities; and members of the LGBTQ2 community, and consider investing in advanced data models, e.g., LifePaths. .... 100**





# ADVANCING INCLUSION AND QUALITY OF LIFE FOR SENIORS

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## INTRODUCTION

The Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA or the Committee) agreed on 4 May 2017 to undertake a study of how the government can support vulnerable seniors today while preparing for the diverse and growing seniors' population of tomorrow.

At that time, the Committee also agreed that the study would be divided into three major themes as follows:

- How the government can improve income security for vulnerable seniors;
- How the government can improve the overall quality of life and well-being for seniors including community programming, social inclusivity, and social determinants of health; and
- How the government can improve access to housing for seniors, including aging in place and affordable and accessible housing.

The inspiration for this study was Motion-106 which requested a study on seniors be undertaken by HUMA. The specific text of M-106, which was authored by Marc Serré (Member of Parliament for Nickel Belt), reads as follows:

That, in the opinion of the House, the government should: (a) recognize that seniors, namely Canadians aged 65 or older, make up a demographic that requires ongoing attention from the government as the proportion of seniors relative to the Canadian population continues to grow (15% in 2015, 25% by 2035); (b) point out that it is working hard to help improve the lives of seniors, from restoring the age of eligibility for Old Age Security, to increasing the Guaranteed Income Supplement for single seniors, to increasing benefits for couples living apart for reasons beyond their control and supporting affordable housing for seniors; (c) ask the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities to study and report back to the House on important issues such as increasing income security for vulnerable seniors and ensuring quality of life and equality for all seniors via the development of a National Seniors' Strategy; and (d) broaden the mandate of the National Seniors Council to allow it to undertake reviews and analysis on their own initiative and allow for a better representation of the diversity of experience and



expertise on seniors, as well as to encourage it, following the study by the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities referred to in (c), to provide advice on implementing a National Seniors' Strategy.<sup>1</sup>

The Committee began its study with two meetings, held 6 June 2017 and 8 June 2017. At the first of these meetings, the Committee heard from the Minister of Families, Children and Social Development, the Honourable Jean-Yves Duclos, and from Marc Serré, MP, author of M-106. At its second meeting, officials from Employment and Social Development Canada and other federal departments and agencies provided an overview of their initiatives related to older Canadians. Starting on 3 October 2017, the Committee began a series of nine meetings, with three meetings focussed on each of the three major themes outlined above.

Over 50 organizations and individuals provided testimony and responded to questions from the Committee. Witnesses were volunteers with organizations serving seniors, professional associations, researchers, and civil society organizations. A list of officials and other witnesses is provided in Appendix A. In addition, through its website, social media and at its meetings, the Committee invited written submissions: briefs were submitted from four members of Parliament along with 35 submissions from individuals and a wide range of organizations, including several that had also appeared as witnesses; these submissions are listed in Appendix B.

The Committee is deeply appreciative of the expertise and time provided by all the witnesses who testified and made written submissions during the course of the study. Having attentively listened to and carefully read the testimony placed before it, the Committee now reports on its findings.

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1 House of Commons, "[Private Members' Business M-106](#)," *Journals*, No.147, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 24 February 2017.

## CHAPTER 1: OVERVIEW

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During the Committee’s study on advancing inclusion and quality of life for seniors, witness testimony addressed the diversity of the population often described as simply “seniors” and stressed the urgency, and opportunities, inherent in having an increasingly aged portion of the Canadian population. This chapter provides background information on demographic trends, and outlines the major challenges as well as opportunities related to economic and social inclusion. This overview will also touch on the federal government’s role in advancing inclusion and quality of life for seniors.

Some witnesses highlighted the importance of recognizing that those over a certain age (usually 65), often referred to as “seniors” are not a homogenous group, pointing to diversity in physical ability, income, education, and living circumstances among these individuals. For example, Irene Sheppard of Fraser Health summarized the population’s diversity:

I've learned that defining a senior is like trying to define a sunset: no two are truly alike. There are some general categories, of course, ranging from the vibrant, active senior to the physically and cognitively frail senior, but age is not the defining characteristic of a senior.<sup>2</sup>

In this report, the terms “seniors” and “older Canadians” are both used, generally applying to those aged 65 and older. However, it is important to remember these terms do not describe any economic, social, or physical frailty.

### A. THE DEMOGRAPHIC SHIFT

#### 1. Population Aging

Several witnesses cited the demographic shifts identified in the 2016 Census, when, for the first time, Canadians aged 65 and older outnumbered those aged 17 and younger. The 2016 population of 65 years and older was estimated to be 5.9 million.

**“[D]efining a senior is like trying to define a sunset: no two are truly alike.”**

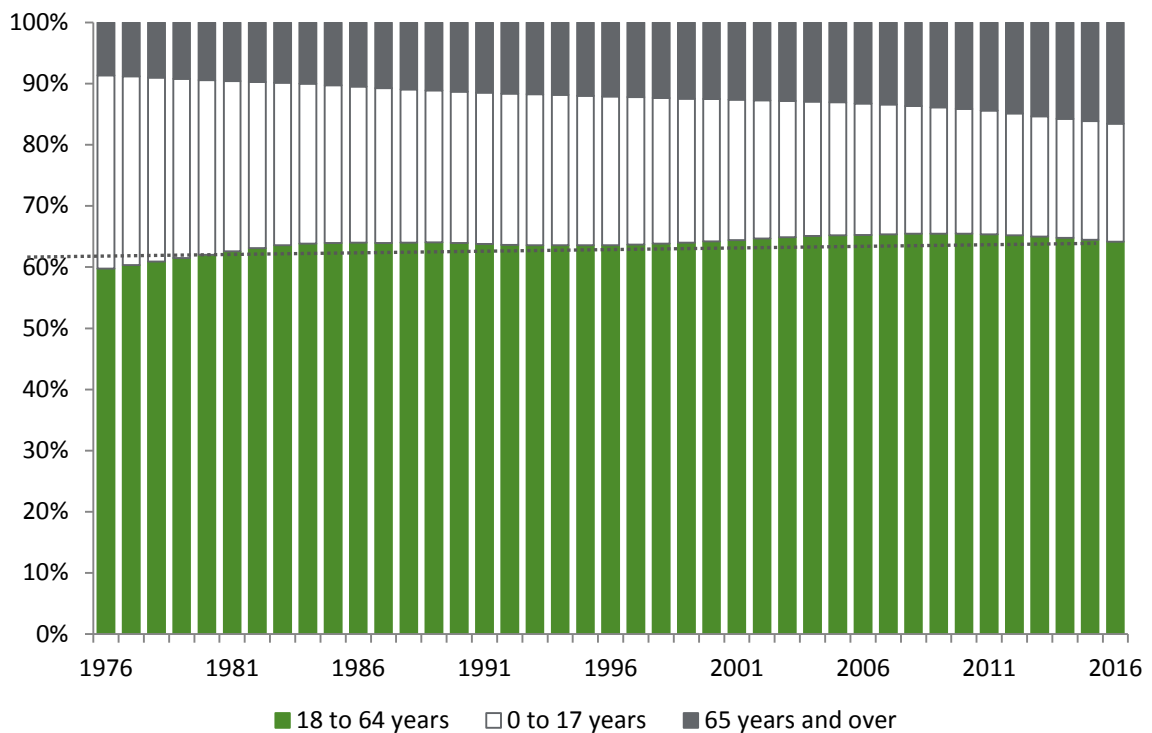
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2 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1540 (Irene Sheppard, Executive Director, Fraser Health).



Figure 1.1 illustrates the growth trends in both the working age, senior, and younger populations. This demographic shift has been described as a “grey tsunami.”<sup>3</sup> It is noted that children from birth to age 14 and Canadians aged 65 and older have historically been understood to be dependent on the working-age population, aged 15 to 64. Thus the demographic shift is from children being the larger dependent population to seniors being the larger group.

**Figure 1.1: Percentage of the Population: 0–17 Years, 18–64 Years and 65 Years and Over**



Source: Figure prepared by the author using data obtained from Statistics Canada, [CANSIM Table 051-0001](#): Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual.

While a significant portion of seniors have low incomes (see Figure 2.2 on page 25), several witnesses pointed out that the current generation of seniors is better educated, with greater labour force attachment, retirement savings, and pension benefits than previous generations. For example, as described by Birgit Pianosi, associate professor in the Gerontology Department at Huntington and Laurentian Universities:

3 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1535 (Alison Phinney, Professor, School of Nursing, University of British Columbia, as an individual) and *Evidence*, 2 November 2017, 1635 (Ian Lee, Associate Professor, Sprott School of Business, Carleton University, as an individual).



Today is different from the past. Older adults of today and the future will be much healthier, wealthier, and better educated than those of previous generations. Declining fertility has led to greater female labour force participation. Fewer children mean healthier, smarter, and better educated children. Demographic projections indicate further gains in longevity, including gains in healthy life expectancy, so we really need to look at older adults from a very different perspective.<sup>4</sup>

## 2. The number of seniors aged 85 and older is increasing rapidly

Over 770,780 people aged 85 and older were enumerated in the 2016 Census. This represents just over 2% of the population. Between 2011 and 2016, the number of people aged 85 and older grew by over 19.4%. This was nearly four times the rate for the overall Canadian population, which grew by 5% during this period. This population will likely continue to increase rapidly as life expectancy is increasing and the large baby boomer cohort (people born between 1946 and 1965) will reach age 85 starting in 2031.<sup>5</sup> Centenarians were actually the fastest growing population in Canada between 2011 and 2016, with a growth of 41.3% during this period. In 2016, the Census enumerated 8,230 centenarians.<sup>6</sup>

## 3. Women outnumber men but the gap is narrowing

While there are more women over the age of 65 than men, this gap is narrowing. In 2016, women represented 54.5% of the population aged 65 and over, while men accounted for 45.5%. In 2006, women comprised 56.4% of the older population and men 43.6%.<sup>7</sup> This trend is related to higher gains in life expectancy among men, which means that the gap in life expectancy between men and women is narrowing.<sup>8</sup>

## 4. Geographic distribution of the population aged 65 and older

Another significant dynamic of the senior population in Canada is that it is not distributed equally across the country. Atlantic Canada is on average older than the rest of the country. Alberta, Manitoba, Saskatchewan, and the territories are younger. Also predictably, there are concentrated pockets of retired seniors where the climate,

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4 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1355 (Birgit Pianosi, Associate Professor, Gerontology Department, Huntington and Laurentian Universities, as an individual).

5 Statistics Canada, "[A portrait of the population aged 85 and older in 2016 in Canada](#)," *Census in Brief*, 3 May 2016.

6 Ibid.

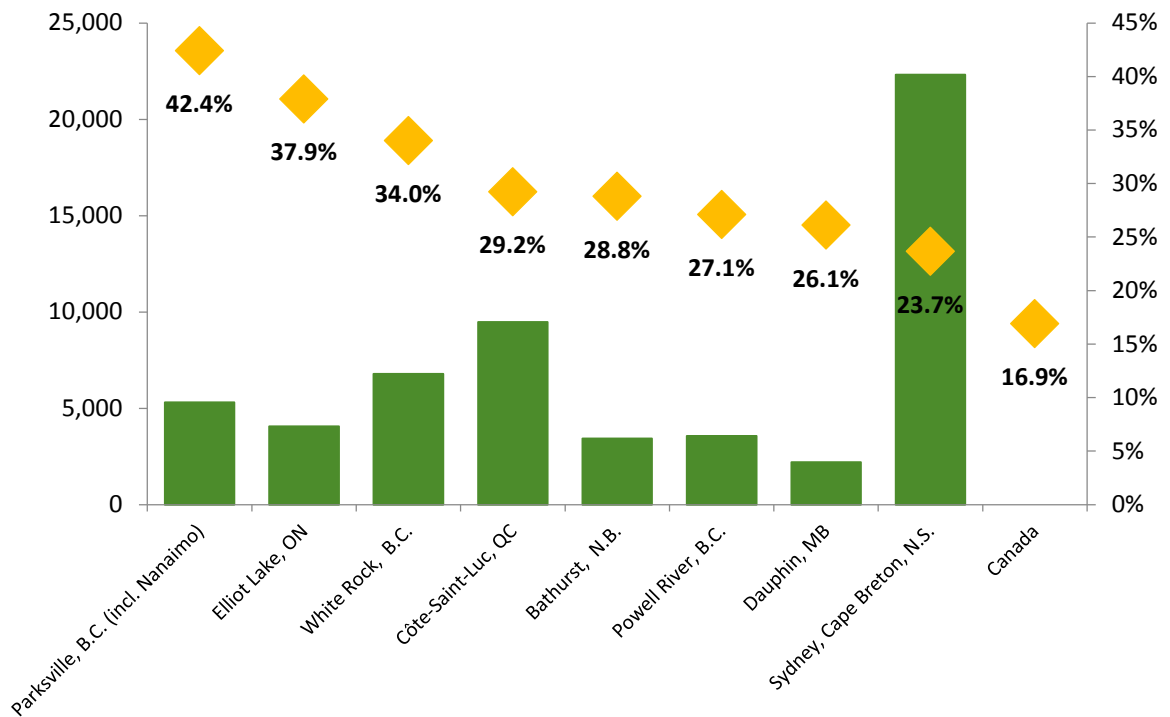
7 Ibid.

8 Statistics Canada. [Age and Sex Highlight Tables, 2016 Census](#), 3 May 2017.



physical and social conditions are more favourable.<sup>9</sup> Figure 1.2 illustrates selected larger population centres with significant senior populations. Regions in Canada that have a larger proportion and larger numbers of seniors need to consider and deliver different services than regions with younger populations.<sup>10</sup> Figure 1.3 illustrates how seniors are distributed regionally across the country.

**Figure 1.2: Selected Larger Population Centres (with 5,000 plus population) with Significant Senior Populations**



Note: Numbers of people age 65 and over are represented by the green bars – left axis. The percentage of the population age 65 and over is represented by the yellow diamonds – right axis.

Source: Figure prepared by the authors using data obtained from Statistics Canada 2016 Census Data Tables, Age and Sex Highlight Tables, 2016 Census, [Census subdivisions \(municipalities\) with 5,000-plus population](#).

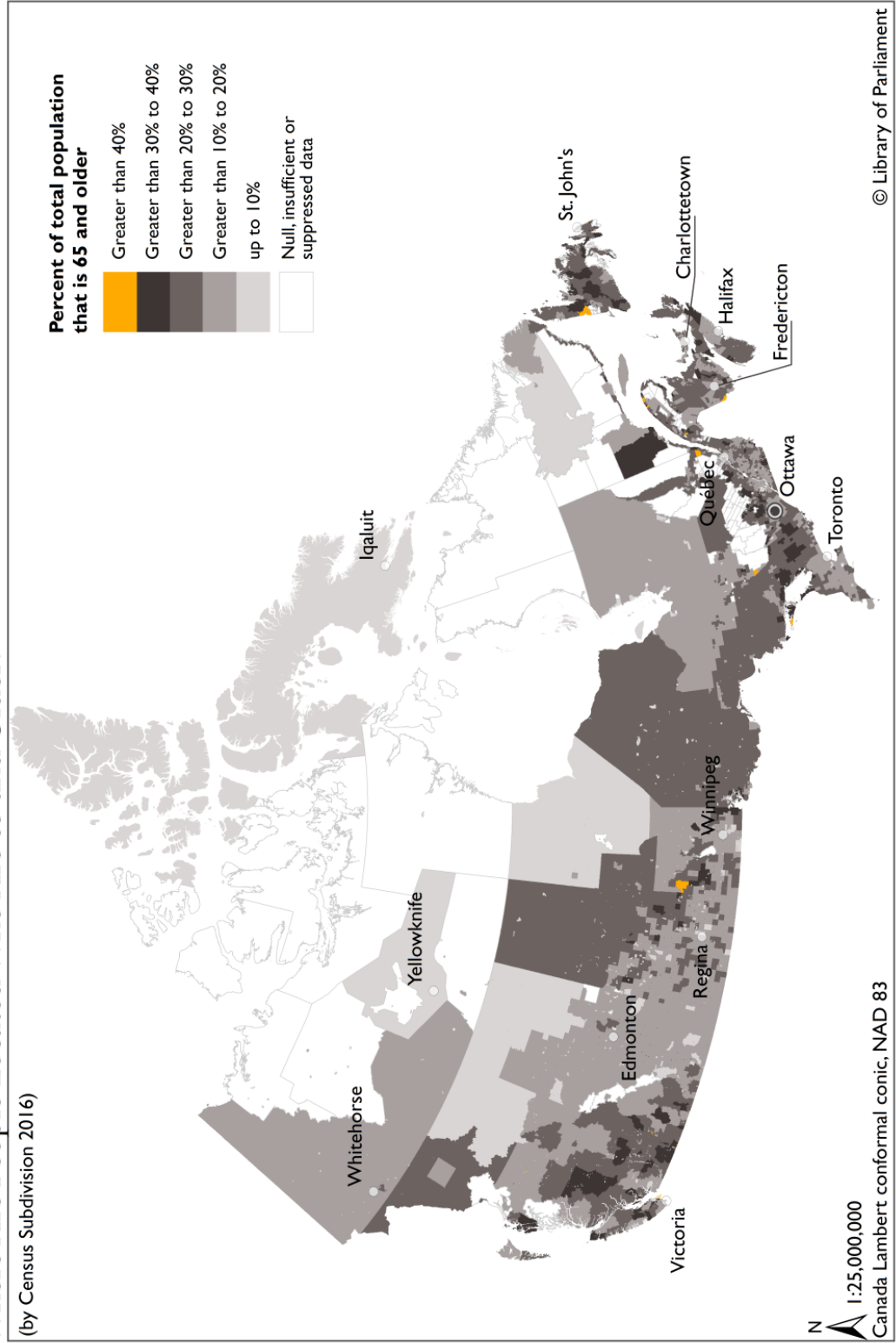
9 Ibid. and Statistics Canada, “[A portrait of the population aged 85 and older in 2016 in Canada](#),” *Census in Brief*, 3 May 2016.

10 Ibid.

Figure 1.3: Geographic Distribution

Where Are People Located Who Are 65 and Older?

(by Census Subdivision 2016)





## B. CHALLENGES ASSOCIATED WITH AGING

The Committee heard that more Canadians are enjoying a healthy life well past the age of 65, participating actively in their workplaces, their families and their communities. However, getting older can take its toll on the well-being of older Canadians. While economic, physical and social difficulties can occur at any age, the general trend is toward greater challenges at more advanced ages.

For example, a greater proportion of seniors experience low-income<sup>11</sup> after the age of 75, than between the ages of 65 and 74.<sup>12</sup> Several witnesses described the debilitating results of inadequate income, including poorer health status,<sup>13</sup> social isolation,<sup>14</sup> and reduced capacity to provide care to others in need.<sup>15</sup>

At the same time, witnesses told the Committee that people are more likely to develop chronic health conditions<sup>16</sup> and to need more assistance with activities of daily living<sup>17</sup> as they age. These challenges, in turn, make affordable and accessible housing more important, and may trigger the need to move to a collective living situation that provides more support. As witnesses told the Committee, many seniors do not wish to move from their homes<sup>18</sup> and most have no plans to move at all.<sup>19</sup>

- 
- 11 The census release uses the After Tax Low Income Measure (LIM-AT). The concept underlying the LIM-AT is that a household has low income if its income is less than half of the median income of all households. Thus, it is a relative measure of low income.
- 12 Statistics Canada, *Household income in Canada: Key results from the 2016 Census*, 9 September 2017.
- 13 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1620 (Laurent Marcoux, President, Canadian Medical Association) and *Evidence*, 3 October 2017, 1600 (Lola-Dawn Fennell, Executive Director, Prince George Council of Seniors).
- 14 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017 (Olufemi Adegun, President, Peel, Ontario Branch, Senior Empowerment Assistance Centre) and *Evidence*, 17 October 2017, 1530 (Nicole Laveau, representative, Comité retraite et fiscalité, Association québécoise de défense des droits des personnes retraitées et préretraitées).
- 15 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1545 (Marika Albert, Executive Director, Community Social Planning Council of Greater Victoria).
- 16 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1540 (Bonnie-Jeanne MacDonald, Actuary and Senior Research Fellow, Ted Rogers School of Management, Ryerson University, as an individual).
- 17 *Ibid.*, 1600 (Isobel Mackenzie, Seniors Advocate, Office of the Seniors Advocate of British Columbia).
- 18 See, for example, HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1655 (Glenn Miller) and *Evidence*, 19 October 2017, 1640 (Raza M. Mirza, Network Manager, National Initiative for the Care of the Elderly).
- 19 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1540 (Donald Shiner, Professor, Atlantic Seniors Housing Research Alliance, Mount Saint Vincent University, as an individual).

Witnesses also identified appropriate home care as vital to allowing people to “age in place.”<sup>20</sup> Witnesses noted that “place” could refer to individual homes and/or to the communities in which they live (discussed in greater detail in the section of the report focussed on social inclusion). However, some witnesses expressed that aging in their homes may not be for everyone, particularly in the later years of life. An official from the Public Health Agency of Canada told the Committee that “the prevalence of dementia increases with age group, from 0.8% in the 65- to 69-year age group to 24.6% in the 85-plus age group.”<sup>21</sup> Census 2016 data show that the need to move to a collective dwelling increases significantly with age.<sup>22</sup>

## 1. Challenges facing all orders of government

The challenges facing all orders of government were articulated by Isobel Mackenzie, Seniors Advocate of British Columbia. Ms. Mackenzie highlighted the experiences of two fictional 85-year-old single seniors, Margaret living in Brandon, Manitoba and Helen living in Vancouver, British Columbia. They are both of sound mind. However, they have some frailty and require daily help in the morning to get up, wash, dress, and check on their medications. They both have an annual income of \$27,000 but because of significant differences in shelter costs and access to health care and home supports across provinces, they are left with very different disposable incomes.<sup>23</sup>

Table 1.1 illustrates the different expenses that Helen and Margaret must pay for rent and homecare supports. Even though these women are the same age and have the same income, same health care needs, same size of apartment, and same citizenship, at the end of the month Margaret has \$1,265 to spend on groceries, transportation, clothing, haircuts, cable, Internet access, social engagements, and cultural activities. Helen has \$296. These vastly different circumstances can have profound implications for income security, quality of life and the capacity of seniors to participate in their communities.<sup>24</sup>

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20 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1610 (Margaret M. Cottle, Palliative Care Physician, as an individual) and [Evidence](#), 26 October 2017, 1600 (Laurent Marcoux).

21 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1205 (Anna Romano, Director General, Centre for Health Promotion, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada).

22 Statistics Canada, “[A portrait of the population aged 85 and older in 2016 in Canada](#),” *Census in Brief*, 3 May 2016.

23 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1400 (Isobel Mackenzie), [Written submission from the Office of the Seniors Advocate of British Columbia](#), October 2017.

24 Ibid.



**Table 1.1: Rent and Home care supports for Helen and Margaret**

	Helen	Margaret
Hometown	Vancouver, B.C	Brandon, MB
Annual Income	\$27,000	\$27,000
Monthly after-tax income	\$1,987	\$1,898
Rent	\$1,113	\$633
Home Support	\$578	\$0
<b>Money left for all other needs</b>	<b>\$296</b>	<b>\$1,265</b>

Note: Rent is for a one bedroom apartment. Helen pays \$1,159 market rent minus \$46 shelter grant. Home support costs Helen \$19 a day co-payment. It does not include housekeeping. Margaret’s home support care is covered by her provincial health plan which includes housekeeping support. Margaret has an employer paid retirement benefit which includes extended health and dental coverage.

While Margaret and Helen’s stories illustrate vastly different realities between urban communities, the Committee also heard important testimony related to the different realities that seniors in rural, suburban, and remote northern communities experience. Much like in urban communities, inclusion and quality of life can be very different depending on shelter costs and access to transportation, health care and important homecare supports.<sup>25</sup>

### C. OPPORTUNITIES ASSOCIATED WITH AGING

A report by the Special Senate Committee on Aging, tabled in the Senate in April 2009 was entitled *Canada’s Aging Population: Seizing the Opportunity*.<sup>26</sup> Testimony and briefs submitted over the course of this study echoed the theme expressed by the Senate report that Canada’s aging population can be understood as an opportunity.

25 See, for example, HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1550 (Michèle Osborne, Executive Director, Centre action générations des aînés de la Vallée-de-la-Lièvre) and *Evidence*, 26 November 2017, 1720 (Meredith Wright, Director of Speech-Language Pathology and Communication Health Assistants, Speech-Language & Audiology Canada) and [Written submission from Manitoba Seniors’ Coalition](#), October 2017, p. 8.

26 Special Senate Committee on Aging, *Final Report: Canada’s Aging Population: Seizing the Opportunity*, April 2009.

As Canadians are living longer and healthier lives and are becoming more educated, they are remaining active in the labour force longer.<sup>27</sup> An official from Employment and Social Development Canada told the Committee that the labour force participation of people aged 65 to 69 years old had increased from 15.6% in 1976 to 26.2% in 2016.<sup>28</sup> Significant increases in work activity were observed at all ages, for men and women alike. In 2015, more than 53% of senior men reported working at age 65, including about 23% who worked full year, full time. In 2015, fewer women (nearly 40%) reported working at age 65, yet this was nearly double the number of 65-year-old women who reported working 20 years earlier.<sup>29</sup>

Witnesses described an opportunity to encourage increased labour force participation in this older, healthier population,<sup>30</sup> and described its economic benefits in terms of increasing productivity, incomes, and tax revenues.<sup>31</sup>

A number of witnesses also described the opportunity to develop and apply new technologies to enhance the well-being of Canada's seniors. One witness pointed out how technologies are already minimizing the impacts of some health challenges associated with aging, including reducing the impacts of hearing and vision loss,<sup>32</sup> while others pointed to the promise of technology to simplify some of the daily activities of living,<sup>33</sup> and increase access to home health care.<sup>34</sup> Others foresaw the widespread application of self-driving vehicles as a solution for older Canadians who are no longer able to drive.<sup>35</sup> Still other witnesses noted that not all seniors have access to high-speed Internet services, creating some challenges in accessing the services and supports they need.<sup>36</sup>

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- 27 For additional data on the workers 65 years and older please see Appendix C.
- 28 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1150 (Nancy Milroy Swainson, Director General, Seniors and Pensions Policy Secretariat, Income Security and Social Development Branch, Department of Employment and Social Development).
- 29 Statistics Canada. [Working seniors in Canada](#), 29 November 2017.
- 30 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1530 (Charles M. Beach, Professor Emeritus, Economics Department, Queen's University, as an individual) and 1655 (Isobel Mackenzie).
- 31 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1545 (Michael R. Veall, Professor, Department of Economics, McMaster University, as an individual).
- 32 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1530 (Charles M. Beach).
- 33 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1540 (Irene Sheppard).
- 34 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1540 (Leighton McDonald, President, Closing the Gap Healthcare, Canadian Home Care Association) and [Written submission from Canadian Institutes of Health Research](#), October 2017.
- 35 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1550 (Kevin Smith, Representative, Seniors First BC) and [Evidence](#), 2 November 2017, 1700 (Ian Lee).
- 36 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1625 (Wanda Morris, Vice-President, Advocacy, Canadian Association of Retired Persons) and 1600 (Lola-Dawn Fennell).



## D. THE FEDERAL ROLE

During this study, many witnesses identified ways that the challenges associated with aging could be addressed and opportunities enhanced with policies and programs that provide adequate and secure incomes and promote the continued inclusion of Canadians as they age. Under the broad headings of economic and social inclusion, many aspects of these initiatives fall within provincial and territorial jurisdictions, as they deal with policy areas such as social assistance, social services and supports, health services and supports, and housing. However, the federal government also has direct responsibility over these areas for particular populations, including Indigenous people, veterans and newcomers. In addition, federal involvement is extended through transfers to other orders of government, income supports to individuals, benefits through the income tax system, and collaborative work with provincial and territorial counterparts.

### 1. Economic inclusion

Federal income support programs are an essential part of the retirement income system. These federal programs are the Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement. Despite persistent poverty among some seniors, addressed in greater detail in the next chapter on economic inclusion, these initiatives have resulted in significant reductions in seniors' poverty.<sup>37</sup> Witnesses had many proposals to improve these federal programs, which will also be included in the next chapter.

Federal taxation policy also has an impact on the economic security and inclusion of Canadian seniors. In particular, tax reduction to encourage private retirement savings and credits associated with age and with pension income have a direct impact on the available economic resources available to seniors. Yet, as described above, federal income supports cannot offset differences in provincial and territorial programs which can translate into vastly different levels of post-necessity income even among seniors who are in highly similar situations.<sup>38</sup>

### 2. Social inclusion

As noted above, even the narrowest definition of the federal role in areas such as housing, health and social services recognizes federal responsibility for Indigenous

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37 See, for example, HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1530 (Charles M. Beach) and *Evidence*, 3 October 2017, 1530 (Tammy Schirle, professor, Department of Economics, Wilfrid Laurier University, as an individual).

38 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1605 (Isobel Mackenzie).



persons and immigrants to Canada. Testimony before the Committee described the particular marginalization of Indigenous<sup>39</sup> and immigrant<sup>40</sup> seniors in Canada.

Within an intergovernmental context, the federal government provides significant funding through both the Canada Social Transfer and the Canada Health Transfer to provincial and territorial governments. The *Canada Health Act* provides criteria for cost-shared funding, originally intended to cover only costs associated with doctors and hospitals. The most recent bilateral accords included a component specifically funding home care.

Similarly, the National Housing Strategy has been developed in collaboration with provincial and territorial governments with expected financial contributions by all orders of government. Additional collaboration in other policy areas is facilitated by regular meetings of federal, provincial and territorial ministers with responsibility in these areas.<sup>41</sup>

Other federal funding that has a direct impact on the social inclusion of seniors is for health research through the Canadian Institutes of Health Research,<sup>42</sup> and for scientific and social research, through the Natural Sciences and Engineering Research Council<sup>43</sup> and the Social Sciences and Humanities Research Council respectively.<sup>44</sup>

### 3. Federal leadership

Provincial and territorial governments are responsible for the adoption and enforcement of building and fire codes. However, the *National Building Code of Canada*<sup>45</sup> and other federal regulatory frameworks are the basis for most provincial and territorial codes, often with slight variations or additions.<sup>46</sup> Specific recommendations with respect to the

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39 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1115 (Lyse Langevin, Director General, Community Infrastructure Branch, Department of Indian Affairs and Northern Development).

40 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1550 (Raza M. Mirza).

41 For specific examples of policy collaboration between Federal, Provincial, Territorial and Municipal governments see: [The Canadian Intergovernmental Conference Secretariat](#).

42 Examples of funded research by the institutes include "[Using Internet Cognitive-Behavioural Therapy with Older Adults: Is Age a Factor?](#)" and "[Creating a Sustainable System of Care for Older People with Complex Needs: Learning from International Experience](#)."

43 Examples of recently funded research by this council include "[Advancing engineered structures for Canada's aging population](#)," and "[Adaptable Smart Environments for Elderly People](#)."

44 Examples of recently funded research by this council include "[A cross-cultural investigation of the effects of aging beliefs on cognitive performance in older adults](#)," and "[Population aging, implications for asset values, and impact for pension plans: an international study](#)."

45 National Research Council, [Model code adoption across Canada](#).

46 Ibid.



*National Building Code*<sup>47</sup> were proposed as a mechanism for increasing accessibility of housing for seniors and others with mobility impairments across Canada.

Witnesses identified the need for federal leadership in matters of both economic and social inclusion, most frequently to result in greater pan-Canadian consistency in services and supports offered to seniors. These are addressed in greater detail in the subsequent chapters.

Finally, there was widespread agreement among witnesses that a “national seniors strategy” would be welcome. Different stakeholders, in both written submissions and testimony, had specific ideas of what should be included in such a strategy and what specific issues and perspectives should frame such an initiative. These are described in greater detail in a later chapter focussed on a national seniors strategy.

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47 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1540 (Donald Shiner) and [Evidence](#), 2 November 2017, 1615 (Glenn Miller) and [Written submission from CARP](#), October 2017, p. 2.

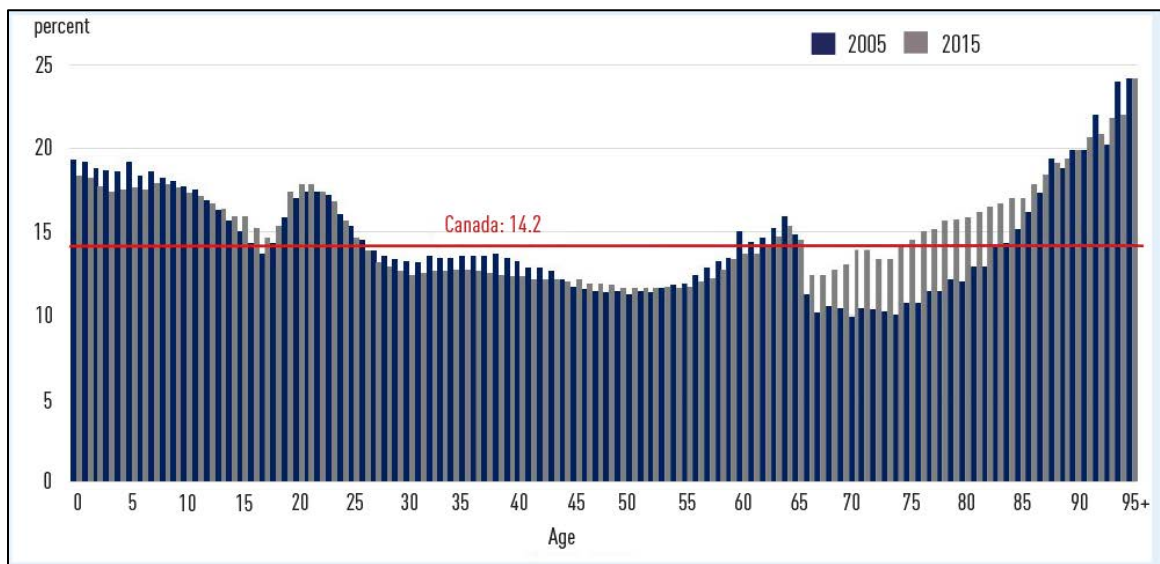
## CHAPTER 2: WHAT THE DATA SAYS

Census 2016 data was released by Statistics Canada over the course of the Committee’s study. Data relating to age and sex was released in the spring of 2017. Additional data relating to income, housing, immigration, and the Indigenous population was released during the fall of 2017.<sup>48</sup> This chapter provides an overview of this important Census 2016 data.

### A. THE POPULATION 65 AND OLDER LIVING IN LOW INCOME

The 2016 Census presents incomes in Canada as measured in 2015. While the incomes of seniors have increased over the past 10 years, as a group, the rate of individuals aged 65 and older in low income rose from 12% in 2005 to 14.5% by 2015 (see Figure 2.1 for details).<sup>49</sup> While the increase was particularly strong for senior men, overall, senior women were still more likely to be in low-income situations in 2015.<sup>50</sup>

**Figure 2.1: Incidence of Low Income by Single Year of Age: 2005 and 2015**



Source: Statistics Canada, Census 2016, Household income in Canada: Key results from the 2016 Census, 9 September 2017, [Infographic 2](#).

48 Statistics Canada, [2016 Census topic: Age and sex](#), 3 May 2017, [2016 Census topic: Housing](#), 25 October 2017, [2016 Census topic: Income](#), 13 September 2017, [2016 Census topic: Immigration and ethnocultural diversity](#), 25 October 2017, [2016 Census topic: Aboriginal peoples](#), 25 October 2017.

49 Statistics Canada, [Household income in Canada: Key results from the 2016 Census](#), 13 September 2017.

50 Ibid.



## 1. Vulnerable sub-populations

As identified by witnesses, another important point with respect to low income is that some groups are more at risk of being in low-income situations than others. They include older women (over 85 years) who are living alone,<sup>51</sup> Indigenous seniors,<sup>52</sup> and recent immigrants who are seniors.<sup>53</sup>

**[S]ome groups are more at risk of being in the low-income situations than others. They include older women (over 85 years) who are living alone, Indigenous seniors, and recent immigrants.**

Figure 2.2 illustrates the numbers and percentages of seniors living in low income in 2015 by age group and sex. While senior women between 65 and 74 years of age were somewhat more likely to be living in low-income compared with men of the same age, women over the age of 75 were far more likely to be living in low-income (yellow diamonds). Specifically, 20% of women over the age of 75 were living in low-income situations in 2015 compared with 12% of men.

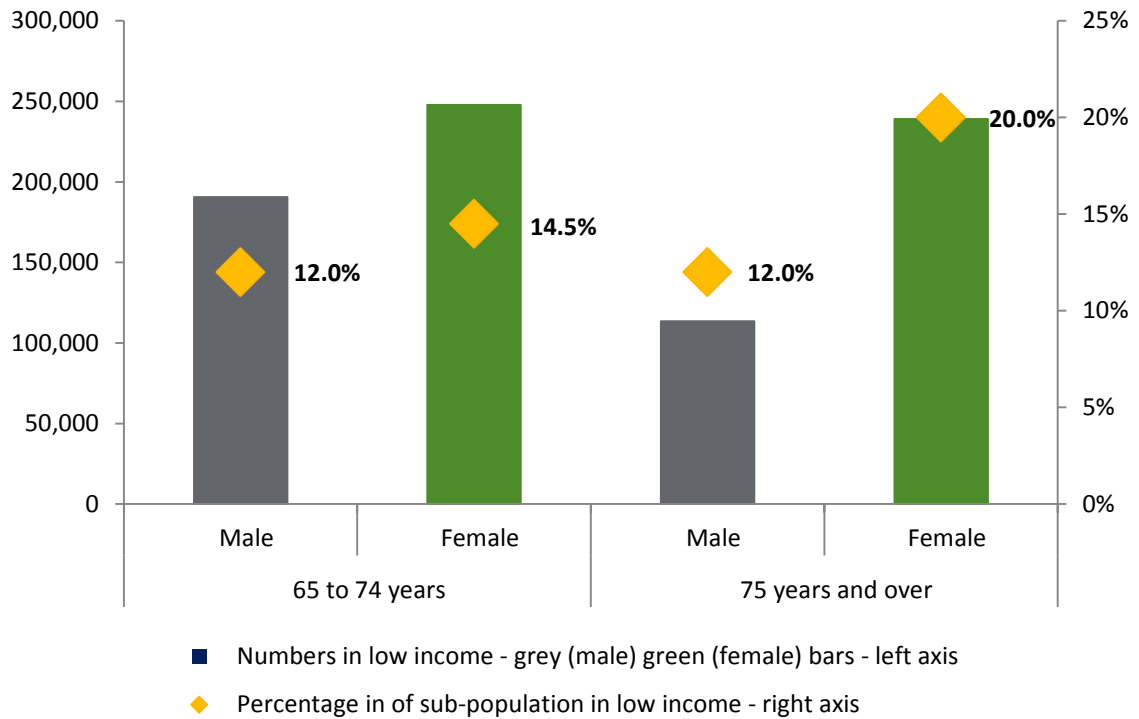
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51 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017 1605 (Mr. Sébastien Larochelle-Côté, Managing Editor, Education, Labour and Income Statistics Branch, Statistics Canada). See Appendix D, for a map that illustrates where in Canada men and women aged 65 and over live.

52 [Written submission from National Association of Friendship Centres](#), 10 November 2017, p. 3.

53 [Written submission from S.U.C.C.E.S.S.](#), p. 6.

**Figure 2.2: Numbers and Percentages of Seniors with Low-income by Age Group and Sex: 2015**



Note: Prevalence of Low Income is determined using the Low income measure, after tax (LIM-AT).

Source: Figure prepared by the authors using data obtained from Statistics Canada 2016 Census Data Tables, Low Income Indicators, Catalogue number: [98-400-X2016126](#), 13 September 2017.

The incidence of First Nations, Inuit and Métis seniors living in low income is greater than the non-Indigenous population. The 2016 Census recorded over 1.6 million First Nations, Inuit and Métis people in Canada, which represents about 4.9% of the total population. The average age of the First Nations, Inuit, and Métis population is 32.1 years, almost a decade younger than the average for the non-Indigenous<sup>54</sup> population.<sup>55</sup> In contrast, the population of Indigenous seniors is relatively small, numbering 121,670 (of whom 53.6% are women and 46.4% are men).<sup>56</sup>

54 Statistics Canada refers to First Nations, Inuit and Métis people collectively as Aboriginal in the 2016 Census. Throughout the text of this report the term Indigenous is used to refer to First Nations, Inuit and Métis collectively. In charts using Statistics Canada data, the term Aboriginal is used.

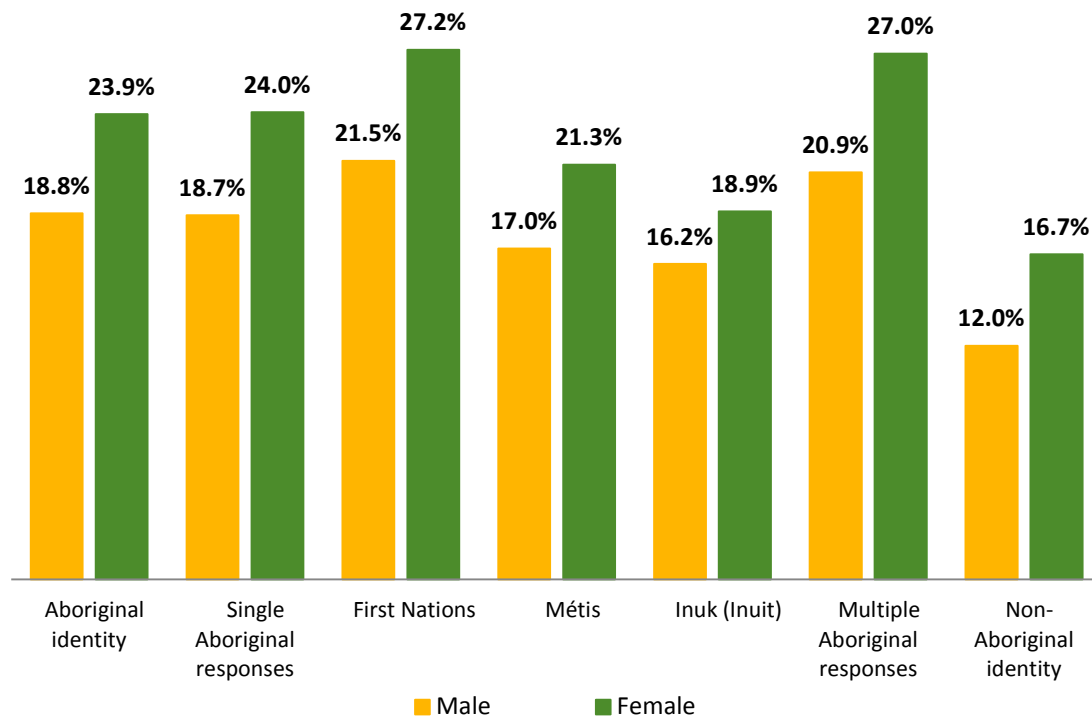
55 Statistics Canada, [The Aboriginal population in Canada, 2016 Census of Population](#), 25 October 2017.

56 Statistics Canada 2016 Census Data Tables: Aboriginal Identity, Catalogue number: [98-400-X2016173](#), 25 October 2017.



Figure 2.3 illustrates that the highest incidence of low income among senior Indigenous people is women who identify as First Nations (27.2%) and women who claim multiple Indigenous identities (27%). This is over twice the incidence of low-income of non-Indigenous senior men (12%) and significantly higher than non-Indigenous senior women (16.7%).

**Figure 2.3: Incidence of First Nations, Inuit, Métis Seniors in Low Income by Identity and Sex: 2015**



Note: Prevalence of low income is determined using the Low-income measure, after tax (LIM-AT).

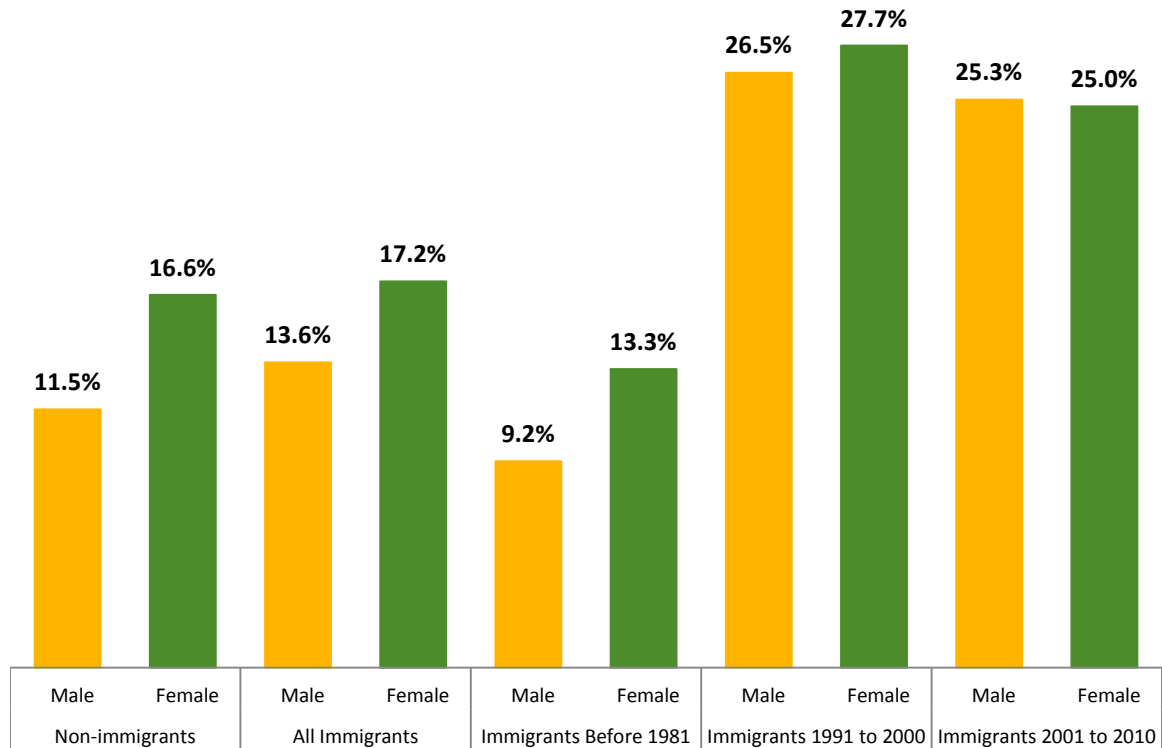
Source: Figure prepared by the authors using data obtained from Statistics Canada 2016 Census Data Tables: Aboriginal Identity, Catalogue number: [98-400-X2016173](#), 25 October 2017.

Similarly, low income is greater among seniors born outside Canada. According to the 2016 Census,<sup>57</sup> approximately 7.5 million people, of whom about 1.68 million are 65 years and over, were born outside Canada. The likelihood of having low income is higher for immigrant senior women than immigrant senior men. There are important differences in the incidence of low income among immigrant seniors depending upon

57 Statistics Canada, [Immigrant population in Canada, 2016 Census of Population](#), 25 October 2017.

when they immigrated.<sup>58</sup> Figure 2.4 illustrates that the highest incidence of low income for immigrant seniors is for those who arrived in Canada between 1991 and 2000.

**Figure 2.4: Incidence of Seniors in Low-Income by Period of Immigration and Sex: 2015**



Source: Figure prepared by the authors using data from Statistics Canada 2016 Census Data Tables: Immigration and ethno-cultural diversity, Catalogue number: [98-400-X2016206](#). 25 October 2017.

58 Statistics Canada, [2016 Census topic: Immigration and ethno-cultural diversity](#), 25 October 2017.



## B. CORE HOUSING NEED

The recent census released describes key housing indicators, such as the rate of homeownership and the percentage of individuals in “core housing need,” that is individuals who live in dwellings that are unsuitable, inadequate or unaffordable and whose income

levels are such that they cannot afford alternative housing in their community. Core housing need is correlated with where you live in Canada, housing tenure, living arrangements and age.<sup>59</sup>

**Over 1.3 million seniors, or roughly 25% of the senior population, have core housing need.**

Over 1.3 million seniors, or roughly 25% of the senior population, have core housing need. Affordability is the dominant factor that contributes to core housing need. About 78% of seniors who are in core housing need are

facing affordability challenges, spending over 30% of their before tax household income on shelter.<sup>60</sup> Figure 2.6 illustrates the geographic distribution of people aged 65 and over in core housing need in census metropolitan areas across Canada.<sup>61</sup>

### 1. Seniors who are renters or who have mortgages are more vulnerable

“Housing tenure” is the term used by Statistics Canada to refer to whether you rent or own your home. In 2016, the homeownership rate was highest at 76.3% for 55 to 64-year olds, and was slightly lower at 74.6% for the population aged 65 and over. The data indicates that seniors were more likely to own their homes in 2016 than they were a decade earlier. The homeownership rate among the population aged 65 and over was

59 Statistics Canada, in collaboration with the Canada Mortgage and Housing Corporation (CMHC), has produced the CMHC’s [core housing need](#) indicator for the 2016 Census. A household is said to be in ‘core housing need’ if its housing falls below at least one of the adequacy, affordability or suitability standards and the household would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards). Adequate housing is reported by their residents as not requiring any major repairs. Suitable housing has enough bedrooms for the size and composition of resident households according to National Occupancy Standard requirements. Core housing need is assessed only for private, non-farm, non-reserve and owner- or renter-households. See also: Statistics Canada, [Core housing need, 2016 Census](#), 15 November 2017.

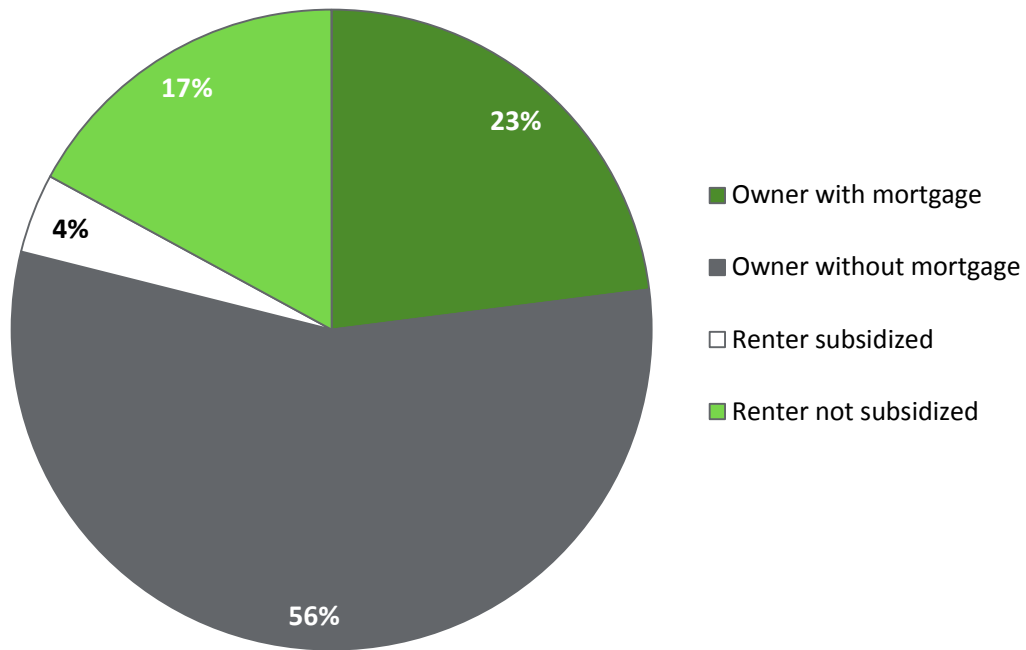
60 Statistics Canada 2016 Census Data Tables: Housing Table, Catalogue number: [98-400-X2016234](#), 25 October 2017.

61 Statistics Canada, [Core housing need, 2016 Census](#), 15 November 2017. The 2016 Census uses the term housing '[Tenure](#)' to refer to whether the household owns or rents their private dwelling.



72.2% in 2006.<sup>62</sup> Figure 2.5 illustrates the proportions of the population aged 65 and over who own their homes and those who rent.

**Figure 2.5: Canadian Seniors According to Housing Tenure: 2016**



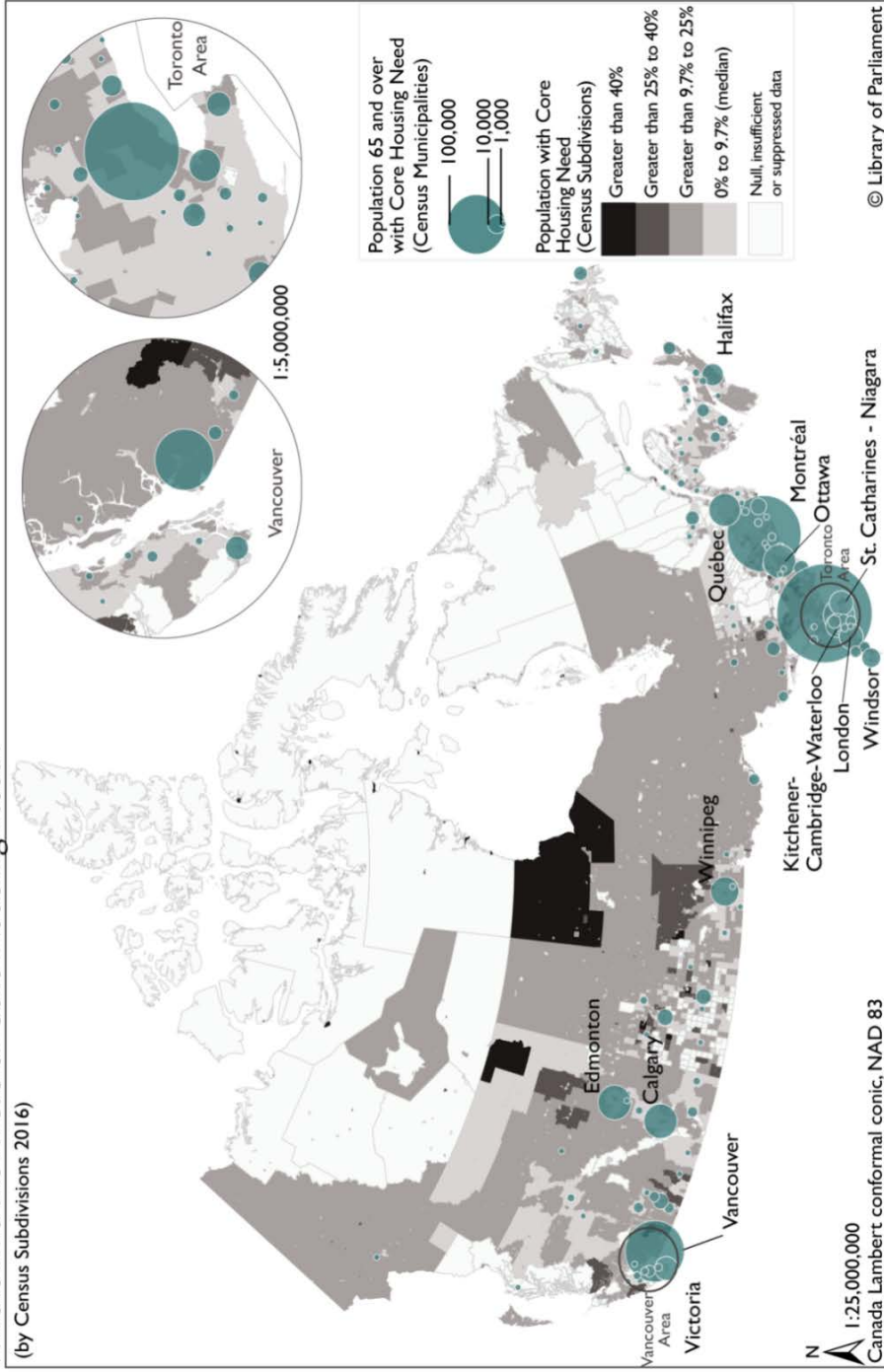
Source: Figure prepared by the author using data obtained from Statistics Canada 2016 Census Data Tables: Housing Table Catalogue number: [98-400-X2016234](#), 25 October 2017.

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62 Statistics Canada, [Core housing need, 2016 Census](#), 15 November 2017.



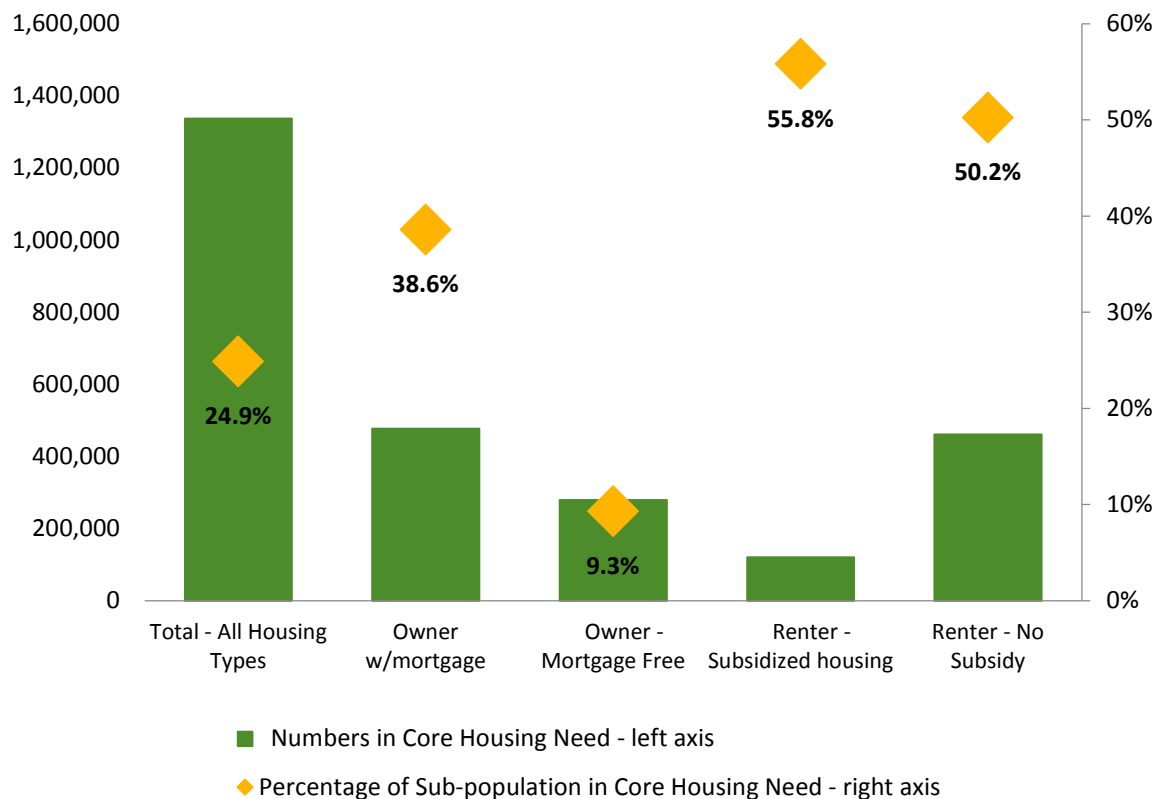
Figure 2.6: Core Housing Need  
Where Are the Areas of Core Housing Need?  
(by Census Subdivisions 2016)



Source: Map prepared by Library of Parliament, 2017, using data from Statistics Canada. *2016 Census of Canada. Census Profile Tables. Using CHASS* (accessed November 2017); Statistics Canada. *2016 Census – Boundary files*. Ottawa: Statistics Canada, 2016; Statistics Canada and Canada Mortgage and Housing Corporation. *2016 Census of Canada. Core Housing Need*. Ottawa: Statistics Canada, 2016; and Statistics Canada. *2016 Census of Canada. Data Table: Housing*. Catalogue no. 98-400-X2016234. The following software was used: Esri, ArcGIS, version 10.3.1. Contains information licensed under [Statistics Canada Open Licence Agreement](#).

Figure 2.7 illustrates the percentage (yellow diamonds) and numbers of seniors (green bars) in core housing need according to housing tenure. The data indicates that while there are overall fewer seniors who are renters, they are more likely to experience core housing need. Specifically, there are over 120,000 senior renters receiving some form of housing subsidy who have core housing need. This represents close to 56% of the population of senior renters in subsidized housing. About 39% of senior homeowners with mortgages are in core housing need. In contrast, only about 9% of mortgage-free homeowners<sup>63</sup> experience core housing need.

**Figure 2.7: Numbers and Percentages of Seniors in Core Housing Need by Housing Tenure: 2016**



Source: Figure prepared by the author using data obtained from Statistics Canada 2016 Census Data Tables: Housing Table, Catalogue number: [98-400-X2016234](#), 25 October 2017.

63 In calculating shelter costs for owners, CMHC includes “mortgage payments (principal and interest), property taxes, condominium fees, and payments for electricity, fuel, water and other municipal services.” For more information, see CMHC, “[Housing Affordability and Need](#),” *Canadian Housing Observer 2014*, p. 1-17.



## 2. There are important geographic and regional variations

Experiencing core housing need also seems to be correlated with where you live. At the provincial/territorial level, people aged 65 and over in Nunavut and the Northwest Territories are more likely to be living in housing that is inadequate, unsuitable or unaffordable. In Nunavut, 48.3% of seniors have core housing need, whereas in the Northwest Territories this figure is 33.4%. In addition, over 27% of seniors in Ontario experience core housing need, which is higher than the national average of 24.9%.<sup>64</sup>

With respect to census metropolitan areas (CMA) and census agglomerations (CA), the Toronto CMA has the highest incidence of seniors in core housing need at about 34%. Toronto is followed by the Hawkesbury Ont./Que. CA, with 33% of seniors in core housing need; the Timmins, Ont. CA, with 31% of seniors in core housing need; and then the Vancouver CMA and the Prince Rupert, BC CA, with over 29% of seniors in core housing need. Note that in some instances the levels of core housing need can be different for the senior population (e.g. Hawkesbury, Timmins and Prince Rupert) than for the non-senior population.<sup>65</sup>

Regional variability is consistent with Census data on dwelling values as estimated by occupying homeowners. These estimates indicate important variations among Canada's CMAs. In May 2016, Vancouver homeowners reported, on average, the estimated value of their dwellings to be \$1,005,920, compared with \$734,924 in Toronto and \$366,974 in Montreal. Canada wide, the average estimated value in 2016 was \$443,058, compared to \$368,899 (in constant dollars) in 2011.<sup>66</sup>

## 3. Older seniors living alone are the most vulnerable

Finally, core housing need seems to increase with living alone, which in turn is associated with age. Figure 2.8 illustrates the percentages (yellow diamonds) and numbers of seniors (green bars) in core housing need according to living arrangements. Close to 600,000 seniors living alone, representing about 43% of this sub-population, have core housing need. The number of seniors who are married or in common-law relationship reporting core housing need numbered about 540,490, representing only 16% of the married/common-law sub-population. While fewer seniors report living with

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64 Statistics Canada, 2016 Census Data Tables: Housing Table, Catalogue number: [98-400-X2016234](#), 25 October 2017. See Appendix D, for a map that illustrates municipalities with high prevalence of core housing need among seniors.

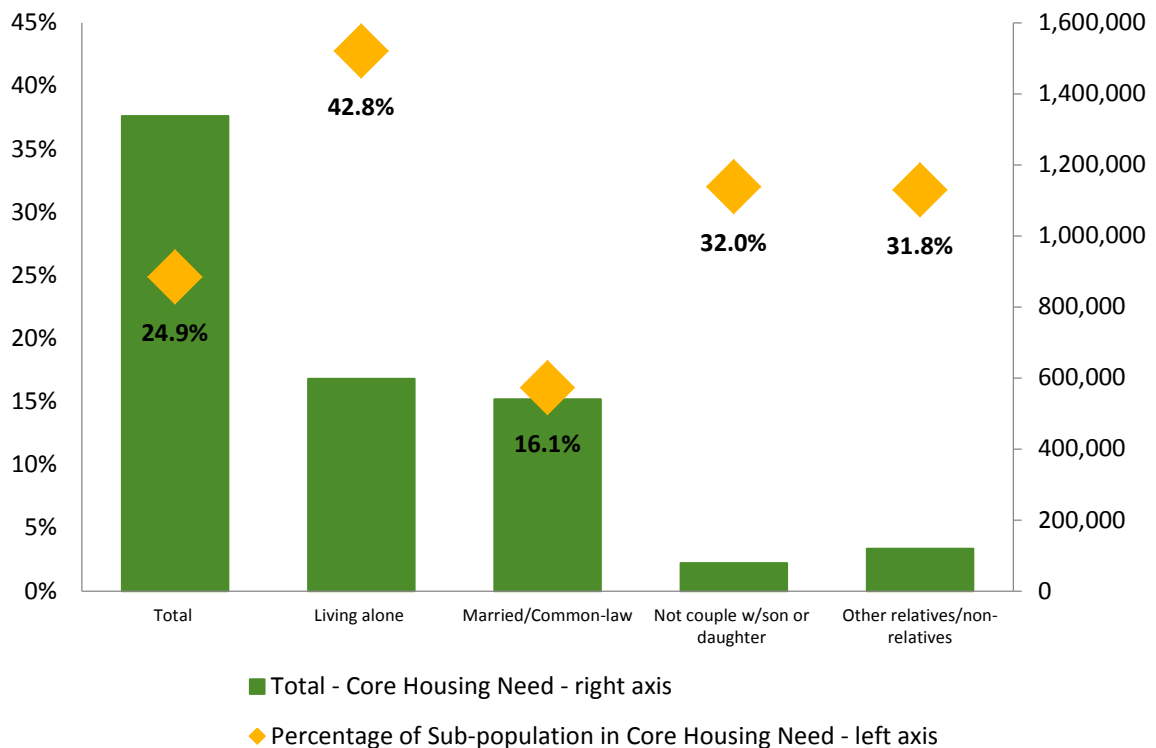
65 Ibid.

66 Statistics Canada, [Housing in Canada: Key results from the 2016 Census](#), 25 October 2017.

others (son or daughter, other relatives or non-relatives) but not in a couple, they are more likely to be in core housing need.<sup>67</sup>

As seniors age, the likelihood of living alone increases. In 2016, about 29% of seniors between 75 and 84 years of age lived alone. In contrast, the percentage of seniors 85 years and over living alone was over 43%.<sup>68</sup> Moreover, the incidence of core housing need for the sub-population 85 years and over was 31.7%. The incidence of core housing need for seniors 85 years and over and living alone exceeded 61%.<sup>69</sup> Witness suggestions provided alternatives to living alone; these are described more fully in the chapter on social inclusion.

**Figure 2.8: Senior Core Housing Needs by Living Arrangements: 2016**



Source: Figure prepared by the authors using data obtained from Statistics Canada 2016 Census Data Tables: Housing Table Catalogue number: [98-400-X2016234](#), 25 October 2017.

67 Statistics Canada, 2016 Census Data Tables: Housing – 4 Catalogue number: [98-400-X2016234](#), 25 October 2017.

68 Ibid.

69 Ibid.



## CHAPTER 3: INCOME SECURITY FOR VULNERABLE SENIORS

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### 3.1 DESCRIPTION OF CURRENT PROGRAMS

The federal government contributes to seniors' income and well-being in a variety of ways. Canada's retirement system is often described as having three pillars. The first pillar comprises universal income support programs (Old Age Security (OAS), Guaranteed Income Supplement (GIS), and Allowance). The second pillar is the Canada/Quebec Pension Plan (CPP/QPP). The third pillar includes voluntary employer and union registered pension plans (RPPs) and personal savings (Registered Retirement Savings Plans (RRSPs) and Tax-free Savings Accounts (TSFAs)).<sup>70</sup>

This chapter provides information on the main components of the federal retirement income system. It then goes on to review what the Committee heard from witnesses and written submissions with respect to income security for the population aged 65 and over.

#### A. FEDERAL SPENDING REACHES SENIORS DIRECTLY THROUGH INCOME SUPPORT PROGRAMS AND INDIRECTLY THROUGH THE TAX SYSTEM

Federal income support programs comprise the first two pillars of the retirement system: OAS, GIS, and CPP.<sup>71</sup> The tax system is used to support the third pillar of the retirement system (e.g. RRSPs, RPPs, and TSFAs). The tax system also supports targeted credits for Canadians over the age of 65 (e.g. the Age Credit).<sup>72</sup> Federal spending on income supports, tax incentives and tax measures related to seniors is estimated to exceed \$136 billion in 2017–2018 (Figure 3.1).

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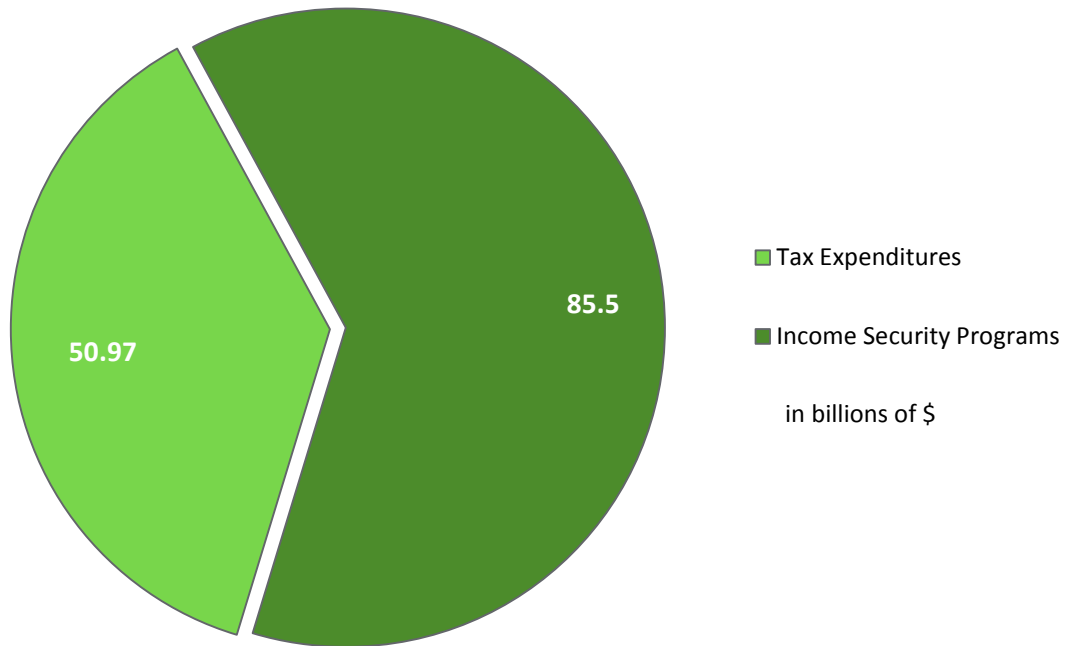
70 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1100 (Mrs. Nancy Milroy).

71 The Quebec Pension Plan (QPP) is administered by the [Retraite Québec](#).

72 The principal function of the tax system is to raise the revenues necessary to fund government expenditures. The tax system can also be used to achieve public policy objectives through the application of specific measures such as preferential tax rates, exemptions, deductions, deferrals and tax credits. These measures are often described as “tax expenditures” because they are used to achieve a policy objective that deviates from the core function of the tax system, at the cost of lower tax revenues. Tax expenditure reporting is considered an international best practice to foster government budgetary and fiscal transparency. The International Monetary Fund and the Organisation for Economic Co-operation and Development have both issued guidelines that provide for the annual reporting of the cost of tax expenditures. See Department of Finance Canada, [Report on Federal Tax Expenditures 2017 – Concepts, Estimates and Evaluations 2017](#).



**Figure 3.1: Estimated Federal Spending Related to Seniors Income Security and Tax Expenditures: 2017–2018 Estimates in Billions of Dollars**



Note: Estimates for tax expenditures are for the calendar year 2017. Main estimates are for the government fiscal year 2017–2018. Also note that expenditures related to veterans are not included in the estimates.

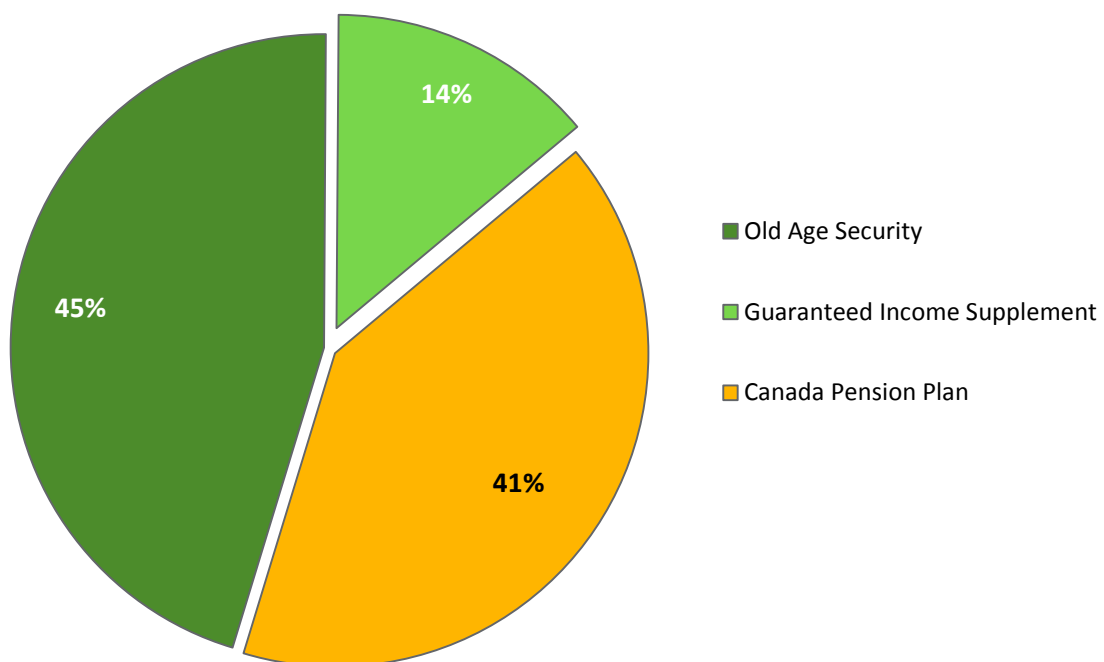
Source: Table prepared by the authors using data obtained from Treasury Board Canada, [2017–18 Estimates](#), 2017; and Department of Finance Canada, [Report of Federal Tax Expenditures: Concepts, Estimates and Evaluations](#), 2017.



## B. INCOME SUPPORT PROGRAMS

In 2017-2018, federal spending on income security programs related to seniors is estimated to exceed \$85 billion (Figure 3.1 above). Figure 3.2 breaks down federal spending by program category.

**Figure 3.2: Estimated Federal Spending on Income Security Programs for Seniors in percentages: 2017-2018**



Source: Figure prepared by the author using data obtained from Treasury Board Canada, [2017-18 Estimates](#), 2017.

Estimates of the monthly benefits provided by OAS and GIS are detailed in Table 3.1.



**Table 3.1: Old Age Security pension and Guaranteed Income Supplement  
Maximum Monthly Payment Amounts**

Family Situation	Maximum monthly payment amount	Maximum annual income
<u>Old Age Security Pension</u>		
Regardless of marital status	\$586.66	\$122,843 (individual income)
<u>Guaranteed Income Supplement</u>		
Single, widowed or divorced pensioner	\$876.23	\$17,784 (individual income)
Spouse/common-law partner receives the full OAS pension	\$527.48	\$23,520 (combined income)
Spouse/common-law partner does not receive an OAS pension	\$876.23	\$42,624 (combined income)
Spouse/common-law partner receives the Allowance	\$527.48	\$42,624 (combined income)

Note: These are the amounts for January to March 2018. The maximum annual income is the income level at which one cannot receive the Old Age Security pension or benefits. For more information on what income and deductions are considered in the maximum annual income allowed to be eligible for the OAS pension please refer to Canada Revenue Agency, [Line 113 - Old age security pension](#).

Source: Government of Canada, [Old Age Security payment amounts for January to March 2018](#).

Estimates of the monthly benefits provided by the Canada Pension Plan are detailed in Table 3.2 below.

**Table 3.2: Canada Pension Plan pensions and benefits -  
Monthly Payment Amounts: 2018**

Type of pension or benefit	Average amount for new beneficiaries	Maximum payment amount
Retirement pension - at age 65	\$641.63	\$1,134.17
Survivor's pension - 65 and older	\$308.66	\$680.50
Death benefit - one-time payment	\$2,299.93	\$2,500.00

Note: Average amount in October 2017, Maximum amount for 2018

Source: Government of Canada, Canada Pension Plan – [How much could you receive](#)

OAS is the largest income support program (Figure 3.2). It is a monthly payment available to most Canadians who are 65 years of age and meet the status and residence requirements.<sup>73</sup> In 2017-2018, program expenditures exceeded \$38 billion. The GIS is a monthly non-taxable benefit provided to OAS pension recipients who have a low income and are living in Canada.<sup>74</sup> In 2017-2018, program expenditures approached \$12 billion. OAS/GIS payments are funded out of the general revenues of the Government of Canada and are considered to be the first pillar of Canada's retirement income system.<sup>75</sup>

The CPP is a mandatory public pension plan funded through contributions by employers and employees that are invested by the Canada Pension Plan Investment Board.<sup>76</sup> Eligibility is based on age and payments are based on the amount contributed. The CPP is considered to be the second pillar of the retirement income system and includes a retirement pension, disability benefits, survivor's pension, children's benefits and a death benefit.<sup>77</sup> The CPP operates throughout Canada, except in the province of Quebec, where workers are covered under the QPP.

73 Government of Canada, Benefits, Public Pensions, [Old Age Security](#).

74 Government of Canada, Benefits, Public Pensions, [Guaranteed Income Supplement](#).

75 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1100 (Mrs. Nancy Milroy-Swainson).

76 Government of Canada, Benefits, Public Pensions, [Canada Pension Plan](#).

77 Ibid.



## 1. Tax measures and incentives

The third pillar of the retirement income system consists of private retirement savings. The federal government offers incentives to encourage Canadians to save for retirement. Testimony on the merits of these programs is provided in the “What the Committee Heard” section of this chapter.

RRSPs are retirement savings plans in which contributions can be used to reduce your tax owing.<sup>78</sup> Any income earned in the RRSP is usually exempt from tax as long as the funds remain in the plan. Contributors pay tax when funds are withdrawn. The TFSA allows individuals to set money aside tax-free throughout their lifetime.<sup>79</sup> Contributions to a TFSA are not deductible for income tax purposes; however, income earned in the account is generally tax-free. Because RRSPs and TFSAs provide preferential tax treatment, there is a tax expenditure cost associated with them.<sup>80</sup> Registered pension plans, while not government programs, also receive preferential tax treatment and thus there is a tax expenditure associated with them.

The Department of Finance also identifies five additional tax measures as specifically targeted to benefit seniors: the Age Credit, non-taxation of GIS and allowance benefits, the Home Accessibility Tax Credit, Pension Income Credit and pension income splitting.<sup>81</sup> In 2017, federal spending on incentives and tax expenditures related to seniors was estimated to exceed \$50 billion (Figure 3.3).

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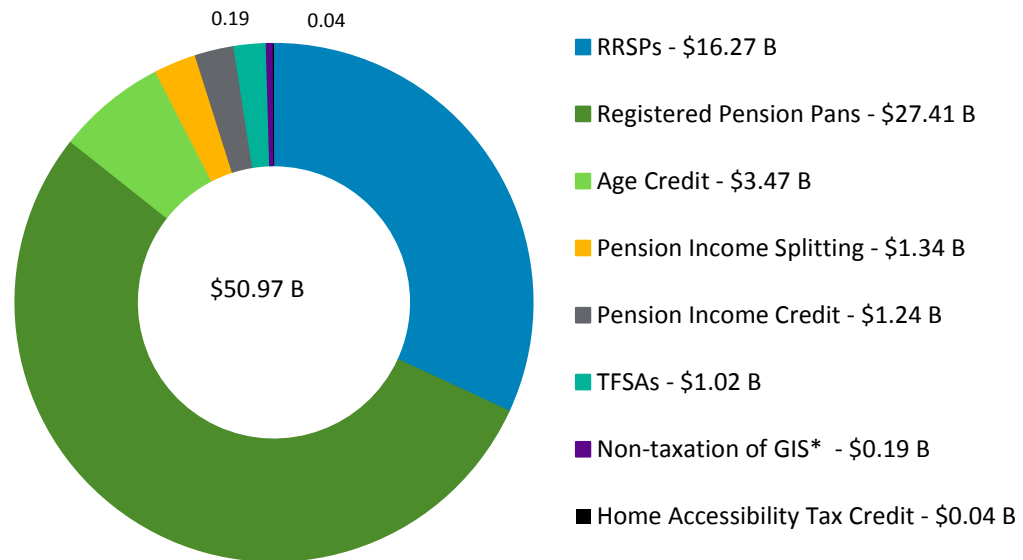
78 Canada Revenue Agency, [Registered Retirement Savings Plan](#).

79 Canada Revenue Agency, [Tax-Free Savings Account](#).

80 The principal function of the tax system is to raise the revenues necessary to fund government expenditures. The tax system can also be used to achieve public policy objectives through the application of specific measures such as preferential tax rates, exemptions, deductions, deferrals and tax credits. These measures are often described as “tax expenditures” because they are used to achieve a policy objective that deviates from the core function of the tax system, at the cost of lower tax revenues. Tax expenditure reporting is considered an international best practice to foster government budgetary and fiscal transparency. The International Monetary Fund and the Organisation for Economic Co-operation and Development have both issued guidelines that provide for the annual reporting of the cost of tax expenditures. See Department of Finance Canada, [Report on Federal Tax Expenditures 2017 – Concepts, Estimates and Evaluations 2017](#).

81 Department of Finance Canada, [Report of Federal Tax Expenditures: Concepts, Estimates and Evaluations 2017](#), 2017.

**Figure 3.3: Estimates of Federal Spending on Tax Measures and Incentives Related to Seniors: 2017 Estimates in Billions of Dollars**



Source: Figure prepared by the authors using data obtained from Treasury Board Canada, *2017–18 Estimates*, 2017; and Department of Finance Canada, *Report of Federal Tax Expenditures: Concepts, Estimates and Evaluations*, 2017. \*Non-taxation of benefits also includes Allowance benefits as well as GIS.

The Age Credit is provided to individuals aged 65 and over.<sup>82</sup> The value of the credit is calculated by applying the lowest personal income tax rate to the annually indexed credit amount (\$7,125 for 2016). The credit is income-tested – the credit amount is reduced by 15% of net income in excess of an annually indexed threshold amount (\$35,927 for 2016). The credit is completely phased out at a certain income level (\$83,427 in 2016). Any unused portion of the credit may be transferred to a spouse or common-law partner.

The Home Accessibility Tax Credit provides a non-refundable tax credit of 15% on up to \$10,000 of eligible home renovation or alteration expenses per calendar year for a qualifying individual.<sup>83</sup> When there is more than one qualifying individual for an eligible dwelling, the total eligible expenses cannot be more than \$10,000 for the dwelling. Qualifying individuals are persons 65 years of age or older or people with disabilities who are eligible for the Disability Tax Credit.<sup>84</sup>

82 See Canada Revenue Agency, *Age amount*.

83 See Canada Revenue Agency, *Home accessibility expenses*.

84 Canada Revenue Agency, Persons with disabilities, *Disability Tax Credit*.



The Pension Income Credit is a non-refundable credit that provides tax relief to taxpayers receiving eligible pension income.<sup>85</sup> The value of the credit is calculated by applying the lowest personal income tax rate to the first \$2,000 of eligible pension income. Any unused portion of the credit may be transferred to a spouse or common-law partner. Canadian residents receiving income that qualifies for the Pension Income Credit can allocate up to one half of that income to their resident spouse or common-law partner for income tax purposes. This is referred to as Pension Income Splitting.<sup>86</sup>

The GIS and Allowance benefits are effectively non-taxable.<sup>87</sup> Although these benefits must be included in income, an offsetting deduction from net income is provided. This approach ensures that such payments are taken into account in determining other income-tested credits and benefits.

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85 Canada Revenue Agency, [Pension income amount](#).

86 Canada Revenue Agency, [Pension income splitting](#).

87 Government of Canada, Benefits, Public Pensions, [Allowance](#).

## 3.2 WHAT THE COMMITTEE HEARD

### A. THE INCOME SECURITY SYSTEM HAS WORKED WELL FOR MANY BUT NEEDS UPDATING

On more than one occasion, the Committee was told that the federal income support system consisting of OAS, GIS and the CPP/QPP is a great public policy success story.<sup>88</sup> However, witnesses also suggested that in light of changing circumstances, the government needs to take a closer look at how these programs can be updated and improved for the 21<sup>st</sup> century.<sup>89</sup>

The income support system was largely developed in the 1960s and 1970s and is built around CPP (a contributory program) and OAS/GIS (funded from general revenues). At that time, the OAS and GIS addressed very high rates of poverty among older women who had limited experience in the paid workforce and thus did not have a sufficient CPP/QPP benefit or workplace pension.<sup>90</sup> In the mid-1970s, it is estimated that over 35% of senior women and 28% of senior men were living in low-income situations. These rates fell dramatically until the mid-1990s when it is estimated that about 5% of women and 3% of men were living in low income. Since the 1990s, low-income measures after tax (LIM) have been rising, as explained by a Statistics Canada researcher:

**[T]he federal income support system consisting of OAS, GIS and the CPP/QPP is a great public policy success story.**

Why did low-income rates increase among seniors? It's not because the incomes of seniors fell, but rather because the incomes of other Canadians grew faster, which raised the low-income threshold. In other words, seniors' incomes have fallen behind those of other Canadians.<sup>91</sup>

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88 [Written submission from National Association of Federal Retirees](#), October 2017, p. 7. HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1530 (Tammy Schirle, Professor, Department of Economics, Wilfrid Laurier University, as an individual); [Evidence](#), 17 October 2017, 1545 (Michael R. Veall, Professor, Department of Economics, McMaster University, as an individual).

89 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1530 (Tammy Schirle).

90 Ibid.

91 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1605 (Sébastien Larochelle-Côté).



Policy work by the Ontario Human Rights Commission identifies two groups of seniors that experience “unique issues based on the intersection of age with other aspects of their identity.... These are elderly women and elderly persons who are disabled.”<sup>92</sup> In the same vein, Statistics Canada researchers emphasize that the rising low income rates are consistently higher for women, and particularly for recent immigrant women (LIM 20.3%), women with a disability (LIM 20.5%), Indigenous women (LIM 24.9%) and single women (LIM 33%).<sup>93</sup>

It was also noted that OAS and GIS do a good job of raising the income of married couples, but these programs are less effective for unmarried individuals.<sup>94</sup> With respect to older Canadians who are single and in the 60-64 age range, for example, Tammy Schirle, professor of economics, at Wilfrid Laurier University indicated that, “[I]f a person is divorced or simply not married, they are ineligible for the benefits available to otherwise equivalent married and widowed low-income seniors in that age range. I think this reflects the expectations for family structure and work that prevailed in the late 1960s and 1970s. It is not clear to me why this penalty for being divorced remains in place.”<sup>95</sup>

The Committee heard testimony related to the hardships experienced by vulnerable seniors from immigrant and racialized communities, rural and remote northern communities and First Nations, Inuit and Métis seniors. This testimony helped to give voices and faces to the data.<sup>96</sup> Lola-Dawn Fennel of Prince George Council of Seniors told the Committee that the majority of her clients are in crisis: facing eviction and homelessness, utilities have been shut off, and roofs are leaking and in dire need of repair.<sup>97</sup>

Further, she explained to the Committee how poverty erodes health:

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92 Ontario Human Rights Commission, [Age and Intersectionality](#).

93 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1605 (Sebastien Larochelle Côté).

94 Ibid.; HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1530 (Tammy Schirle).

95 Ibid. It is noted further that [Bill C-29, A second Act to implement certain provisions of the budget tabled in Parliament on March 22, 2016 and other measures](#), amended the *Old Age Security Act* to provide that, in the case of low-income couples who have to live apart for reasons not attributable to either of them (such as a requirement for long-term care), the amount of the [Allowance](#) is to be based on the income of the Allowance recipient only. Previously, both incomes were taken into account for the purpose of calculating the Allowance.

96 HUMA, [Evidence](#), 19 October 2017, 1545 (Pat Armstrong, research associate, Canadian Centre for Policy Alternatives); [Evidence](#), 31 October 2017, 1610 (Vera Pawis Tabobondung, Senator, National Association of Friendship Centres); 17 October 2017, 1635 (Pamela Best, Assistant Director, Social and Aboriginal Statistics Division, Statistics Canada, Statistics Canada); [Written Submission from S.U.C.C.E.S.S.](#), October 2017, p. 6.; [Evidence](#), 3 October 2017, 1600 (Lola-Dawn Fennell).

97 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1600 (Lola-Dawn Fennell).



Diets are poor. They cannot physically manage transportation for grocery shopping or carrying groceries upstairs. Incomes necessitate inexpensive foods, and lack of teeth or dentures prevents adequate chewing. Healthy fruits and vegetables are the first items cut out. Many have to choose which crucial prescriptions to fill and which to ignore each month. Lack of appropriate eyeglasses and hearing aids isolates them further.<sup>98</sup>

Several witnesses asked the government to look more closely for ways to close the significant income gaps between men and women and address important inequities experienced by First Nations, Inuit and Métis seniors, recent immigrants, racialized minorities, linguistic minorities, and members of the LBGTQ2 communities.<sup>99</sup>

It was suggested that there was both need and opportunity for reform.<sup>100</sup> The Committee heard that the patchwork of benefits and tax expenditures should be streamlined. If the system were more transparent and accountable, offering direct benefits rather than tax expenditures, resources could better target vulnerable populations.<sup>101</sup> A better structured system could also better incentivize labour force participation for those who are able and want to continue working.<sup>102</sup>

## **B. THE RULES FOR OLD AGE SECURITY AND THE GUARANTEED INCOME SUPPLEMENT COULD WORK BETTER TO SUPPORT VULNERABLE SENIORS**

Several witnesses questioned the present rules around the OAS program, albeit without much consensus. For example, two witnesses indicated that the expenditure is large and only going to get larger as our society ages. Because it is delivered as a demogrant (i.e. a grant awarded solely upon a demographic criterion such as age), eligible recipients include people with significant incomes.<sup>103</sup> While OAS is income-tested, the claw-back starts at around \$75,000. Lowering the claw-back level of income was suggested<sup>104</sup>

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98 Ibid.

99 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1635 (Pamela Best); *Evidence*, 19 October 2017, 1545 (Pat Armstrong); *Evidence*, 3 October 2017, 1530 (Tammy Schirle).

100 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October, 1530 (Tammy Schirle); 1540 (Wanda Morris); *Evidence*, 2 November 2017, 1540 (Ian Lee).

101 Ibid.

102 Ibid.; *Evidence*, 5 October 2017, 1530 (Charles M. Beach).

103 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1530 (Tammy Schirle); *Evidence*, 2 November 2017, 1540 (Ian Lee).

104 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1645 (Richard Shillington, Adviser, Council on Aging of Ottawa).



A federal official described the flexibility of the CPP model, which allows low income seniors to access the program sooner while encouraging others with high incomes to delay receiving it until a later age.<sup>105</sup> In this vein, Richard Shillington from the Council on Aging of Ottawa stated,

I actually favour delaying OAS to 67, or even later over time, as long as you leave GIS where it is; or we could in fact debate moving GIS to age 60. You would, then, delay OAS for most seniors but keep in place income protections for seniors who are vulnerable from an income point of view.<sup>106</sup>

Furthermore, several witnesses noted that both OAS and GIS are indexed to inflation. If OAS and GIS were indexed to wages or gross domestic product growth, pension incomes would better keep pace with income growth in the working age population.<sup>107</sup>

It was also pointed out that the present rules disadvantage low-income immigrants who have lower OAS pensions because they have lived in Canada less than 40 years.<sup>108</sup>

Finally, witnesses thought that the levels of employment earnings exemptions (\$3,500 per year) were too low and the claw-back rates (50% or higher) for earned income and other forms of income were too high. They felt that these rules were too stringent and made it much harder for vulnerable seniors who are able to work to get ahead.<sup>109</sup> In this regard, it was also suggested that income exemptions include all income, not just employment income.<sup>110</sup>

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105 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1100 (Mrs. Nancy Milroy Swainson).

106 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1645 (Richard Shillington). It is noted further that, Over the last 18 months, the Government has passed several pieces of legislation and made several budget announcements that relate to seniors. [Bill C-15, An Act to implement certain provisions of the budget tabled in Parliament on March 22, 2016 and other measures](#), amended the *Old Age Security Act* to restore the age of eligibility for the Old Age Security pension (OAS) and the Guaranteed Income Supplement (GIS) to 65 years, and the age of eligibility for Allowances to 60 years. Bill C-15 further amended the *Old Age Security Act* to increase the GIS top-up for single seniors, effective [1 July 2016](#).

107 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1550 (Richard Shillington); [Evidence](#), 5 October 2017, 1545 (Mark Janson, Senior Pensions Officer, National Office Canadian Union of Public Employees); 1700 (Isobel Mackenzie). [Written submission from Anonymous Author](#), November 2017, p. 1.

108 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1635 (Bonnie-Jeanne MacDonald).

109 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1535 (Tammy Schirle).

110 [Written submission from the Canadian Association of Retired Persons](#), October 2017, p. 5. HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1610 (Richard Shillington).

## C. THE CANADA PENSION PLAN IS AN IMPORTANT PILLAR OF THE RETIREMENT INCOME SYSTEM

The Committee heard support for the recent CPP expansion but some witnesses suggested that it could have gone further.<sup>111</sup> With fewer workers having access to long term employment with secure pension benefits, younger generations are more likely to be reliant on the public pension system.<sup>112</sup> Witnesses also questioned why provisions that protect workers who need to drop out of the workforce periodically to engage in childrearing, caregiving or for reasons of disability were not included in the CPP expansion. It was argued that years of zero or low earnings pull CPP benefit levels down and unfairly penalize people who do “socially valuable work” or who are unable to work due to disability.<sup>113</sup>

There was also testimony related to CPP and low wage workers:

The big concern here is that when individuals while working are making contributions as low-income individuals, they're not going to reap the same rewards as a higher income senior when they start to pick up their CPP.<sup>114</sup>

To address this concern, it was noted that the plan to increase the Working Income Tax Benefit (WITB) makes sense.<sup>115</sup> The WITB is a refundable tax credit intended to provide tax relief for eligible working low-income individuals and families who are already in the workforce and to encourage other Canadians to enter the workforce. Increasing WITB can help lower earning workers fund their CPP rather than having to rely on GIS later.

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111 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1545 (Mark Jansons) and [Written submission from National Association of Federal Retirees](#), October 2017, p. 8. It is noted that [Bill C-26, An Act to amend the Canada Pension Plan, the Canada Pension Plan Investment Board Act and the Income Tax Act](#), amended CPP legislation in order to increase the level of CPP benefits that working Canadians and their dependants receive in the event of retirement, disability or death, subject to additional contributions. The legislation increases the maximum level of pensionable earnings by 14% as of 2025. The income replacement level of CPP retirement pensions will increase from one quarter of eligible earnings to one third. Additional contributions to fund the enhancement are scheduled to start in 2019. Also see, Finance Canada, [Backgrounder: Canada Pension Plan \(CPP\) Enhancement](#), 2016.

112 Ibid.

113 Ibid. It is noted that on 11 December 2017, it was announced that the federal and provincial finance ministers have agreed in principle to measures that will protect the value of CPP retirement benefits during periods of low or no earnings (e.g. when caregiving responsibilities or disability impact work). The details of such measures have yet to be made public. For more information please see: Finance Canada, [Further support for parents and persons with disabilities in the CPP Enhancement](#), 11 December 2017.

114 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1620 (Tammy Schirle).

115 See Government of Canada, Taxes, [Working income tax benefit](#).

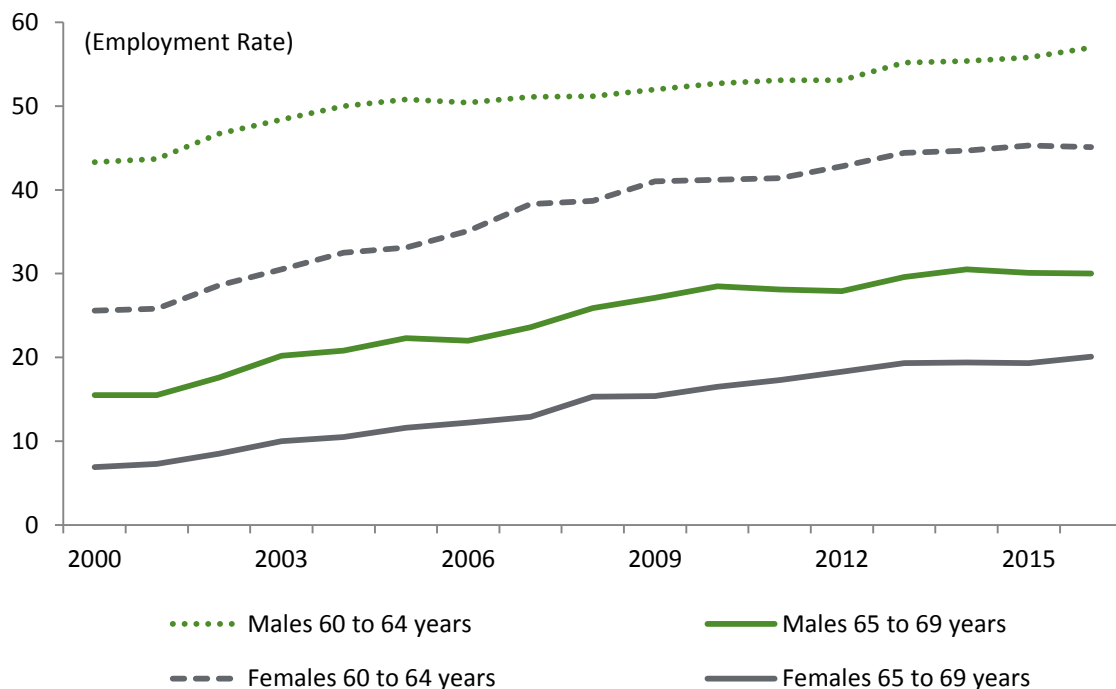


Witnesses suggested that enhancing WITB is prepaying future pensions with today's tax dollars rather than passing the cost down to the next generation.<sup>116</sup>

### D. MANY SENIORS ARE HEALTHY AND WANT TO STAY IN THE WORKFORCE LONGER

The Committee heard from several witnesses that Canadians are living longer and healthier lives, and that employment income can be an important part of the income security system as our society ages.<sup>117</sup> The trend of seniors working longer is illustrated in Figure 3.4. It was noted that the employment rate for men aged 65 to 69 nearly doubled between 2000 and 2016 from 15.5% to 30%. For women between the ages of 65 and 69, employment rose dramatically over the same period, albeit from a very low point, 6.9% in 2000 to 20.1% in 2016.<sup>118</sup>

**Figure 3.4: Employment Rates among People in Their 60s: 2000–2016**



Source: Figure prepared by the author using data obtained from Statistics Canada, Labour force survey estimates by sex and age, [CANSIM 282-000211](#).

116 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1620 (Tammy Schirle).

117 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1530 (Charles M. Beach).

118 Statistics Canada, Labour force survey estimates by sex and age, [CANSIM 282-000211](#).

Increases in longevity are coming with a growing number of healthy years, providing an opportunity and a challenge to enable people to work longer if they so wish. To take full advantage of these changing demographics the incentives need to be there, and thought needs to be given to reducing financial and other barriers for the people who do wish to work. Seniors are well positioned to take advantage of a “gig economy” that offers flexible work hours and self-employment options.<sup>119</sup> Technological advances related to medicine, mobility, eyesight, and hearing have the potential to accommodate older workers so that they remain active and productive at work.<sup>120</sup>

## E. PRIVATE WORKPLACE PENSIONS NEED PROTECTION

The Committee heard from several witnesses about the importance of protecting defined-benefit pensions. Wanda Morris of CARP (formerly known as Canadian Association of Retired Persons) and Mark Janson of the Canadian Union of Public Employees (CUPE) made references to the hardships being faced by some retirees (e.g. former Sears or Nortel employees) because bankruptcy laws fail, in their opinion, to adequately protect employee pensions and allow the employer to avoid delivering on their promises.<sup>121</sup>

Another witness noted that private pension benefits already being drawn can be reduced, creating additional stress for people who are already struggling on a fixed income.<sup>122</sup>

**Increases in longevity are coming with a growing number of healthy years. This provides an opportunity and a challenge to enable people to work longer if they so wish.**

The National Association of Federal Retirees and CUPE testified about problems they saw with Bill C-27, An Act to amend the Pension Benefits Standards Act, 1985, which, at the time of their appearance, was still at first reading before the House of Commons and

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119 For additional data on the workers 65 years and older please see Appendix C.

120 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1530 (Charles Beach).

121 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1625 (Wanda Morris); *Evidence*, 5 October 2017, 1550 (Mark Janson).

122 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1535 (Anne Repetowski, Outreach Worker, Grande Prairie and Area Council on Aging - Seniors Outreach).



had not received Royal Assent.<sup>123</sup> Both witnesses expressed concerns that the proposed legislation would give employers an unfair advantage by allowing them to renegotiate pension commitments and retroactively change the pension benefits retirees are presently receiving. This could in turn further erode income security for seniors.<sup>124</sup>

## F. REGISTERED RETIREMENT SAVINGS PLANS ARE NOT THE BEST SAVINGS OPTION FOR LOW-INCOME PEOPLE

Several witnesses echoed what the Committee heard in its recent study *Breaking the Cycle: A Study on Poverty Reduction*, with respect to the general lack of understanding of RRSP rules. People living in low-income need to know that RRSP withdrawals impact their GIS benefit.<sup>125</sup> Michael Veall, professor of economics at McMaster University, explained the problem:

Potential GIS recipients should not be contributing to RRSPs, at least until they have maxed out on their TFSAs.... As an example, suppose someone I will call Chris is 64 and puts \$1,000 in an RRSP. Chris is in the 20% tax bracket and therefore gets a tax refund that year of \$200. Then Chris becomes eligible for GIS at age 65.

Now when Chris takes that \$1,000 out of the RRSP, it is going to cost Chris much more than \$200. The GIS clawback will be at least \$500, and with other clawbacks and tax, it is possible to lose the whole \$1,000. Furthermore, if someone knows they are going to be GIS eligible, it is often better to take money out of an RRSP at age 64 and pay the tax on it then, rather than be subject to the clawback, especially if it enables a larger TFSA contribution.<sup>126</sup>

Michael Veall went on to say that it is not obvious how public policy can solve this problem. It is important to inform citizens who are not yet GIS recipients but likely will be when they are 65, to use TFSAs rather than RRSPs as their primary saving vehicle. In a written submission, he added that “we should all do what we can to publicize that for most low-income individuals, Tax-Free Savings Account contributions dominate Registered Retirement Savings Plan contributions.”<sup>127</sup> Moreover, for those with

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123 [Bill C-27](#), An Act to amend the Pension Benefits Standards Act, 1985, amends the Pension Benefits Standards Act, 1985 to provide a framework for the establishment, administration and supervision of target benefit plans. It also amends the Act to permit pension plan administrators to purchase immediate or deferred life annuities for former members or survivors so as to satisfy an obligation to provide pension benefits if the obligation arises from a defined benefit provision. HUMA, [Evidence](#), 5 October 2017, 1550 (Mark Janson).

124 [Written submission from the Canadian Union of Public Employees](#), October 2017, p 3, and [Written submission from National Association of Federal Retirees](#), October 2017, p. 8.

125 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1550 (Mr. Richard Shillington), [Written submission from Michael R. Veall](#), October 2017, p. 2.

126 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1545 (Michael R. Veall).

127 [Written submission from Michael Veall](#), pp. 1-2.

significant RRSP holdings, it may well be beneficial to consult a qualified financial planner so as to ensure that all of the rules relating to RRSPs and Registered Retirement Income Funds along with their impact on GIS, are well understood.<sup>128</sup>

## G. HOME EQUITY, UNDER THE RIGHT CIRCUMSTANCES, CAN BE A SOURCE OF INCOME SECURITY

Financial instruments that allow seniors to take advantage of the value of their homes while remaining in them, sometimes referred to as reverse mortgages, have the potential to help many maintain their standard of living in retirement, according to some witnesses.<sup>129</sup> For instance, Thomas Davidoff, professor at the Sauder School of Business at the University of British Columbia said:

In markets like Victoria, Toronto, and of course Vancouver, there are countless seniors with enormous home equity holdings but maybe rather meagre retirement wealth and income, so finding a way to use home equity to finance seniors' retirement is something I think you should put considerable thought into.<sup>130</sup>

**“[W]e should all do what we can to publicize that for most low-income individuals, Tax-Free Savings Account contributions dominate Registered Retirement Savings Plan contributions.”**

The Committee heard that reverse mortgages are a very small portion of the financial and retirement industry in Canada but that they hold potential.<sup>131</sup> It was pointed out, however, that reverse mortgages are not appropriate for everyone. It was noted further that reverse mortgages worked well in jurisdictions where government insurance is available for the product. In addition, these jurisdictions offer standardized products

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128 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1545 (Michael R. Veall). A [registered retirement income fund](#) (RRIFs) is an arrangement with an insurance company, a trust company or a bank. Funds from an RRSP, a PRPP, an RPP, an SPP, or from another RRIF, and the carrier makes payments to you. The minimum amount must be paid in the year following the year the RRIF is entered into. Earnings in a RRIF are tax-free and amounts paid out of a RRIF are taxable on receipt.

129 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1635 (Yvonne Ziomecki, Executive Vice-President, HomEquity Bank) and HUMA, *Evidence*, 2 November 2017, 1530 (Thomas Davidoff, associate professor, Sauder School of Business, University of British Columbia, As an Individual).

130 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1530 (Thomas Davidoff).

131 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017 1635 (Yvonne Ziomecki).



with provisions for a non-growing balance that are monitored and regulated by a government entity.<sup>132</sup> Another analysis of retirement income by two Carleton University professors saw merit in exploring reverse mortgages, with the proviso that “[p]ublic policies are needed to ensure that proper reverse mortgage regulation and tax issues are in place.”<sup>133</sup>

## H. FINANCIAL LITERACY NEEDS TO BE COMBINED WITH PROGRAMS AND FINANCIAL PRODUCTS THAT ARE EASIER TO UNDERSTAND

It was noted that many seniors have increasing debt levels: maxed out credit cards, payday loans with high interest rates and Canada Revenue Agency arrears. While witnesses suggested that financial literacy was important to address this issue, they felt it was not a “silver bullet” and should be accompanied by other measures.<sup>134</sup>

We put far too much emphasis on financial literacy and consumers and not nearly enough on how we can make that process simpler, fair, and more accessible.<sup>135</sup>

Many thought that both government programs and financial services needed to be simpler and that seniors needed multiple ways of accessing information, including in-person services.<sup>136</sup> According to Lola-Dawn Fennell, “[s]o much information that is available to seniors now is becoming available only via the Internet, and we have a large number of seniors who do not use computers.”<sup>137</sup> In other cases, seniors are living in communities that do not have reliable, or even any, Internet connectivity.<sup>138</sup>

It was noted further that having access to knowledgeable government workers who could explain things and help fill out applications was essential. It is not sufficient to inform people that the information is available online or that they should visit a non-profit service provider in their area.<sup>139</sup> According to Richard Shillington, “I’ve been on the phone with many seniors who are missing out on benefits they’re entitled to

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132 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1530 (Thomas Davidoff).

133 Vijay Jog and Ian Lee, “Reforming Canada’s Retirement Savings System - Solutions For A Non-Existent Problem?,” *Public Finance and Management*, 2016.

134 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1645 (Richard Shillington).

135 *Ibid.*, 1700 (Wanda Morris).

136 *Ibid.*, 1615 (Lola-Dawn Fennell).

137 *Ibid.*

138 [Written submission from Réseau FADOQ](#), October 2017, p. 12.

139 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1600 (Lola-Dawn Fennell).



because they couldn't navigate the system or were not aware that they were eligible.”<sup>140</sup> A brief submitted by the Little Brothers Organization points out that many seniors left the workforce before technology was in such widespread use and may not have access to either computers or their own telephones. They called for “parallel access points that enable persons with disabilities to access the services intended for them and to ensure individualized, in-person access to services so that, despite advanced age and growing obstacles, vulnerable seniors can continue to exercise their rights.”<sup>141</sup>

## I. ELDER ABUSE IS A SERIOUS PROBLEM

Witnesses told the Committee that more needed to be done to protect vulnerable seniors with respect to their financial resources.<sup>142</sup> Anna Romano, Director General, Public Health Agency of Canada told the Committee that, “an estimated 8.2% of older Canadians experience some form of psychological, physical, sexual or financial abuse.”<sup>143</sup>

**“We put far too much emphasis on financial literacy and consumers and not nearly enough on how we can make that process simpler, fair, and more accessible.”**

It was explained that financial abuse is increasing and that financial vulnerability puts seniors at an increased risk of other types of abuse.<sup>144</sup> As Lola-Dawn Fennell of the Prince George Council of Seniors explained:

I see more elder abuse as younger people also struggle. I worry about the technological gap between those with access to information and those without.... When I first started this job a decade ago, that happened once in a while; now it's commonplace.<sup>145</sup>

The Committee was made aware of important Statistics Canada survey data showing that in 2015 more than 9,900 seniors were victims of police-reported violent crimes in Canada. Of these victims, one-third (33%) were victimized by a grown child, spouse, sibling or extended family member (at a rate of 60 per 100,000 population). Figure 3.5 illustrates that

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140 Ibid., 1550 (Richard Shillington).

141 [Written submission from the Little Brothers Organization](#), 10 November 2017, p. 4.

142 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1600 (Lola-Dawn Fennell).

143 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1135 (Anna Romano).

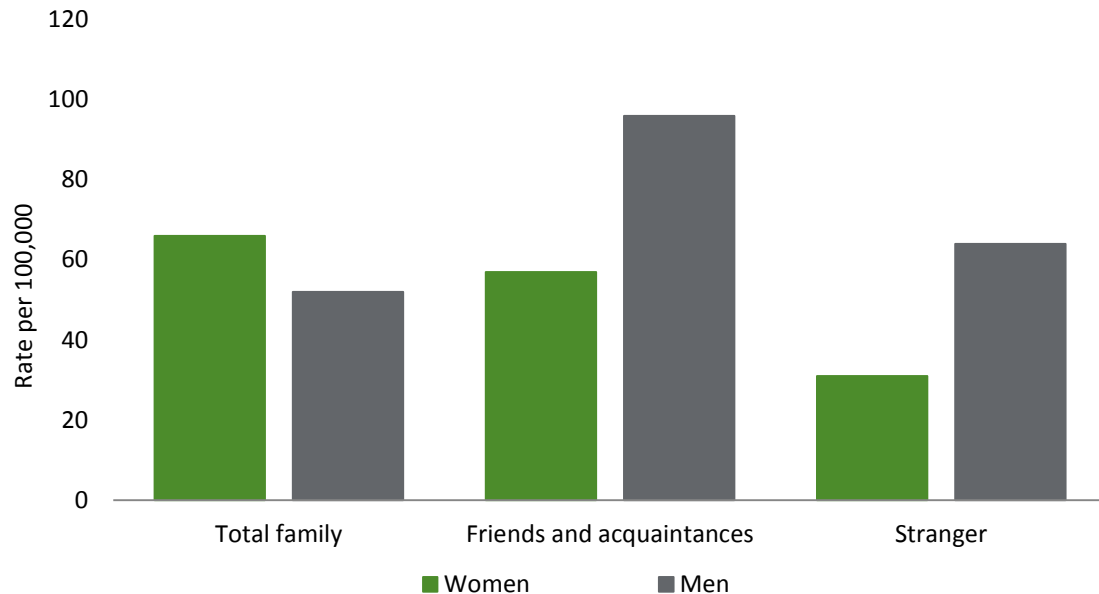
144 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1600 (Lola-Dawn Fennell). [Written submission from Jen Romnes](#), October 2017.

145 Ibid.



women were more likely to be victimized by a family member (a rate of 66 per 100,000 population). Men are more likely to be victimized by a friend or a stranger.<sup>146</sup>

**Figure 3.5: Senior victims of police-reported violent crimes by relationship of accused to victim: Rate per 100,000 population**



Source: Statistics Canada, [Senior victims of police-reported violent crime, by sex of victim and relationship of accused to victim](#), Canada, 2015

The Committee heard that the government's efforts in this area have focussed on developing tools and resources to raise awareness among the general public and health professionals. The government is also supporting the collection of elder abuse data as part of the Canadian Longitudinal Study on Aging.<sup>147</sup> It was pointed out that there were measures that the government could be taking to better protect seniors from financial abuse. For example, bank tellers could be trained and required to report instances where there is reasonable suspicion that an elder is being exploited by a family member or someone in a position of trust.<sup>148</sup> Several witnesses told the Committee that more could be done to educate seniors and the general population.<sup>149</sup>

146 See: Statistics Canada, [Senior victims of police-reported violent crime, by sex of victim and relationship of accused to victim](#), Canada, 2015.

147 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1135 (Anna Romano).

148 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1645 (Richard Shillington).

149 *Ibid.*, 1640 (Wanda Morris, Yvonne Ziomecki).

## J. INCOME IS ONLY HALF THE STORY

The Committee heard that, “[i]ncome is only half of the equation. The other half is the expenses the senior has to pay out of pocket for what have become the necessities of life at the age of 85 or 90.”<sup>150</sup> As discussed in the next chapter, numerous witnesses explained that the federal government’s efforts to improve income security for all seniors will not succeed in the face of inadequate access to suitable affordable housing and necessary health and homecare services.<sup>151</sup>

### 1. Lack of affordable housing can undermine income security

The importance of having access to suitable affordable housing was a message that was echoed by numerous witnesses.<sup>152</sup> According to CARP, “With respect to the question of how the government can improve income security for vulnerable seniors, the biggest challenge is to improve affordable housing.”<sup>153</sup>

“...the biggest challenge is to improve affordable housing.”

#### a. Suitability and accessibility are related aspects of housing affordability

The costs related to making one’s present home more accessible and therefore suitable for aging in place are important aspects of housing affordability. Réseau FADOQ explained that investments in the development and construction of affordable housing specifically for seniors should offer supports to age in place for as long as possible.<sup>154</sup>

Réseau FADOQ also cited their own research on the high cost of rent in private seniors’ residences. Their research suggests that some seniors would like to move to a seniors’ residence that can better meet their needs but the cost is prohibitive, “Faced with this situation, these seniors may choose to remain in a less suitable environment, which often increases the risk of accelerated aging and may even cause a greater loss of autonomy.”<sup>155</sup>

150 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1645 (Isobel Mackenzie).

151 Ibid.; [Evidence](#), 3 October 2017, 1540 (Wanda Morris) and 1600 (Lola-Dawn Fennell).

152 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1540 (Wanda Morris). [Written submission from the Canadian Nurses Association](#), October 2017, p. 2-3; [Written submission from the Canadian Union of Public Employees](#), October 2017, p. 3.

153 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1540 (Wanda Morris).

154 [Written submission from Réseau FADOQ](#), October 2017, p. 11.

155 Ibid.



The Committee also heard about how costs were a barrier for many homeowners who wanted to make modifications to their homes to improve accessibility and suitability. The Committee heard that offering more incentives to homeowners of all ages through tax credits as part of a broader national program to encourage accessibility-related renovations would help seniors who need to make modifications now but would also help the entire population to age in place in the future.<sup>156</sup>

## 2. The costs of home and health services also undermine income security

The Committee heard that there can be considerable variation across provinces and territories with respect to the level and kinds of home and health services supports that are publically funded. Isobel Mackenzie noted: “Some provinces provide partial coverage for such things as mobility aids. Some provinces provide free housekeeping. Some provide dental care. Others provide nothing. No one provides it all.”<sup>157</sup> Ms. Mackenzie went on to explain that the situation is further complicated by seniors who are covered by private benefits plans that are purchased or received as part of a workplace retirement benefit.<sup>158</sup>

The crisis, however, comes when people develop chronic health conditions at advanced ages. As Bonnie-Jeanne MacDonald, Actuary and Senior Research Fellow at the Ted Rogers School of Management of Ryerson University explained, “Once you develop a chronic health condition, you don't have the option to go back to work and you cannot curb spending because the associated costs are not voluntary costs: they're fixed costs, and they cannot be postponed.”<sup>159</sup>

Moreover, the higher one's income, the more likely one is to be covered by a benefit plan which could help cover some of these fixed costs. Research conducted by the Office of the Seniors Advocate of British Columbia found that 65% of low-income seniors, or households under \$30,000, had no supplemental benefits coverage.<sup>160</sup> The largest financial burden is therefore falling upon those with the least ability to pay.<sup>161</sup>

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156 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1540 (Donald Shiner).

157 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1600 (Isobel Mackenzie).

158 Ibid.

159 Ibid., 1535 (Bonnie-Jeanne MacDonald).

160 Ibid., 1600 (Isobel Mackenzie).

161 Ibid.

### 3. Informal caregivers are essential for making necessary home and health services affordable

Family caregivers are essential for promoting well-being and for allowing older adults to age in place, yet the Committee heard often that government is not doing enough to support informal (or unpaid) caregivers.<sup>162</sup>

According to a Canadian Medical Association study, most home care in Canada is provided informally by unpaid family, friends, and neighbours. In fact, the Conference Board of Canada report in 2007 estimated that unpaid caregivers provide ten times more hours of home care than paid workers.<sup>163</sup>

While it is difficult to estimate financial costs related to caregiving, several witnesses referenced a recent report by CIBC Capital Markets entitled *Who Cares: The Economics of Caring for Aging Parents*, which estimates the total cost in 2017 for caregiving at \$33 billion.<sup>164</sup> This includes out-of-pocket expenses (about \$6 billion) that the working age population spends to care for aging parents and relatives, and about \$27 billion in lost income and foregone vacation time.<sup>165</sup>

The Committee heard that at present the Canada Caregiver Credit offers limited benefit, as it is a non-refundable tax credit and benefits only those who pay taxes.<sup>166</sup> It does not help the individuals who have quit their jobs to provide full-time care or those who are only earning limited incomes.<sup>167</sup>

The Committee also heard that employees with caregiving responsibilities can find themselves in a vulnerable position if they need to take time off work or request a more flexible schedule in order to accommodate their caregiving responsibilities.<sup>168</sup>

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162 [Written submission from Nurses enrolled in Trinity Western University's Master of Science in Nursing](#), October 2017, p. 5.; [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1605 (Susan Westhaver, Client Volunteer, Langley Hospice Society) and 1545 (Leighton McDonald); [Evidence](#), 7 November 2017, 1550 (Michèle Osborne).

163 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1105 (Mr. Marc Serré Member of Parliament for Nickel Belt).

164 CIBC Capital Markets. *Who Cares: The Economics of Caring For Aging Parents*, May 2017.

165 Ibid.

166 Canada Revenue Agency, [Consolidation of Caregiver Credits](#).

167 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1545 (Wanda Morris).

168 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1545 (Leighton McDonald).



#### 4. Longevity and long-term care insurance was also explained as something that could improve income security

The Committee heard that widespread ownership of long-term care insurance could help reduce financial pressures on individuals, families and governments in the future. Long-term care insurance typically provides daily or monthly cash benefits that can be used at the discretion of the policyholder to fund costs associated with their care, whether they stay at home with nursing care, or seek out care in a private long-term care facility. It allows individuals to take action now, buying a policy and paying premiums, in order to finance possible future long-term care needs.

The Committee also heard that long-term care policies can be extraordinarily expensive. In addition, because of the existence of the publicly funded long-term care facilities, private insurance is difficult to make work.<sup>169</sup>

The Committee heard that publicly administered longevity insurance is successful in other places in the world but is available in Canada only as an option from private-sector insurance companies. Such public insurance plans are sometimes called “long-term care insurance” or “autonomy insurance.” In Japan, for example, which has the largest proportion of seniors among OECD countries,<sup>170</sup> a long-term care insurance was introduced in 2000 with mixed sources of funding:<sup>171</sup> from taxes (45%), from social contributions (45%) and from cost-sharing (10%). One witness told the Committee that longevity insurance at the federal level could allow people to integrate their RRSP or a portion of their savings and put it into a pool, and that “[t]his pool would pay out a guaranteed income for those among them who live past age 85, the time at which they will develop chronic health conditions.”<sup>172</sup> This witness, in a later article, elaborated that such a plan would be “a national program, giving retiring Canadians (e.g., ages 60 to 65) the option to buy into a pooled fund that provides a stable income stream starting at age 85 and continuing until death.”<sup>173</sup>

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169 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1530 (Thomas Davidoff).

170 OECD, “[Country Note: Japan – A Good Life in Old Age](#),” OECD Publishing, June 2013.

171 Ibid.

172 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1535 (Bonnie-Jeanne MacDonald).

173 Bonnie-Jeanne MacDonald, [Headed for the Poorhouse: How to Ensure Seniors Don’t Run Out of Cash before they Run Out of Time](#), C.D. Howe Institute, January 2018, p. 2.

The difficulty with longevity insurance is that only the healthiest people have incentive to buy it. In her testimony, Bonnie-Jeanne MacDonald explained that:

[i]f you do it as a national program, that does amazing things in terms of reducing the cost, because a lot more people will buy it. What we know about seniors is that they actually want this protection in later life. Again, this is a way to help Canada's economy later on, because we are getting the people with the money and the savings to save the money for when they need it so that they don't become dependent on the state later on in their retirement.<sup>174</sup>

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174    *ibid.*





## CHAPTER 4: SOCIAL INCLUSION

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### 4.1 DESCRIPTION OF CURRENT PROGRAMS

In his appearance before the Committee, the Honourable Jean-Yves Duclos, identified the four policy goals of the government's current seniors' agenda: "(a) improving seniors' access to affordable housing, (b) improving the income security of seniors, (c) promoting healthy aging and improving access to health care, and (d) fostering the social inclusion and engagement of seniors."<sup>175</sup> The previous chapter focussed on income security and affordable housing, health and homecare services. This chapter will focus on the priority areas related to social inclusion, healthy aging and engagement.

**Social inclusion is defined as the process of improving the chance of participation in society, particularly for people who are disadvantaged...**

Testimony before the Committee indicated that housing is central, not only to income security, but also to aging in place; which in turn relies on access to home- and community-based health and social services, age-friendly communities, and informal caregiving. These are the themes described in greater detail in this chapter. Many of these themes are the responsibility of provincial and territorial governments, or are shared between federal and provincial/territorial and sometimes municipal governments. However, the federal government has primary responsibility for funding and programming for seniors who are also Indigenous, veterans, or Canadians incarcerated in federal prisons.

### A. FEDERAL INITIATIVES

#### 1. For veterans

In addition to income support programs, Veterans Affairs Canada provides program funding for health and wellness initiatives. As described by Elizabeth Douglas, Director General of Service Delivery and Program Management with the Department, provincial

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175 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1210 (Hon. Jean-Yves Duclos, Minister of Families, Children and Social Development).



or regional health authorities assess veterans to determine whether they are able to “age in place” in their homes, or whether they require residential long-term care.<sup>176</sup>

For those able to remain in their homes, the Veterans Independence Program (VIP) acts to “complement existing [federal, provincial or municipal] programs,” with the intention to help veterans “remain independent and self-sufficient” at home and in the larger community.<sup>177</sup> Qualified veterans may receive financial assistance to obtain services such as: “grounds maintenance; housekeeping; personal care; access to nutrition; as well as health and support services provided by a health professional.”<sup>178</sup>

The program aims at providing an alternative to institutional care, supporting the independence of older veterans and allowing them to “age in place” in their own homes.<sup>179</sup>

The early intervention and support provided through the [VIP] program provide the benefits of improved long-term health and socio-economic conditions, increased independence and self-sufficiency through delayed or avoided institutionalization, and improved quality of life for both the veteran and their families.<sup>180</sup>

For qualified veterans in need of residential care, the Department provides financial support in two long-term care settings: those that give priority to veterans, and those that are available to all, including veterans.<sup>181</sup> Eligibility for this program is based on several factors, including health care need, service-related disability, income, and military service.<sup>182</sup>

## 2. For Indigenous peoples

Indigenous Services Canada administers the Assisted Living Program, which provides funds to identified service providers to help provide non-medical social support services to people living on-reserve. Its two components are: In-Home Care and Institutional Care. Both components support low-income seniors, adults of any age who have chronic illness and children and adults with mental and physical disabilities depending on their

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176 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1120 (Elizabeth Douglas, Director General, Service Delivery and Program Management, Department of Veterans Affairs).

177 Veterans Affairs Canada, *Veterans Independence Program*.

178 Ibid.

179 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1150 (Elizabeth Douglas).

180 Ibid.

181 Veterans Affairs Canada, *Long Term Care*.

182 Ibid.

level of needs.<sup>183</sup> In-Home care is designed to help individuals in these groups “maintain functional independence while remaining in their homes and their communities,” while Institutional Care provides services to individuals in those groups who are “unable to live independently and who must be cared for in an institutional setting, such as a nursing home or personal care home.”<sup>184</sup>

The Director General of the Community Infrastructure Branch in the Department of Indigenous and Northern Affairs told the Committee that the Department “provides an average of \$146 million annually, directly to First Nations, for housing support. This funding can be used at their discretion to meet a range of housing needs, including adapting the homes of their members...”<sup>185</sup> She also described initiatives “to improve the wellness of Indigenous peoples by addressing the socio-economic challenges they face,” and a commitment to “continuing the collaboration with Indigenous leaders and communities, provinces and territories, and other key partners, on improving socio-economic conditions for vulnerable Indigenous seniors in Canada.”<sup>186</sup>

### 3. For federal prisoners

Correctional Service Canada (CSC) is responsible for “administering court-imposed sentences of two years or more, including conditional release supervision of offenders in the community.”<sup>187</sup> The Commissioner of CSC, Don Head, told the Committee that “22% of federal offenders are between the ages of 50 and 64 years, and approximately 7% of the federal offenders are aged 65 years and older.”<sup>188</sup> Rather than chronological age, however, the Commissioner explained to the Committee, “It is the combination of age and functional impairment, often related to the presence of multiple chronic diseases, that determine the unique needs of the older offender.”<sup>189</sup>

Offenders’ health needs are assessed upon admission and regularly thereafter according to the Commissioner, and those in need are treated in CSC health centres, or by

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183 See Indigenous and Northern Affairs Canada, *Assisted Living Program* and HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1115 (Lyse Langevin).

184 Ibid.

185 Ibid.

186 Ibid.

187 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1130 (Don Head, Commissioner, Correctional Service of Canada).

188 Ibid.

189 Ibid.



community services where necessary for “specialized care.”<sup>190</sup> Palliative care<sup>191</sup> is provided in an institution, supported by “volunteers, clergy and palliative care specialists” or within a CSC hospital.<sup>192</sup>

In 2010, the Office of the Correctional Investigator recommended that CSC “prepare a national older offender strategy for 2011-12 that includes a geriatric release component as well as enhanced post-release supports.”<sup>193</sup> This recommendation was repeated in the Investigator’s most recent report.<sup>194</sup> The Commissioner told the Committee that CSC was working to “develop [an older offender] strategy.”<sup>195</sup> The strategy is scheduled to be completed by 30 March 2018.<sup>196</sup>

#### 4. New Horizons for Seniors

The New Horizons for Seniors Program was described by Minister Duclos at the first meeting of this study as having a “specific objective of help for seniors by seniors.”<sup>197</sup> This view was echoed by Nancy Milroy Swainson, Director General, Seniors and Pensions Policy Secretariat, within the Department of Employment and Social Development,<sup>198</sup> who listed the specific objectives of this program as follows:

[O]ne, to promote volunteerism among seniors; two, to foster mentoring by seniors; three, to expand awareness of all forms of elder abuse; four, to support the social participation and inclusion of seniors; and five, to provide capital assistance for community programs and projects for seniors.<sup>199</sup>

She added that more than \$40 million is provided to “small community-based projects that are led or inspired by seniors, and to large pan-Canadian projects that address

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190 Ibid.

191 The World Health Organization [defines](#) palliative care as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

192 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1130 (Don Head).

193 Office of the Correctional Investigator, [2010-11 Annual Report: Background on Older Offenders](#).

194 Office of the Correctional Investigator, [Annual Report 2016-2017](#), p. 67.

195 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1135 (Don Head).

196 Ibid.

197 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1235 (Hon. Jean-Yves Duclos).

198 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1105 (Nancy Milroy Swainson).

199 Ibid.

issues such as elder abuse and social isolation.<sup>200</sup> The Financial Literacy Leader from the Financial Consumer Agency of Canada told the Committee that this program “has helped to fund many programs in communities to help with the issue of financial abuse and fraud among seniors.”<sup>201</sup>

## 5. National Seniors Council

As noted in the introduction to this report, the motion that triggered this study called on the Committee to consider the role of the National Seniors Council with a view to broadening its mandate from its current role (i.e. to provide advice to the Government of Canada on current and emerging issues and opportunities related to the health, well-being and quality of life of seniors).<sup>202</sup> Minister Duclos informed the Committee that the Council reports to both him and the Minister of Health “on the challenges and opportunities related to the well-being and quality of life of seniors,” adding that the Council’s strength “lies in the expertise and experience of its members.”<sup>203</sup> He also said that final decisions with respect to the “future structure and mandate of the Council” had not been made but that the Committee’s study was the perfect context to provide input on this issue.<sup>204</sup> The Council’s membership, including new appointments and reappointments, is current as of June 2017.<sup>205</sup>

## B. JOINT FEDERAL/PROVINCIAL/TERRITORIAL INITIATIVES

In addition to federal programs described above, federal collaboration with, and federal transfers to provincial, territorial and even municipal governments support the social inclusion of older Canadians. The National Housing Strategy and the Canada Health and Social Transfers are described below.

### 1. National Housing Strategy

While the National Housing Strategy was launched after the Committee’s hearings had ended, government officials made reference to the strategy as it was being developed, assuring the Committee that seniors’ housing would be reflected in it. Minister Duclos

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200 Ibid.

201 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1600 (Jane Rooney, Financial Literacy Leader, Financial Consumer Agency of Canada).

202 *National Seniors Council*.

203 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1210 (Hon. Jean-Yves Duclos).

204 Ibid., 1235.

205 National Seniors Council, *Our Members*.



indicated that the purpose of the National Housing Strategy is “to re-establish federal leadership in housing, especially as it relates to the very important issue of housing for seniors.”<sup>206</sup>

The National Housing Strategy was released by Minister Duclos on 22 November 2017. It identifies seniors as a particularly vulnerable group and includes several measures targeted to this population. The co-investment fund component of the strategy, which will be cost-shared with provincial and territorial governments, municipalities, non-profits and the private sector, is expected to result in 12,000 new affordable units for seniors. According to the Strategy, this component will also “support partnerships with services to allow for seniors to age in place.”<sup>207</sup>

In addition, the Canada Housing Benefit, to be co-designed with provincial and territorial governments, will provide direct support to individuals and families in core housing need, and is expected to “reduce housing need for seniors by providing rental support.”<sup>208</sup> This benefit is expected to be launched in 2020–2021.<sup>209</sup>

## 2. Canada Health and Social Transfers

The Canada Health Transfer (CHT) and the Canada Social Transfer (CST) are the major means for providing the federal share of social programs administered by the provinces. The CHT is the largest major transfer to provinces and territories. It provides long-term predictable funding for health care, and supports the principles of the *Canada Health Act* which are: universality; comprehensiveness; portability; accessibility; and public administration. Starting in 2017-2018, the total CHT amount will grow in line with a three-year moving average of nominal Gross Domestic Product, with funding guaranteed to increase by at least 3% per year. In 2017-2018 the CHT is estimated to exceed \$37 billion.<sup>210</sup>

Minister Duclos told the Committee that the Minister of Health “leads our government’s efforts with respect to healthy aging and access to health care,” adding that “the Government of Canada has advanced a number of initiatives benefiting seniors, ranging

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206 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1210 (Hon. Jean-Yves Duclos).

207 Government of Canada, [Canada’s National Housing Strategy: A Place to Call Home](#), 2017, p. 26.

208 Ibid.

209 Ibid., p. 16.

210 Government of Canada. *Government Expenditure Plan and Main Estimates, 2017-2018*, [Major Transfer Payments](#).

from new funding for provinces and territories, to investing in home care,<sup>211</sup> to advancing the implementation of age-friendly communities in Canada,<sup>212</sup> to working with partners to address dementia.”<sup>213</sup> In addition, the federal government has been signing bilateral “accords” with provincial governments, which include additional funds to be dedicated to home care and mental health care.<sup>214</sup>

The CST is a federal block transfer to provinces and territories in support of post-secondary education, social assistance and social services. In 2017-2018, the CST is estimated to exceed \$13.5 billion.<sup>215</sup>

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211 For confirmation of government spending on home care, see Government of Canada, [Budget Implementation Act, 2017, No. 1](#), pp. 111-112.

212 For more information on government commitments with respect to age-friendly cities, see Public Health Agency of Canada, [2017-18 Departmental Plan](#).

213 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1210 (Hon. Jean-Yves Duclos). For more information on government commitments with respect to dementia, see Public Health Agency of Canada, [2017-18 Departmental Plan](#).

214 For more information, see [2017-18 Departmental Plan: Health Canada](#).

215 Government of Canada. *Government Expenditure Plan and Main Estimates, 2017-2018*, [Major Transfer Payments](#).





## 4.2 WHAT THE COMMITTEE HEARD

### A. SOCIAL ISOLATION HARMS SENIORS, WHILE ACTIVE PARTICIPATION BENEFITS THEM AND THOSE AROUND THEM

Witness testimony highlighted the negative impacts of social isolation on health and inclusion while others described the important contributions made by seniors to the overall quality of life in Canada. Several roles were identified, including volunteering, employment, and involvement in decisions that affect them.

#### 1. Social isolation leads to negative outcomes

A submission by AGE-WELL, a federally funded technology and aging network, described the pervasiveness of social isolation among seniors and its negative impacts. “Research indicates that as many as 43% of older adults living in the community feel socially isolated. The negative effects are well documented: depression, stress, functional decline, and death.”<sup>216</sup>

In addition, work by the National Seniors Council (in its studies on elder abuse, active aging, and low income among seniors) found that social isolation was “consistently identified as a problem, risk factor, barrier, or consequence experienced by many seniors.”<sup>217</sup> Its subsequent study on social isolation focussed on nine groups of vulnerable seniors: “Aboriginal seniors, seniors who are caregivers, immigrant seniors, LGBTQ2 seniors, seniors living alone, seniors living in remote or rural areas, low-income seniors and those living in poverty, seniors with mental health issues (including Alzheimer’s and other dementias), and seniors with health challenges or disabilities.”<sup>218</sup>

Testimony provided to the Committee echoed some of these themes, and identified additional factors contributing to social isolation: vision loss;<sup>219</sup> poverty;<sup>220</sup> racism;<sup>221</sup> being of advanced years and without access to transportation<sup>222</sup> (addressed in greater

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216 [Written submission from AGE-WELL](#), 20 October 2017, p. 2.

217 National Seniors Council, “Message from the Chair of the National Seniors Council,” [Report on the Social Isolation of Seniors](#), 2014.

218 National Seniors Council, [Who’s at Risk and What Can Be Done About It? A Review of the Literature on the Social Isolation of Different Groups of Seniors](#), February 2017, p. 1.

219 [Written submission from the Canadian National Institute for the Blind](#).

220 [Written submission from the Little Brothers Organization](#), 10 November 2017, p. 2.

221 [Written submission from The Canadian Nurses Association](#), October 2017, p. 4.

222 [Written submission from Health Policy Graduate Students, Trinity Western University](#), 20 October 2017, p. 2.



detail below); cultural minority status;<sup>223</sup> living in a rural environment;<sup>224</sup> and barriers created by the built environment.<sup>225</sup>

The solutions identified are also numerous. In addition to paid employment, volunteering, and participation in decision-making, virtually all testimony highlighted the importance of aging in place in reducing social isolation.

## 2. Paid employment can reduce social isolation

Testimony during this study highlighted the importance of paid employment not only for economic security for seniors, but also as a mechanism to sustain social networks. The Seniors Advocate for British Columbia stressed that sometimes there is no better way to address social isolation and engagement than through paid employment.<sup>226</sup>

On a related note, one research centre highlighted the challenges associated with withdrawal from the paid workforce, particularly for older men, “[F]or older men, the transition from paid work to retirement can be especially difficult and can impact negatively on their mental well-being.... They construct meaning and identity around paid work, and often feel a deep sense of loss on retirement.”<sup>227</sup>

## 3. Volunteering creates and nourishes social connections

As described in a 2013 publication from Volunteer Canada, social inclusion is among many benefits experienced by older volunteers. “Volunteering provides health benefits to older adults. It offers them significant physical, emotional and cognitive or brain health benefits. It also enhances social support, social inclusion and civic engagement.”<sup>228</sup> Recent Statistics Canada data show that the largest number of volunteer hours is contributed by “younger seniors,” aged 65 to 74, at an average of 231 hours per year.<sup>229</sup>

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223 [Written submission from S.U.C.C.E.S.S.](#), p. 5 and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1555 (Raza M. Mirza).

224 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1720 (Laurent Marcoux).

225 [Written submission from Vecova Centre for Disability Services and Research](#), November 2010, p. 4.

226 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1700 (Isobel Mackenzie).

227 [Written submission from NetwellCASALA](#), September 2017.

228 Suzanne L. Cook and Paula Speevak Sladowski, *Volunteering and Older Adults: Final Report*, Volunteer Canada, February 2013, p. 2.

229 Martin Turcotte, [Volunteering and charitable giving in Canada](#), Statistics Canada, 30 January 2015, p. 5.

Testimony to the Committee identified the involvement of volunteers as a contributor to social inclusion, including through Indigenous Friendship Centres. “This inclusion of Elders<sup>230</sup> in all aspects of the Friendship Centres helps reduce social isolation, while also recognizing and valuing the important contribution Elders and seniors make to Canadian society through volunteerism.”<sup>231</sup> In addition, many of the organizations appearing before the Committee and submitting briefs identified the crucial role of older volunteers in delivering the programs they offer to other seniors.<sup>232</sup>

There was widespread recognition of the positive contribution of the New Horizons for Seniors funding program in supporting volunteering by seniors,<sup>233</sup> with calls for a longer-term funding commitment for approved projects.<sup>234</sup>

#### 4. Decision-making processes need to be inclusive

Several witnesses identified the importance of involving seniors not only socially,<sup>235</sup> but also in matters that affect them, both to improve the programs and to engage seniors in their communities.<sup>236</sup> As described by a representative of the National Initiative for the Care of the Elderly, “it is crucial that decisions are made with older adults and not for older adults.”<sup>237</sup> Another witness, a gerontologist and educator, described the situation in the Netherlands related to the development of curriculum on the study of geriatrics

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230 In an Indigenous context, “an elder is given the title and recognition as elder by other elders of his/her respective community and nation. Also one does not have to be a senior citizen to be an elder.” For this definition and more information about the role of Elders, see Indigenous and Northern Affairs Canada, [Kumik: Council of Elders](#) (archived).

231 [Written submission from National Association of Friendship Centres](#), 10 November 2017, p. 5.

232 See for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1640 (Julie Mercier, Coordinator of Activities, Centre action générations des aînés de la Vallée-de-la-Lièvre) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1650 (Natalie Sonnen, Executive Director, Dying Healed).

233 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1625 (Kevin Smith) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1540 (Debra Hauptman, Chief Executive Officer, Langley Lodge, Langley Care Society).

234 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 November 2017, 1720 (Meredith Wright, Director of Speech-Language Pathology and Communication Health Assistants, Speech-Language & Audiology Canada); and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1550 (Janet Craik, Executive Director, Canadian Association of Occupational Therapists).

235 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1700 (Catherine Leviten-Reid, Associate Professor, Cape Breton University, as an Individual) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1540 (Irene Sheppard).

236 See for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1605 (John Beaney, Vice-President, Operations, Revera Inc.) and [Written submission from Raising the Profile Project, et. al.](#)

237 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1550 (Raza M. Mirza).



and gerontology, “they do include older adults in all the decisions they make at the university and college level.”<sup>238</sup>

## B. CANADIANS WANT TO AGE IN PLACE

**Aging in place means having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able.**

While estimates vary, a 2013 publication by Canada Mortgage and Housing Corporation (CMHC) reported that, “Approximately 85% of older Canadians would prefer to age in place,”<sup>239</sup> adding that “many seniors want and expect to age in place, and do not seriously consider alternative options until circumstances force them to do so.”<sup>240</sup> A wide range of policies and programs can support seniors in this preference, though testimony before the Committee focussed on four themes: housing,

age-friendly communities, home-care services, and caregiving by families and friends. Each is addressed in greater detail in subsequent sections of this report.

### 1. Housing needs to be affordable, adaptable, and accessible

The Committee heard about housing needs across the country, from the need for increased rental housing for seniors in Cape Breton,<sup>241</sup> to issues with zoning in Vancouver and around Toronto that permits only single-family housing,<sup>242</sup> and to calls to

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238 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1620 (Birgit Pianosi).

239 Canada Mortgage and Housing Corporation, *Housing for Older Canadians - The Definitive Guide to the Over-55 Market. Volume 1, Understanding the Market*, 2012, revised 2013 and 2015, p. 2.

240 Ibid., p. 27.

241 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1550 (Catherine Leviten-Reid).

242 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1630 (Thomas Davidoff).

ensure the continuing affordability of existing subsidized housing units.<sup>243</sup> Testimony by witnesses and in written submissions also considered affordability of housing as a critical factor in supporting seniors to stay in their homes and to “age in place”.

This message was also something the Committee heard in its recent study *Breaking the Cycle: A Study on Poverty Reduction*.<sup>244</sup> It was noted that affordable housing was an especially acute problem for First Nations seniors, recent immigrants, and seniors living in the metropolitan areas of Vancouver and Toronto.

Yet, in the intense focus on affordability, it can be easy to lose sight of important issues related to suitability. Accessibility and adaptability can be related to affordability but merit further scrutiny in their own right. They also play important roles in creating suitable housing which can delay and smooth transitions from completely independent living to more supported environments.<sup>245</sup>

According to CMHC, “[a]daptable housing design allows homes to be easily modified to meet changing needs over time, while reducing future renovation costs.”<sup>246</sup> As noted in the first section of this chapter, several federal initiatives fund such adaptation for particular populations. However, not all housing was designed in anticipation of such changes being required, and federal funding is not provided directly to homeowners or landlords to cover associated costs. Testimony described how older housing, for example, may not be sufficiently adaptable to allow someone with decreased mobility to stay in their home.<sup>247</sup> Research results from a study of seniors’ rental housing in Cape Breton were presented to the Committee, which also identified “design-related barriers to aging in place.”<sup>248</sup>

The Committee heard from the Canadian Association of Occupational Therapists, who identified several low-cost approaches to eliminating barriers that prevent people from living in their own homes, explaining that, “[O]ccupational therapists have a unique understanding of how individuals function in their living environment, and collaborate with home modification professionals to ensure that seniors’ needs and preferences are

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243 [Written submission from S.U.C.C.E.S.S.](#), p. 2 and [Written submission from The Canadian Nurses Association](#), October 2017, p. 3 See also Chapter 2 which presents Census data related to affordability and Chapter 3 which underlines in witness testimony and submissions how housing affordability is a major factor in economic security for seniors, and varies substantially across Canada and between urban, rural and remote communities.

244 HUMA, [Breaking the Cycle: A Study on Poverty Reduction](#), May 2017.

245 Ibid.

246 CMHC, [Adaptable Housing](#).

247 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1535 (Donald Shiner).

248 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1550 (Catherine Leviten-Reid).



met.”<sup>249</sup> Testimony calling for the removal of physical barriers in the home was echoed by the Vecova Centre for Disability Services and Research.<sup>250</sup> Minister Duclos even noted that seniors often “require adaptation to their housing in order for them to stay at home and to live well.” The Minister went on to tell the Committee that the forthcoming federal accessibility legislation would address this issue.

Finally, numerous witnesses suggested that accessibility should be encouraged<sup>251</sup> or even required in new construction,<sup>252</sup> as has been done in the United Kingdom and Japan.<sup>253</sup> Other testimony called for the implementation of “universal accessibility standards for all new construction financed with public funds,”<sup>254</sup> or for making it a criterion “for awarding funds for new infrastructure or renovations to existing infrastructure.”<sup>255</sup>

### **a. Accessible housing can support transitions across a continuum of care needs**

Health professionals refer to a “continuum of care” for Canadians as follows:

The continuum of care may be defined as the array of health services that spans the range over the life course from primary care (including prevention and health promotion) through institutionally based secondary and tertiary care to community and home-based services that promote health maintenance, rehabilitation and palliation at the end of life.<sup>256</sup>

To meet these health needs and more generally support the social inclusion of seniors, a range of housing transitions are possible and, for many seniors, likely: from private home ownership (and home care as required), to institutional assisted or supported living, to longer term care, and finally perhaps to a palliative care facility.<sup>257</sup> As posed by Leighton McDonald, representing the Canadian Home Care Association before the Committee, “If you have well seniors on this side, and seniors needing palliative care on that side, what

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249 [Written submission from Canadian Association of Occupational Therapists](#), 19 October 2017, p. 5.

250 [Written submission from Vecova Centre for Disability Services and Research](#), November 2010, p. 4.

251 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1540 (Donald Shiner).

252 [Written submission from CARP](#), October 2017, p. 2.

253 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1645 and 1705 (Glenn Miller, Senior Associate, Canadian Urban Institute).

254 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1555 (Danis Prud'homme, Chief Executive Officer, Réseau FADOQ).

255 [Written submission from the National Association of Federal Retirees](#), p. 6.

256 Canadian Medical Association, “[Funding the Continuum of Care](#),” *CMA Policy*, 2010, p. 1.

257 For a description of some of the housing options that fill that gap, see CMHC, [Housing options for seniors](#), 2016.

are all the services required across the board, and how do we make sure we have that infrastructure in place?”<sup>258</sup>

With broad agreement among witnesses and across written submissions that acute care facilities should rarely and only briefly house seniors in this transition,<sup>259</sup> the focus was largely on “aging at home”, (home care is discussed in greater detail below). However, some testimony pointed out that other options are sometimes necessary. “Aging in place” is not a “silver bullet,” as described by the Chief Executive Officer of Langley Lodge, pointing out that maintaining independence is particularly challenging for older seniors who live alone.<sup>260</sup>

Even with home care and caregiving by friends and family (discussed in greater detail below), testimony to the Committee noted that some needs cannot be met in an individual’s home. Pat Armstrong, representing the Canadian Centre for Policy Alternatives before the Committee said, “The aging-in-place solution ... ignores the fact that many people require skilled care that cannot easily be provided by partners and friends, who are themselves getting older, and it ignores the fact that many people live in places unsuitable for those with very heavy care needs.”<sup>261</sup>

Her testimony continued, with a focus on working conditions for staff providing services in home care and in long-term and other residential care facilities:

For those who can be cared for at home, we need to provide enough paid staff with appropriate skills, and create working conditions that ensure quality of life for those who provide, as well as for those who need, care... [In residential care,] we need to understand the importance of not only having enough staff but also having enough staff with appropriate education and conditions that ensure continuity in staff.<sup>262</sup>

A Conference Board report commissioned by the Canadian Medical Association and mentioned in testimony,<sup>263</sup> anticipated the shift from long-term care to home care, and still concluded that by 2035, an additional 199,000 new long-term care beds will be needed

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258 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1705 (Leighton McDonald).

259 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1635 (Laurent Marcoux); HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1615 (Lisa Sullivan, Executive Director, Hospice Care Ottawa) and [Written submission from CARP](#), October 2017, p. 6.

260 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1615 (Debra Hauptman).

261 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1540 (Pat Armstrong).

262 Ibid., 1545.

263 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1555 (Laurent Marcoux). Please also see: [Understanding Health and Social Services for Seniors in Canada](#), Conference Board of Canada, 2015.



to accommodate new demand.<sup>264</sup> Other testimony flagged the increasing need for long-term care, highlighting the need for renovation and construction of such facilities.<sup>265</sup>

The Committee also heard testimony related specifically to palliative care for seniors, whether in their homes, in residential care, or in acute care facilities. The Committee learned that the supply and demand for palliative care are not matched. “It is estimated that 90% of Canadians will require care and support at the end of life, yet currently less than a third of Canadians are estimated to have access to high-quality palliative care services.”<sup>266</sup> Other testimony reported that, “only 16% to 30% of Canadians who die have access to or receive hospice palliative or end-of-life care.”<sup>267</sup> Some testimony proposed increased funding to meet the growing demand for end-of-life care.<sup>268</sup>

In particular, testimony with respect to hospice facilities offering palliative care emphasized the support for both the person facing end of life and the family members, who are often seniors themselves.<sup>269</sup>

**“For those who can be cared for at home, we need to provide enough paid staff with appropriate skills, and create working conditions that ensure quality of life for those who provide, as well as for those who need, care... [In residential care,] we need to understand the importance of not only having enough staff but also having enough staff with appropriate education and conditions that ensure continuity in staff.”**

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- 264 Robyn Gibbard, *Sizing Up the Challenge: Meeting the Demand for Long-Term Care in Canada*, Conference Board of Canada, 27 November 2017, p. 3.
- 265 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1645 (Debra Hauptman) and [Written submission from the Canadian Association for Long-Term Care](#), 20 October 2017.
- 266 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1540 (Melissa De Boer, Student, School of Nursing, Trinity Western University, as an individual).
- 267 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1550 (Lisa Sullivan).
- 268 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1540 (Andrea Dresselhuis, Student, School of Nursing, Trinity Western University, as an individual) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1550 (Janet Craik).
- 269 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1600 (Susan Westhaver) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1550 (Lisa Sullivan).



## b. Innovative housing models can support aging in place

Marika Albert, the executive director of the Community Social Planning Council of Victoria, described co-housing “as a model to support accessibility, affordability, and aging in place.”<sup>270</sup> She defined it, in the British Columbia context, as “a neighbourhood design that combines the independence of private homes—condo-sized units—with the advantages of shared amenities similar to co-operatives, and a village-style support system,” which she also described as a “co-care model.”<sup>271</sup> While co-housing is based on a private ownership model, Ms. Albert suggested that the co-care element could be adapted to co-operative housing.<sup>272</sup> This model was supported by other testimony as promising, possibly providing “friendship and community feeling”.<sup>273</sup> A proposal from CARP encouraged funding and removing barriers in order to support innovative housing arrangements such as co-housing.<sup>274</sup>

The Chief Executive Officer of Réseau FADOQ told the Committee that intergenerational housing developments contribute to “inclusion [and] keeping people active.”<sup>275</sup> The Coalition for Healthy Aging Manitoba and the Manitoba Seniors Coalition both called for federal funding for innovative housing approaches, including intergenerational housing.<sup>276</sup>

## C. MORE FOCUS IS NEEDED ON THE COMMUNITY

In her testimony before the Committee, the representative from the Public Health Agency of Canada told the Committee of the Agency’s work with provincial and territorial governments and other stakeholders “to help communities become more age friendly,” with focus on “multiple aspects of community life, including transportation, housing, social participation, and inclusion.”<sup>277</sup> Her testimony continued, “An age-friendly community recognizes that seniors have a wide range of skills and abilities, respects their decisions and lifestyle choices, and supports seniors who are vulnerable.”<sup>278</sup>

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270 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1540 (Marika Albert).

271 Ibid.

272 Ibid., 1720.

273 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1535 (Donald Shiner).

274 [Written submission from CARP](#), October 2017, p. 1.

275 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1650 (Danis Prud'homme).

276 [Written submission from Coalition for Healthy Aging Manitoba](#), 12 October 2017, p. 4 and [Written submission from Manitoba Seniors Coalition](#), October 2017, p. 4.

277 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 8 June 2017, 1135 (Anna Romano).

278 Ibid.



Many witnesses talked about the contributions that age-friendly communities make to social inclusion and the quality of life for seniors. Other testimony, however, described some of the challenges in implementing the age-friendly vision. For example, Glenn Miller, of the Canadian Urban Institute, told the Committee that of the 25 largest cities in Ontario that have committed to becoming age-friendly, “none of these cities has yet acknowledged their commitment to become age-friendly in their land-use plans.” It is noted, however, that “the City of Toronto recently agreed to acknowledge age-friendly design and development in the city’s official plan when the process of updating the plan begins next year.”<sup>279</sup> Glen Miller proposed that CMHC be funded to “undertake innovative research in areas such as age-friendly development.”<sup>280</sup> Other testimony proposed similar initiatives, including the “adoption of Age Friendly Community targeted funding to help promote age-friendly communities in our provinces and municipalities.”<sup>281</sup>

## 1. Accessible public transit is a necessary component of age-friendly communities

**“An age-friendly community recognizes that seniors have a wide range of skills and abilities, respects their decisions and lifestyle choices, and supports seniors who are vulnerable.”**

Public transit was identified as a necessary component to any age-friendly community, with several witnesses noting that a lack of access to transportation was a major contributor to social isolation.<sup>282</sup> A requirement for age-friendly communities frequently identified in testimony was accessible transportation, for medical appointments and for social interaction and civic participation. Federal leadership and/or support for such services was proposed as one solution.<sup>283</sup> As described by a submission from CARP:

279 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1550 (Glenn Miller).

280 Ibid.

281 [Written submission from the National Association of Federal Retirees](#), p. 6.

282 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1640 (Raza M. Mirza) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1550 (Catherine Leviten-Reid).

283 See, for example, [Written submission from Health Policy Graduate Students, Trinity Western University](#), 20 October 2017, p. 8 and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1550 (Michèle Osborne).

Public transit is essential for the social participation of seniors. In Canada, 5% of senior men and 14% of senior women require transportation assistance, and this increases to 28% and 54% for the oldest age group (90+). Among women aged 85+, approximately 25% have identified transportation as a barrier to participating in more activities.<sup>284</sup>

Transportation for seniors was identified as particularly problematic in rural communities,<sup>285</sup> where solutions often required reliance on volunteers to do the driving<sup>286</sup> or partnerships between senior-serving organizations and private-sector transit providers.<sup>287</sup>

## 2. A broad range of health and social services need to be available for all seniors

Testimony from a wide range of individual and organizations focussed on the need for services to be accessible to those who need them, from specific health services (e.g. speech-language pathology and audiology services)<sup>288</sup> to social and cultural activities.<sup>289</sup>

Testimony also identified language as a barrier to services for seniors who were newcomers to Canada,<sup>290</sup> recommending that culturally appropriate services in minority languages were important as a means to remove that barrier to services and social inclusion.<sup>291</sup>

## D. HOME CARE, HOME CARE, HOME CARE

Central to aging in place is the availability, affordability and quality of home care supports which include a wide range of supports and services, well beyond the traditional health care provision. According to Jean-Guy Soulière from the National Association of Federal Retirees, “Home care is not limited to just health care, but also includes access to non-medical support services, like housekeeping, meal preparation,

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284 [Written submission from CARP](#), October 2017, p. 7.

285 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1120 (Marc Serré) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1640 (Kevin Smith).

286 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1535 (Melissa De Boer).

287 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1715 (Debra Hauptman).

288 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 November 2017, 1720 (Meredith Wright).

289 See, for example, [Written submission from March of Dimes Canada](#), 17 October 2017, p. 3 and [Written submission from Manitoba Seniors Coalition](#), October 2017, p. 7.

290 [Written submission from S.U.C.C.E.S.S.](#), p. 3.

291 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1550 (Raza M. Mirza) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1645 (Birgit Pianosi).



transportation to appointments and social activities, as well as snow removal.”<sup>292</sup> Testimony indicated that the inconsistency in the availability and affordability of home care supports varies not only between urban and rural environments,<sup>293</sup> but especially among provinces and territories.<sup>294</sup> To address unequal access to home care, proposed approaches varied from a general call for pan-Canadian standards<sup>295</sup> through to amendments to the *Canada Health Act*.<sup>296</sup>

Many witnesses and submissions commented that home care is less costly than acute or long-term care.<sup>297</sup> Specifically, the president of the Canadian Medical Association told the Committee that acute care costs on average \$842 per day, while home care costs \$45 a day.<sup>298</sup> A CARP representative also pointed out that “from a business point of view it makes so much more sense for us to keep people home where they want to be, where it's cheaper for them to be, and where they will have better outcomes than for them to be prematurely moved to long-term care hospitalization.”<sup>299</sup>

Witness testimony proposed the use of multi-disciplinary teams in delivering home care supports.<sup>300</sup> Others noted that home care could be improved by the use of health professionals, but not necessarily physicians, in the management and delivery of health-related home care services. The role of nurses was highlighted,<sup>301</sup> and the Committee also heard of the added value (and savings) that would be gained by including occupational therapists in assessing home care needs.<sup>302</sup>

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- 292 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1555 (Jean-Guy Soulière, President, National Association of Federal Retirees).
- 293 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1540 (Leighton McDonald).
- 294 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1705 (Isobel Mackenzie) and [Written submission from Canadian Union of Public Employees](#), 20 October 2017, p. 4.
- 295 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1605 (Linda Silas, President, Canadian Federation of Nurses Unions) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1630 (Margaret M. Cottle, Palliative Care Physician, as an individual).
- 296 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1555 (Danis Prud'homme).
- 297 See, for example, [Written submission from S.U.C.C.E.S.S.](#), p. 7 and [Written submission from The Canadian Nurses Association](#), October 2017, p. 1.
- 298 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1645 (Laurent Marcoux).
- 299 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1705 (Wanda Morris).
- 300 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1600 (Laurent Marcoux) and [Written submission from Health Policy Graduate Students, Trinity Western University](#), 20 October 2017, p. 6.
- 301 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1605 (Linda Silas).
- 302 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1545 (Nicola MacNaughton, President, Canadian Association of Occupational Therapists).

## 1. Technology has the potential to make significant improvements to home based care

Technology-enabled home care focuses on prevention, independence, and quality of life. “For frail seniors with complex care needs, deployment of innovative technology-enabled home care solutions can mean the difference between being an active participant in their community or living their remaining years isolated or in institutional care.”<sup>303</sup> The ways in which technological developments can support home care were described for the Committee by Melissa De Boer, a nursing student at Trinity Western:

**“For frail seniors with complex care needs, deployment of innovative technology-enabled home care solutions can mean the difference between being an active participant in their community or living their remaining years isolated or in institutional care.”**

better control of chronic illness through remote patient monitoring; improved safety in the home due to the ability for technology to alert caregivers and health care professionals of early signs of deterioration in health; enhanced self-care and person-centred care through the provision of education and active patient engagement; improved safety and medication management for people in their home... and increased access to appropriate care in rural, remote, and hard-to-service areas.<sup>304</sup>

The Committee heard that the digital revolution is already supporting “aging in place” by monitoring health conditions of seniors in their homes,<sup>305</sup> while other testimony highlighted the great promise in existing and emerging technologies in supporting home care and aging in place.<sup>306</sup> Several witnesses suggested greater financial support for research and application of such technologies to home-based care for seniors.<sup>307</sup>

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303 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1540 (Leighton McDonald).

304 Ibid., (Melissa De Boer).

305 [Written submission from the National Association of Federal Retirees](#), p. 6.

306 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1540 (Irene Sheppard) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 2 November 2017, 1500 (Ian Lee).

307 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1555 (Ron Pike, Executive Director, Elim Village); HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1540 (Donald Shiner); and [Written submission from AGE-WELL](#), 20 October 2017, p. 4.



While most testimony was supportive of using new technologies to support seniors in their homes, cautions were also raised.<sup>308</sup> In their written submission, the Little Brothers Organization described such concerns:

These [technological] solutions may be appropriate for young seniors or active seniors. They may prefer to go to the automatic teller rather than wait in line at the counter and make their purchases or manage the services they use online rather than make time-consuming in-person appointments. Older seniors who left the labour market before computers, the Internet and email were introduced may not be comfortable with or even able to use these technologies.<sup>309</sup>

## **2. The present structure and funding of health care hinders establishing a system of home-based care that is needed to age in place**

A major thrust in Committee testimony related to how Canada's health care system is funded and structured, and the critical importance of changes to both. As described by the president of the Canadian Medical Association, "It is critical for us to decentralize health care services from hospitals towards communities and home care..."<sup>310</sup>

In his testimony, he added, "[T]he health care system is not designed to treat elderly people suffering from multiple chronic illnesses who do not want to spend their final days in a hospital bed, or in an emergency room with strangers or people who are not part of their circle. They want to be treated at home."<sup>311</sup> The Committee heard that provincial governments spend, on average, less than 5% of their health care budgets on home care,<sup>312</sup> and that a shift from "hospital-centric care"<sup>313</sup> to home care is "essential" and "urgent."<sup>314</sup>

## **3. There is a critical shortage of trained home care providers**

Testimony emphasized the growing demand for home care supports, some of which will be provided by paid providers; other testimony questioned whether there will be enough workers to fill the need.

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308 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1615 (Lola-Dawn Fennell).

309 [Written submission from the Little Brothers Organization](#), 10 November 2017, p. 4.

310 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1555 (Laurent Marcoux).

311 Ibid., 1625.

312 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1645 (Leighton McDonald).

313 Ibid.

314 [Written submission from Réseau FADOQ](#), 19 October 2017, p. 13.

[W]e are putting personal care workers into homes, with professional staff to supervise, oversee, and provide some additional help. Are we, however, going to be able to find the human resources to hire? That's one of our big questions. I think our advanced education system can ramp up a bit to create the programs, but can we fill the seats? Can we train the people so that they're there to hire? We also need leaders. You can have people in the trenches, but you need leaders who have the skills.<sup>315</sup>

As described by Birgit Pianosi, who teaches gerontology, the need can be met with :

A strategy that provides the right education and training opportunities' to ensure [and that will] ensure that Ontario and Canada gain an informed workforce that will have the necessary knowledge, skills, and confidence to identify issues of need amongst older adults while delivering them the right care, in the right place, at the right time.<sup>316</sup>

Several witnesses echoed the importance of training individuals to meet the need for providing appropriate care for seniors, especially in their homes.<sup>317</sup>

#### 4. Informal caregivers need more support

Family and friends were identified as “a vital part of the home care and health care system,”<sup>318</sup> providing approximately 70% of all care provided to Canadians, most of them seniors.<sup>319</sup> As described by British Columbia’s Seniors Advocate, “Informal care or family caregivers ... is ... not to be underestimated as a solution to caring for our aging society in a way that is potentially more cost-effective, although not always, and it is certainly more centred on the needs of the seniors themselves.”<sup>320</sup> The combination of savings and social benefits was identified by other witnesses<sup>321</sup> as reason to provide as much support as possible to these family members, friends and other volunteers.

As noted by one witness, most paid and unpaid caregiving of seniors is provided by women.<sup>322</sup> Data also show that women spend more time on senior care than men: of the women providing senior care, 49% spent more than 10 hours per week on the activity, compared with 25% of the men who provided senior care.<sup>323</sup>

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315 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1640 (Irene Sheppard).

316 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1555 (Birgit Pianosi) and HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1655 (Ron Pike).

317 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1555 (Raza M. Mirza).

318 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1545 (Melissa De Boer).

319 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1540 (Bonnie-Jeanne MacDonald).

320 Ibid., 1615 (Isobel Mackenzie).

321 See, for example, HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1540 (Irene Sheppard).

322 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1545 (Pat Armstrong).

323 Anne Milan, Leslie-Anne Keown and Covadonga Robles Urquijo, “[Families, Living Arrangements and Unpaid Work](#),” *Women in Canada: A Gender-based Statistical Report*, Statistics Canada, Catalogue no. 89-503-X, December 2011, p. 20



Financial support for informal caregivers in the form of various tax measures has been identified in Chapter 3 of this report, along with proposals for improvement to these and other benefits provided by all levels of government. However, witnesses and submissions identified other important dimensions of support: providing respite care, professional support, and support from employers.<sup>324</sup> Several witnesses identified respite care as an important support for informal caregivers<sup>325</sup> who are also employed

**“[T]he health care system is not designed to treat elderly people suffering from multiple chronic illnesses who do not want to spend their final days in a hospital bed, or in an emergency room with strangers or people who are not part of their circle. They want to be treated at home.”**

but also for those who are not in the paid workforce.<sup>326</sup> One submission highlighted the importance of this not only for sustaining employment, but also for helping “maintain networks and social relationships.”<sup>327</sup>

Minister Duclos recognized the balancing act between employment and caring for a loved one that informal caregivers carry out.<sup>328</sup> This concern was echoed by other testimony as well.<sup>329</sup> As described by Irene Sheppard, executive director of Fraser Health, “we know that families are willing to care, but they do need workplaces that support them to do so.”<sup>330</sup> Witnesses proposed education and other initiatives to increase employer understanding and accommodation of informal caregiving responsibilities.<sup>331</sup>

324 See, for example, HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1600 (Laurent Marcoux) and *Written submission from S.U.C.C.E.S.S.*, p. 2.

325 See, for example, HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1610 (Leighton McDonald).

326 *Written submission from CARP*, October 2017, p. 3.

327 *Written submission from Vecova Centre for Disability Services and Research*, p. 4.

328 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 6 June 2017, 1210 (Hon. Jean-Yves Duclos).

329 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1540 (Wanda Morris).

330 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 17 October 2017, 1545 (Irene Sheppard).

331 See, for example, *Written submission from Réseau FADOQ*, 19 October 2017, p. 10 and HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 7 November 2017, 1545 (Leighton McDonald).



## CHAPTER 5: TOWARDS A PAN-CANADIAN STRATEGY

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When asked about whether there is a need to develop and implement a “national seniors strategy”, 53 of the 58 witnesses agreed.<sup>332</sup> Numerous witnesses stressed that the situation requires a comprehensive and integrated approach.<sup>333</sup> In particular Wanda Morris of CARP noted that, “The issues are complex, they are interrelated, and we've seen where we get by taking ad hoc pieces and trying to address them.”<sup>334</sup>

Laurent Marcoux of the Canadian Medical Association (CMA) explained that a national strategy would lead the way by establishing a vision for quality of life, health care inclusion, income security and accessible environments in which Canadians can thrive as they age.<sup>335</sup> The CMA indicated that the strategy must address the need to support vulnerable seniors today while preparing for the diverse and growing aging population of tomorrow.<sup>336</sup> According to another witness, the objective of such a strategy would be to ensure that all Canadians age with dignity.<sup>337</sup>

What follows is a brief overview of the main elements of a national seniors strategy as described by various witnesses and organizations, grouped according to the different federal government roles: convenor, coordinator as well as legislator and policy maker.

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332 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1620 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 5 October 2017, 1620 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 17 October 2017, 1620 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 19 October 2017 1625 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 26 October 2017 1625 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 31 October 2017, 1630 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 2 November 2017, 1615 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 7 November 2017, 1620 (Question asked to the entire panel of witnesses); HUMA, [Evidence](#), 9 November 2017, 1630 (Question asked to the entire panel of witnesses). See also [Written submission from the Conference for Advanced Life Underwriting](#), October 2017. p. 3.

333 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1650 (Bonnie-Jeanne MacDonald); HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1555 (Danis Prud'homme); See also [Written submission from Eric Young](#), October 2017.

334 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1620 (Wanda Morris and Yvonne Ziomecki).

335 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1600 (Laurent Marcoux and Debra Hauptman).

336 Written submission from the Canadian Medical Association, October 2017.

337 [Written submission from Réseau FADOQ](#), October 2017, p. 5.



## A. CONVENING ROLE

Several witnesses emphasized the federal responsibility to lead important public policy discussions, using its resources and convening power to bring together different levels of government and stakeholder groups to provide tangible, real-life solutions.<sup>338</sup> It is noted that the federal, provincial and territorial officials responsible for seniors' issues meet

**[T]he objective of such a strategy would be to ensure that all Canadians age with dignity.**

during the year to share information and discuss issues. The most recent Federal, Provincial and Territorial Ministers Responsible for Seniors Forum was held on 14 September 2017 in St. John's Newfoundland. The meeting was co-chaired by the Honourable Jean-Yves Duclos and the Honourable Lisa Dempster, Minister of Children, Seniors and Social Development for Newfoundland and Labrador. In the recent past, the Seniors Forum was co-chaired by a federal Minister for Seniors.<sup>339</sup>

Jean-Guy Soulière, president of the National Association of Federal Retirees and a former chair of the National Seniors Council, supported having regular meetings between the federal, provincial and territorial ministers responsible for seniors issues, noting that provincial and territorial input is absolutely essential.<sup>340</sup> Mr. Soulière also supported re-establishing a minister specifically responsible for seniors.<sup>341</sup>

In addition, the Committee heard testimony about the gaps between policy knowledge as it relates to aging and concerted action.<sup>342</sup> In its role as convener, the federal government could address these gaps by establishing advisory committees with action plans that not only incorporate a shared vision, but also establish a shared framework for policy development and implementation.<sup>343</sup> Requirements to report on results would also contribute to successful implementation.<sup>344</sup>

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338 HUMA, *Evidence*, 3 October 2017, 1555 (Yvonne Ziomecki); See also HUMA, *Evidence*, 19 October 2017, 1555 (Danis Prud'homme) and 1550 (Raza M. Mirza). [Written submission from the Conference for Advanced Life Underwriting](#), October 2017. p. 3.

339 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1555 (Jean-Guy Soulière). Also see, [Federal, provincial and territorial ministers responsible for seniors meet to advance the social well-being of Canadian Seniors](#), 14 September 2017.

340 HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1645 (Jean-Guy Soulière).

341 Ibid. 1555.

342 [Written submission from Réseau FADOQ](#), October 2017.

343 Ibid. p. 6.

344 [Written submission from Eric Young, et. al.](#), October 2017, p. 4.

## 1. Research and data collection

Testimony called for continued vigilance with respect to supporting research into gerontology and geriatrics as well as data collection.<sup>345</sup> Several witnesses referenced the World Health Organization’s *World report on aging and health*, that calls for focussed research and standardized metrics for healthy aging. Healthy aging metric requires that data be collected through vital statistics, administrative data from health and social care services and population surveys.<sup>346</sup> The Canadian Association for Long-Term Care called for improved and standardized data collection related to long-term care.<sup>347</sup> The Committee also received a written submission from the Canadian Institutes of Health Research, Institute of Aging explaining its role in promoting research related to aging in place, healthy and productive work and improving health and wellness.<sup>348</sup>

Bonnie-Jeanne MacDonald, an actuary and fellow with the Ted Rogers School of Management at Ryerson University, stressed the need for good statistical modelling that allows researchers to test new policy designs and create forecasts using different sets of assumptions. Ms. MacDonald highlighted the LifePathsPlus model that was developed by Statistics Canada but is no longer supported by the agency as a valuable resource for this type of modelling.<sup>349</sup>

## 2. Sharing information and promoting partnerships

Numerous witnesses spoke of the federal role to foster collaboration across the country and disseminate information about promising and innovative practices.<sup>350</sup> Ms. Leviten-Reid, associate professor at Cape Breton University, for example, stated:

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345 HUMA, *Evidence*, 19 October 2017, 1550 (Raza Mirza). See also [Written submission from the Conference for Advanced Life Underwriting](#), October 2017. p. 3.

346 [Written submission from the Coalition for Health Aging in Manitoba](#), p. 9, [Written submission from the Manitoba Seniors Coalition](#), p. 2. See also World Health Organization, *World report on ageing and health 2015*; [Written submission from Eric Young](#), October 2017 and HUMA, *Evidence*, 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 31 October 2017, 1635 (Kevin Smith, Representative, Seniors First BC).

347 [Written submission from the Canadian Association for Long Term Care](#), October 2017.

348 [Written submission from the Canadian Institutes of Health Research](#), October 2017.

349 [Written submission from Bonnie-Jeanne MacDonald](#), October 2017.

350 For examples see: [Written submission from Eric Young](#), October 2017. [Written submission from Active Aging Canada](#), November 2017. [Written submission from Raising the Profile Project, United Way of the Lower Mainland, Active Aging Research Team and the British Columbia Recreation and Parks Association](#), November 2017.



With respect to the role of the federal government in particular...[p]erhaps it's modelling what partnerships look like and presenting best practices for provincial level or community level organizations.<sup>351</sup>

Witnesses emphasized the importance of sharing stories about the challenges but also the joys of ensuring that seniors care needs are met. They shared with the Committee stories of innovative and sensible programs. For example, they spoke about how paramedic and ambulance teams are conducting wellness visits and in turn flag any emerging concerns that are affecting seniors within a community.<sup>352</sup> It was also noted that the Veterans Independence Program (described in Chapter 4 in more detail) that support veterans is very effective and that this model could be replicated to non-veteran populations.<sup>353</sup>

Testimony also stressed that Canadians need to be more aware of what exists in other countries, as Canada is not alone in facing the challenges and opportunities of an aging population. It was proposed that this information could be brought together under some coordinated umbrella or through federal leadership in order to inform all levels of government.<sup>354</sup>

## B. COORDINATING ROLE

There was general consensus that the different levels of government needed to be on the same wavelength on a range of issues and services and that the federal government could be doing more to make this happen.<sup>355</sup>

There's duplication of work, programs, and costs.... The key element, which we've not achieved in Canada in many instances, is to have the provinces and territories and the federal government working together.<sup>356</sup>

The Committee heard of several ways a national coordinated approach to the development and delivery of programs and services for seniors could help improve the overall quality of life of seniors in Canada.<sup>357</sup>

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351 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 26 October 2017, 1630 (Catherine Leviten-Reid).

352 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1710 (Sayward Montague, National Association of Federal Retirees).

353 Ibid., 1700.

354 Ibid.

355 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1625 (Jean-Guy Soulière).

356 Ibid.

357 Ibid. See also: [Written submission from the Canadian Medical Association](#), October 2017; [Written submission from Raising the Profile Project, United Way of the Lower Mainland, Active Aging Research Team and the British Columbia Recreation and Parks Association](#), November 2017; [Written submission from Réseau FADOQ](#), October 2017.

With respect to the range of health care services, the Committee heard how better coordination could ensure that seniors have access to health care providers trained in providing primary care, home care, palliative care, as well as the necessary community supports that allow for seamless transitions between these different types and levels of care.<sup>358</sup> It was noted that for a home-based shared care model to function well, it must be coordinated, comprehensive and effectively administered.<sup>359</sup>

**“The key element, which we've not achieved in Canada in many instances, is to have the provinces and territories and the federal government working together.”**

The Committee also heard that the federal government needs to play an important coordination role to address the need for affordable and accessible housing. Effective design and implementation of housing policy requires multiple levels of government as well as numerous stakeholders to work together.<sup>360</sup> This requires a shared vision as well as good information about community needs and appropriate housing solutions. It also requires that the different stakeholders know and understand each other's roles, incentives and competencies.<sup>361</sup> Witnesses noted and supported CMHC's investments in housing and renovation as well as its role in financing and research, but stressed that its role in providing coordination should not be overlooked.<sup>362</sup>

### C. LEGISLATIVE AND POLICY ROLE

Testimony also identified the importance of the federal government's role to provide leadership in modernizing and reviewing legislation through a “seniors lens”.<sup>363</sup> For example, the *Canada Labour Code* is vital to ensuring decent working conditions and that older workers receive the accommodations and health and safety protections to

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358 [Written submission from Nurses enrolled in Trinity Western University's Master of Science in Nursing](#), October 2017. Laurent Marcoux, CMA.

359 Written submission from the Canadian Medical Association, October 2017. [Written submission from the Conference for Advanced Life Underwriting](#), October 2017. p. 3.

360 [Written submission from Réseau FADOQ](#), 19 October 2017, p. 13.

361 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 3 October 2017, 1540 (Wanda Morris) and HUMA, [Evidence](#), 26 October 2017, 1630 (Catherine Leviten-Reid).

362 Ibid.

363 [Written submission from Réseau FADOQ](#), October 2017.



which they are entitled.<sup>364</sup> The Code also needs to be continuously reviewed and modernized to ensure that workers in federal workplaces with caregiving responsibilities are supported and remain active and productive in the workforce.<sup>365</sup>

Several witnesses also spoke about how pan-Canadian standards for home health services could be useful in supporting seniors to remain independent and age in their own homes.<sup>366</sup> The Seniors Advocate of British Columbia noted that home care supports for activities of independent living are very different across provinces. She told the

Committee that if the goal is to support seniors to live independently, having some kind of standard “entitlement” or “expectation” is one way to deal with provincial variation and provide the equal opportunities for independent living.<sup>367</sup> Other testimony noted that pan-Canadian standards related to home care support and the certification of home care providers may help to attract the type of trained workers that are desperately needed to the labour force.<sup>368</sup>

**Effective design and implementation of housing policy requires multiple levels of government as well as numerous stakeholders to work together.**

With respect to built environments, the Committee heard that pan-Canadian standards relating to accessibility would support seniors in their homes for longer, and that the federal government plays an important leadership role.

The building code is a complex issue ... but in reality, the provinces adopt the Canadian national building code. They do modify it in a couple of instances, but they adopt the standards almost carte blanche across the way.<sup>369</sup>

Finally, the Committee heard that it was important to differentiate between standards and regulation: standards are an important first step, but should not require more documentation and filling out forms.<sup>370</sup>

364 Ibid. See also for more information the International Labour Organization, [Decent Work Agenda](#), accessed on 7 January 2017.

365 Ibid.

366 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 5 October 2017, 1615 (Isobel Mackenzie).

367 Ibid.

368 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1540 (Pat Armstrong).

369 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 9 November 2017, 1640 (Donald Shiner).

370 HUMA, [Evidence](#), 1<sup>st</sup> Session, 42<sup>nd</sup> Parliament, 19 October 2017, 1630 (Pat Armstrong).

## CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

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Throughout its study the Committee heard how our aging society presents both challenges and opportunities. The Committee gained insight into the current state of income insecurity and social isolation, the measures currently used to address these issues, and recommendations on how all levels of government can do better. A wide range of views were presented during this study, from government officials, community advocates, provincial and municipal leaders, researchers, academics, front-line service providers. Most importantly, the Committee also heard from seniors and older adults themselves.

The following recommendations are not intended to comprise a national seniors strategy. Rather, the Committee makes the following recommendations to strengthen measures that are currently in place and to provide its conclusions on what key elements a national or pan-Canadian strategy should include.

### A. RECOMMENDATIONS REGARDING INCOME SECURITY

The Committee heard repeatedly that providing adequate incomes to vulnerable seniors is a complex challenge; it is a function not only of the dollar amount of any income transfer, but also of the cost of housing in any community and out-of-pocket costs of necessary home care and health services.

#### 1. Income support programs

Witnesses told the Committee that the federal income support system consisting of OAS, GIS and the CPP/QPP is a great public policy success story, but that in the 21<sup>st</sup> century the system requires updating. Numerous witnesses underscored the need for income support programs to be well coordinated with application processes that are client centred and rules and procedures that are easy to understand. The Committee heard that our retirement income system needs to be more coherent and transparent; to better target vulnerable populations; and to incentivize labour force participation for those who are able and want to continue working.

In this regard, the Committee welcomes recent announcements that the federal and provincial finance ministers have agreed, in principle, to measures that will protect the value of CPP retirement benefits during periods of low or no earnings (e.g. when



caregiving responsibilities or disability impact work), but notes that the details of such measures have yet to be made public and will require further study.<sup>371</sup>

Recognizing the concerns and suggestions made by witnesses to improve the retirement income system, the Committee recommends:

### **Recommendation 1**

**That Employment and Social Development Canada work with Finance Canada and the Canada Revenue Agency to review and strengthen existing federal income support programs for vulnerable seniors to ensure they provide adequate income. In strengthening existing programs, the Committee recommends that the government:**

- **Increase resources to Service Canada and the Canada Revenue Agency, particularly for telephone and in-person services, as well as public education to ensure that all seniors get the benefits to which they are entitled and within reasonable timeframes.**
- **Implement a public education campaign and train Service Canada personnel to ensure vulnerable seniors understand the rules related to the Guaranteed Income Supplement and Registered Retirement Savings Plan withdrawals.**
- **Provide information and education to encourage those who are financially secure to delay receiving Old Age Security.**
- **Review the indexation of the Guaranteed Income Supplement and Old Age Security to achieve the appropriate balance between price and wage indexation.**
- **Continuously review and update the Guaranteed Income Supplement benefit to ensure that:**
  - a) vulnerable seniors receive adequate income; and**
  - b) the impact that marital status can have on recipients is assessed and understood.**

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371 Finance Canada, [Further support for parents and persons with disabilities in the CPP Enhancement](#), 11 December 2017.



- **Increase the Working Income Tax Benefit to help lower earning individuals fund their Canada Pension Plan.**

#### **Recommendation 2**

**That Finance Canada work with Employment and Social Development Canada and the Canada Revenue Agency to completely and comprehensively review the system of tax measures and incentives related to seniors with a view to increasing transparency and assessing the most efficient, effective and fair means and ways to deliver support.**

#### **Recommendation 3**

**That the federal government, and all responsible departments, work to tighten the rules and regulatory environment which has allowed some employers to under-fund the pensions of their employees, and to ignore their pension obligations under current law and practice.**

#### **Recommendation 4**

**That the federal government review the impact of the Canada Pension Plan expansion with respect to seniors eligibility for and level of benefit from the Guaranteed Income Supplement.**

#### **Recommendation 5**

**That the federal government better inform families on their eligibility to claim the Canada Pension Plan Death Benefit.**

## **2. Helping seniors who want to remain active in the workforce**

During the course of its study, the Committee heard that paid employment can be an important component of income security for those seniors who wish to work. Moreover, paid employment can also create and nourish social networks and combat isolation. In order to encourage and support those who still wish to work, the Committee recommends:

#### **Recommendation 6**

**That the Department of Employment and Social Development increase the amount that Guaranteed Income Supplement recipients can earn before the benefit is reduced, include self-employment earnings in this amount, and explore options to have the claw-back phase in more gradually once the earnings threshold is reached.**



### **Recommendation 7**

**That Employment and Social Development Canada and all relevant departments ensure that the decisions they make for and about seniors, pay special attention to the wishes of seniors – and with particular attention to seniors in the workforce. This includes:**

- **adopting a seniors lens with respect to growing workplace opportunities for seniors;**
- **ensuring seniors have accommodating working conditions; and**
- **ensuring workplaces are compliant with applicable rules.**

## **3. Financial products and services**

During the course of its study, the Committee heard that having access to essential and well-regulated financial products and services as well as strong financial literacy skills were pivotal to ensuring the well-being of vulnerable seniors. The Committee notes the concerns and suggestions outlined by witnesses in this regard and recommends:

### **Recommendation 8**

**That Employment and Social Development Canada work with Finance Canada, the Canada Mortgage and Housing Corporation and the Canada Revenue Agency to develop specific policies and plans for monitoring and protecting seniors from financial abuse and to measure the effectiveness of such policies and plans.**

### **Recommendation 9**

**That the federal government direct banks and other financial institutions in Canada to develop a system to recognize and prevent financial abuse of seniors, including increased staff training.**

## **B. RECOMMENDATIONS REGARDING HOUSING**

Aging in place, in communities in which seniors have social connections that mitigate against isolation, requires affordable and accessible housing. Although the National Housing Strategy was announced after the Committee's hearings had concluded and the deadline for written submissions had passed, witness proposals, particularly with respect to accessibility, went beyond the steps announced in that strategy. In addition, while it is recognized that federal officials before the Committee signalled that

forthcoming legislation will address accessibility challenges, witnesses also had specific proposals to expand the supply of affordable, accessible and innovative housing models that could support older Canadians from independent living through to palliative, and end-of-life care. Furthermore, witnesses highlighted the importance of coordinating seniors housing initiatives with ancillary services and supports. The Committee recognizes the critical role affordable and accessible housing plays in income security and further supports the desire of Canadians to age in place and therefore recommends:

**Recommendation 10**

**That the federal government take a leadership role in its interactions with other levels of government and housing enterprises and strongly encourage all non-profit and for-profit builders, provinces, territories, municipalities, and other organizations to set universal accessibility building standards that meet the accessibility needs of Canadians.**

**Recommendation 11**

**That the Canada Mortgage and Housing Corporation provide strong incentives for construction and renovation by both for-profit and non-profit owners and organizations that will increase the number of collective dwellings for seniors that are both accessible and adaptable.**

**Recommendation 12**

**That the federal government designate a proportion of funding allocated through the National Housing Strategy, the National Sciences and Engineering Research Council and the Canada Mortgage and Housing Corporation Affordable Rental Innovation Fund for research on innovative approaches to seniors housing (e.g. co-housing and shared spaces).**

**Recommendation 13**

**That Canada Mortgage and Housing Corporation expand its data and research programs to include rental housing for seniors and innovative models of accessible housing. Moreover, that the Corporation proactively distribute data and research on promising practices to investors and stakeholders who build and manage housing for seniors across the care continuum.**

**Recommendation 14**

**That Canada Mortgage and Housing Corporation explore innovative and emerging trends in seniors housing, including co-housing, intergenerational housing, and any other promising models. It should communicate the results of these efforts broadly.**



## C. RECOMMENDATIONS REGARDING HOME CARE

Witnesses from a wide range of organizations and professions described the vast differences across provinces and territories in the availability, affordability, and level of home-care services. Many also described the savings that could be achieved by supporting seniors in their homes and communities, rather than placing them in long-term care facilities or hospitals. While witnesses welcomed the recent allocation of funds for home care in the bilateral health accords being signed with provincial and territorial governments, it was noted that funding arrangements for health still place a much higher priority on acute and long-term care.

In addition, witnesses spoke of the need to expand the range of services covered by provincial health insurance plans. The *Canada Health Act* states “the health care insurance plan of a province must insure all insured health services provided by hospitals, medical practitioners or dentists,” it continues “and where the law of the province so permits, similar or additional services rendered by other health care practitioners.” Thus the Act allows health care insurance plans to include other professionals, including occupational therapists, audiology and speech therapy professionals.<sup>372</sup>

Many witnesses were optimistic about the potential for technological innovations to make home care more accessible for seniors in smaller or more remote communities, and for any seniors whose needs confine them primarily to their homes, and called for federal support for the development and dissemination of such technologies. Further, witnesses proposed that multi-disciplinary teams, regular assessments and engagement of the seniors themselves and any family or friends providing support to them in the development of a home care plan would improve the quality of care while also reducing costs. In addition to health and social supports, the Committee heard that assistance with activities of daily living may be required, including meal preparation and snow removal. Finally, witnesses identified the growing demand for home care workers and other professionals who specialize in caring for seniors.

Recognizing the concerns and suggestions made by witnesses in relation to home care the Committee recommends:

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372 For more information see: The [Canada Health Act](#) R.S.C., 1985, c. C-6.

**Recommendation 15**

**That the federal government work with federal, provincial, and territorial ministers responsible for health and responsible for social programs to develop pan-Canadian guidelines for home care services to be provided to seniors, regardless of where they reside in Canada.**

**Recommendation 16**

**That Employment and Social Development Canada and Veterans Affairs Canada work with other governments to explore expanding the lessons learned, innovative approaches, and new ideas from the Veterans Independence Program such that they inform other seniors assistance programs throughout Canada.**

**Recommendation 17**

**That Employment and Social Development Canada convene provincial, territorial and Indigenous government departments with responsibility for labour and training to develop a certification process and comparable standards for working conditions for home care workers, with a view to increasing the quality and supply of home care workers.**

**Recommendation 18**

**That the federal government, through Indigenous Services Canada, the Correctional Service of Canada and Veterans Affairs Canada and any other appropriate federal agencies, model the interdisciplinary approach to providing long-term care, and share promising practices with all stakeholders involved in providing long-term care.**

**Recommendation 19**

**That the federal government, recognizing the importance of seniors living on their own, significantly fund research, development and scaling of technology that provides social and health supports to seniors in their homes through the National Sciences and Engineering Research Council, the Strategic Innovation Fund and other research organizations.**



## **D. RECOMMENDATIONS REGARDING INFORMAL CAREGIVERS**

Witnesses described the enormous contribution informal caregivers – family members, friends and/or volunteers – provide to seniors needing support in their homes or care facilities. They emphasized the burden on these caregivers who often are trying to balance paid employment with their support for the senior needing care. In order to better recognize and support the valuable contributions of informal caregivers the Committee recommends:

### **Recommendation 20**

**That the federal government, in its role as an employer, implement model job security protections for employees whose family commitments include long-term caregiving for a family member.**

### **Recommendation 21**

**That Finance Canada and the Canada Revenue Agency improve awareness of the Canada Caregiver credit and make it refundable.**

## **E. RECOMMENDATIONS REGARDING AGE-FRIENDLY COMMUNITIES**

While testimony focussed largely on the needs of individual seniors in their homes and other residential facilities, several witnesses flagged the importance of the broader context – the communities in which these homes and facilities are located. To overcome the negative effects of social isolation, witnesses told the Committee that there need to be social and other services that can be accessed by walking and/or by public transit. These and other aspects of an age-friendly city mean that people with mobility and other impairments can be active in meeting their own social and practical needs.

Witnesses identified public transit routes and the accessibility of transit vehicles and stops and stations as especially important when seniors are unable to drive themselves. The Committee also heard testimony related to the importance of relevant services – including grocery stores and others, community centres and health facilities being available and accessible in the community.

The Age-Friendly Communities Initiative promoted by the Public Health Agency of Canada and Employment and Social Development's New Horizons for Seniors Program were cited by several witnesses as important contributors to initiatives that develop and support age-friendly communities. Moreover, witnesses called for the continuation of both initiatives and expansion of the mandate and available funding under the New

Horizons for Seniors Program. In order to further support communities to advance inclusion and well-being the Committee recommends:

**Recommendation 22**

**That the federal government in collaboration with other governments support the co-location of housing with seniors health services and other seniors services, particularly in its work on infrastructure and community projects.**

**Recommendation 23**

**That Canada Mortgage and Housing Corporation study age-friendly communities and zoning practices in conjunction with the provinces/territories and municipalities with an objective of understanding how these policies shape the landscape for age-friendly practices and programs, their impact on seniors, and their long-term effects on land use, co-location of other seniors services, and quality of life.**

**Recommendation 24**

**That the federal government continue to support and enhance the New Horizons for Seniors Program, with additional priorities that include: seniors at risk of social isolation, volunteer recognition in Indigenous communities, sustaining existing successful programs and fostering innovation.**

## **F. RECOMMENDATIONS REGARDING A NATIONAL STRATEGY**

The Committee heard time and again that there is a need for the federal government to work with other levels of government and stakeholders towards a comprehensive and integrated strategy to advance inclusion and well-being of seniors. Moreover, witnesses underscored the important contribution the federal government could make in the development of a pan-Canadian strategy by exercising leadership in various roles, most notably: as convenor, coordinator, legislator and policy maker. Accordingly, the Committee recommends:



### **Recommendation 25**

**That the federal government devote resources to Employment and Social Development Canada and the National Seniors Council to develop a pan-Canadian Seniors' Strategy that includes:**

- **A vision for aging with dignity;**
- **Monitoring and disseminating information on promising practices in Canadian and international contexts;**
- **Promoting partnerships between governments and stakeholders, in areas that include, for example: transportation, access to services and initiatives that address social isolation.**

### **Recommendation 26**

**That the federal government help address social isolation among seniors through a national volunteer program.**

### **Recommendation 27**

**That Service Canada review and, where necessary, improve their services to seniors living in rural communities, including education, communications and delivery of benefits.**

### **Recommendation 28**

**That the federal government review all seniors programs in an effort to reduce duplication of service provision across the federal government, reduce competing programs with provincial/territorial and municipal governments, and look for ways to eliminate duplicative efforts in services.**

### **Recommendation 29**

**That the federal government direct, and specifically resource, Statistics Canada to develop an agenda to collect data and conduct research on the most pressing seniors data which the federal government does not currently possess, notably data on the most vulnerable seniors, including but not limited to First Nations, Inuit, and Métis; racialized minorities; immigrants; linguistic minorities; and members of the LGBTQ2 community, and consider investing in advanced data models, e.g., LifePaths.**



## APPENDIX A LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
<p><b>Department of Employment and Social Development</b>            Hon. Jean-Yves Duclos, Minister of Families, Children and Social Development             Kathryn McDade, Senior Assistant Deputy Minister, Income Security and Social Development Branch             Marc Serré, M.P., Nickel Belt</p>	2017/06/06	60
<p><b>Canada Mortgage and Housing Corporation</b>            Luisa Atkinson, Director, First Nation Housing</p>	2017/06/08	61
<p><b>Correctional Service of Canada</b>            Don Head, Commissioner</p>		
<p><b>Department of Employment and Social Development</b>            Nancy Milroy Swainson, Director General, Seniors and Pensions Policy Secretariat, Income Security and Social Development Branch</p>		
<p><b>Department of Indian Affairs and Northern Development</b>            Lyse Langevin, Director General, Community Infrastructure Branch</p>		
<p><b>Department of Veterans Affairs</b>            Elizabeth Douglas, Director General, Service Delivery and Program Management</p>		
<p><b>Public Health Agency of Canada</b>            Anna Romano, Director General, Centre for Health Promotion, Health Promotion and Chronic Disease Prevention Branch</p>		
<p><b>As an individual</b>            Tammy Schirle, Professor, Department of Economics, Wilfrid Laurier University</p>	2017/10/03	64
<p><b>Canadian Association for Retired Persons</b>            Wanda Morris, Vice-President, Advocacy</p>		
<p><b>Council on Aging of Ottawa</b>            Richard Shillington, Adviser</p>		

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<p><b>HomeEquity Bank</b> Yvonne Ziomecki, Executive Vice-President</p> <p><b>Prince George Council of Seniors</b> Lola-Dawn Fennell, Executive Director</p>	2017/10/03	64
<p><b>As individuals</b> Charles M. Beach, Professor Emeritus, Economics Department, Queen's University Bonnie-Jeanne MacDonald, Actuary and Senior Research Fellow, Ted Rogers School of Management, Ryerson University</p> <p><b>Canadian Union of Public Employees</b> Mark Janson, Senior Pensions Officer, National Office</p> <p><b>National Association of Federal Retirees</b> Sayward Montague, Director, Advocacy Jean-Guy Soulière, President</p> <p><b>Office of the Seniors Advocate of British Columbia</b> Isobel Mackenzie, Seniors Advocate</p>	2017/10/05	65
<p><b>As an individual</b> Michael R. Veall, Professor, Department of Economics, McMaster University</p> <p><b>Association québécoise de défense des droits des personnes retraitées et préretraitées</b> Nicole Laveau, Representative, Comité retraite et fiscalité</p> <p><b>Financial Consumer Agency of Canada</b> Jane Rooney, Financial Literacy Leader</p> <p><b>Fraser Health</b> Irene Sheppard, Executive Director</p> <p><b>Statistics Canada</b> Pamela Best, Assistant Director, Social and Aboriginal Statistics Division Andrew Heisz, Assistant Director, Income Statistics Division</p>	2017/10/17	66

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<p><b>Statistics Canada</b> Sébastien Larochelle-Côté, Managing Editor Education, Labour and Income Statistics Branch</p>	2017/10/17	66
<p><b>As individuals</b> Dr. Margaret M. Cottle, Palliative Care Physician Alison Phinney, Professor, School of Nursing, University of British Columbia</p>	2017/10/19	67
<p><b>Canadian Centre for Policy Alternatives</b> Pat Armstrong, Research Associate</p>		
<p><b>National Initiative for the Care of the Elderly</b> Raza M. Mirza, Network Manager</p>		
<p><b>Réseau FADOQ</b> Caroline Bouchard, Advisor, Public Affairs Danis Prud'homme, Chief Executive Officer</p>		
<p><b>As an individual</b> Catherine Leviten-Reid, Associate Professor Cape Breton University</p>	2017/10/26	68
<p><b>Canadian Medical Association</b> Laurent Marcoux, President Stephen Vail, Director of Policy</p>		
<p><b>Grande Prairie and Area Council on Aging - Seniors Outreach</b> Sherry Dennis, Director Anne Repetowski, Outreach Worker</p>		
<p><b>Langley Care Society</b> Debra Hauptman, Chief Executive Officer, Langley Lodge Residential Care Home</p>		
<p><b>Speech-Language &amp; Audiology Canada</b> Chantal Kealey, Director of Audiology Meredith Wright, Director of Speech-Language Pathology and Communication Health Assistants</p>		

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<p><b>As an individual</b>            Birgit Pianosi, Associate Professor, Gerontology Department,            Huntington and Laurentian Universities</p> <p><b>Canadian Federation of Nurses Unions</b>            Linda Silas, President</p> <p><b>Dying Healed</b>            Natalie Sonnen, Executive Director</p> <p><b>National Association of Friendship Centres</b>            Sonya Howard, Policy Officer            Vera Pawis Tabobondung, Senator</p> <p><b>Seniors First BC</b>            Kevin Smith, Representative</p>	2017/10/31	69
<p><b>As individuals</b>            Thomas Davidoff, Associate Professor, Sauder School of Business,            University of British Columbia            Ian Lee, Associate Professor, Sprott School of Business, Carleton            University</p> <p><b>Canadian Urban Institute</b>            Glenn Miller, Senior Associate</p> <p><b>Community Social Planning Council of Greater Victoria</b>            Marika Albert, Executive Director</p> <p><b>Langley Hospice Society</b>            Susan Westhaver, Client Volunteer</p>	2017/11/02	70
<p><b>As individuals</b>            Melissa De Boer, Student, School of Nursing, Trinity Western            University            Andrea Dresselhuis, Student, School of Nursing, Trinity Western            University</p> <p><b>Canadian Home Care Association</b>            Leighton McDonald, President, Closing the Gap Healthcare</p>	2017/11/07	71

<b>Organizations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<p><b>Centre action générations des aînés de la Vallée-de-la-Lièvre</b>            Julie Mercier, Coordinator of Activities            Michèle Osborne, Executive Director</p> <p><b>Elim Village</b>            Ron Pike, Executive Director</p> <p><b>FORREC</b>            Steve Rhys, Executive Vice-President</p>	2017/11/07	71
<p><b>As an individual</b>            Donald Shiner, Professor, Atlantic Seniors Housing Research Alliance, Mount Saint Vincent University</p> <p><b>Canadian Association of Occupational Therapists</b>            Janet Craik, Executive Director            Nicola MacNaughton, President</p> <p><b>Hospice Care Ottawa</b>            Lisa Sullivan, Executive Director</p> <p><b>Revera Inc.</b>            John Beaney, Vice-President, Operations</p> <p><b>Senior Empowerment Assistance Centre</b>            Olufemi Adegun, President, Peel, Ontario Branch</p>	2017/11/09	72



## APPENDIX B LIST OF BRIEFS

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### Organizations and Individuals

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1, Anonymous Author - Auteur anonyme

Active Aging BC

Active Aging Canada

AGE-WELL

British Columbia Recreation and Parks Association

Canadian Association for Long Term Care

Canadian Association for Retired Persons

Canadian Association of Occupational Therapists

Canadian Association of Optometrists

Canadian Institutes of Health Research

Canadian Men Shed Association

Canadian National Institute for the Blind

Canadian Nurses Association

Canadian Union of Public Employees

Coalition for Healthy Aging in Manitoba

Conference for Advanced Life Underwriting

Coquitlam-Port Coquitlam Seniors Advisory Council

Cottle, Margaret M.

Health Policy Graduate Students, Trinity Western University

Little Brothers

MacDonald, Bonnie-Jeanne

Manitoba Seniors Coalition

March of Dimes Canada

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## Organizations and Individuals

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National Association of Federal Retirees

National Association of Friendship Centres

NetwellCASALA

Office of the Seniors Advocate of British Columbia

Phinney, Alison

Raising the Profile Project

Reconnect

Réseau FADOQ

Romnes, Jen

S.U.C.C.E.S.S.

Senior Empowerment Assistance Centre

Shiner, Donald

United Way of the Lower Mainland

Veall, Michael R.

Vecova Centre for Disability Services and Research

Young, Eric R.

### List of Members' Briefs

Eyolfson, Doug (Charleswood–St. James–Assiniboia–Headingley)

Leslie, Hon. Andrew (Orléans, Ontario)

May, Bryan (Cambridge, Ontario)

McKinnon, Ron (Coquitlam–Port Coquitlam, British Columbia)

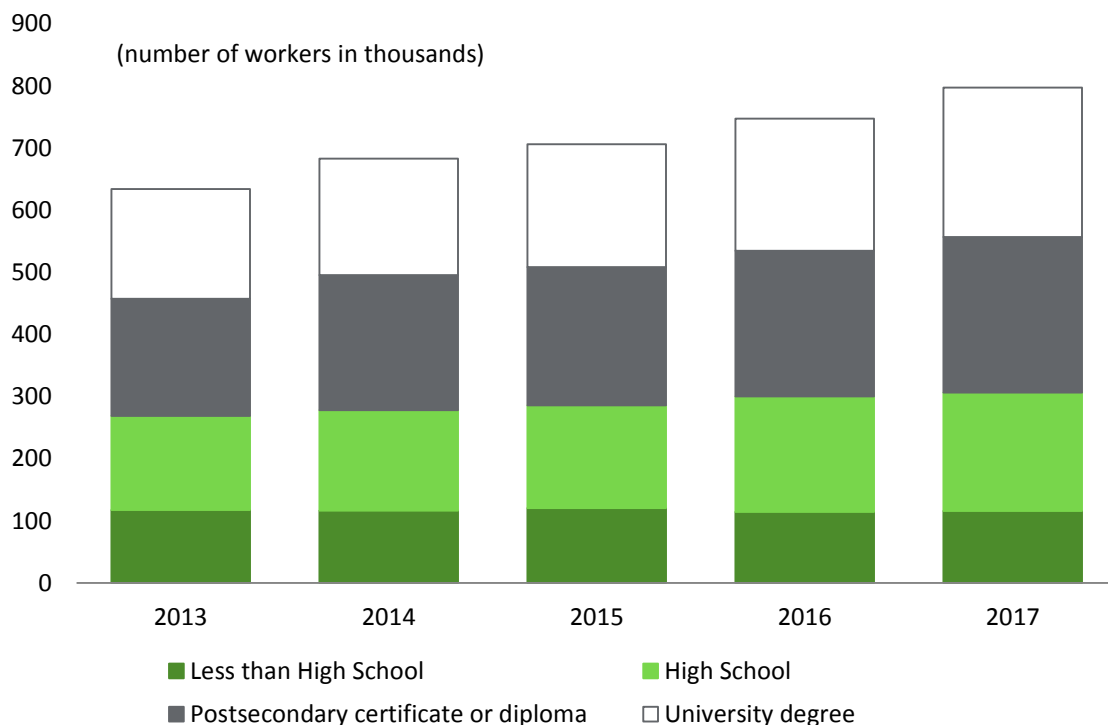


## APPENDIX C

# DATA ON EDUCATIONAL ATTAINMENT OF WORKERS 65 YEARS AND OLDER

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**Table 1: The numbers of workers age 65 and over according to educational attainment: 2013 – 2017**



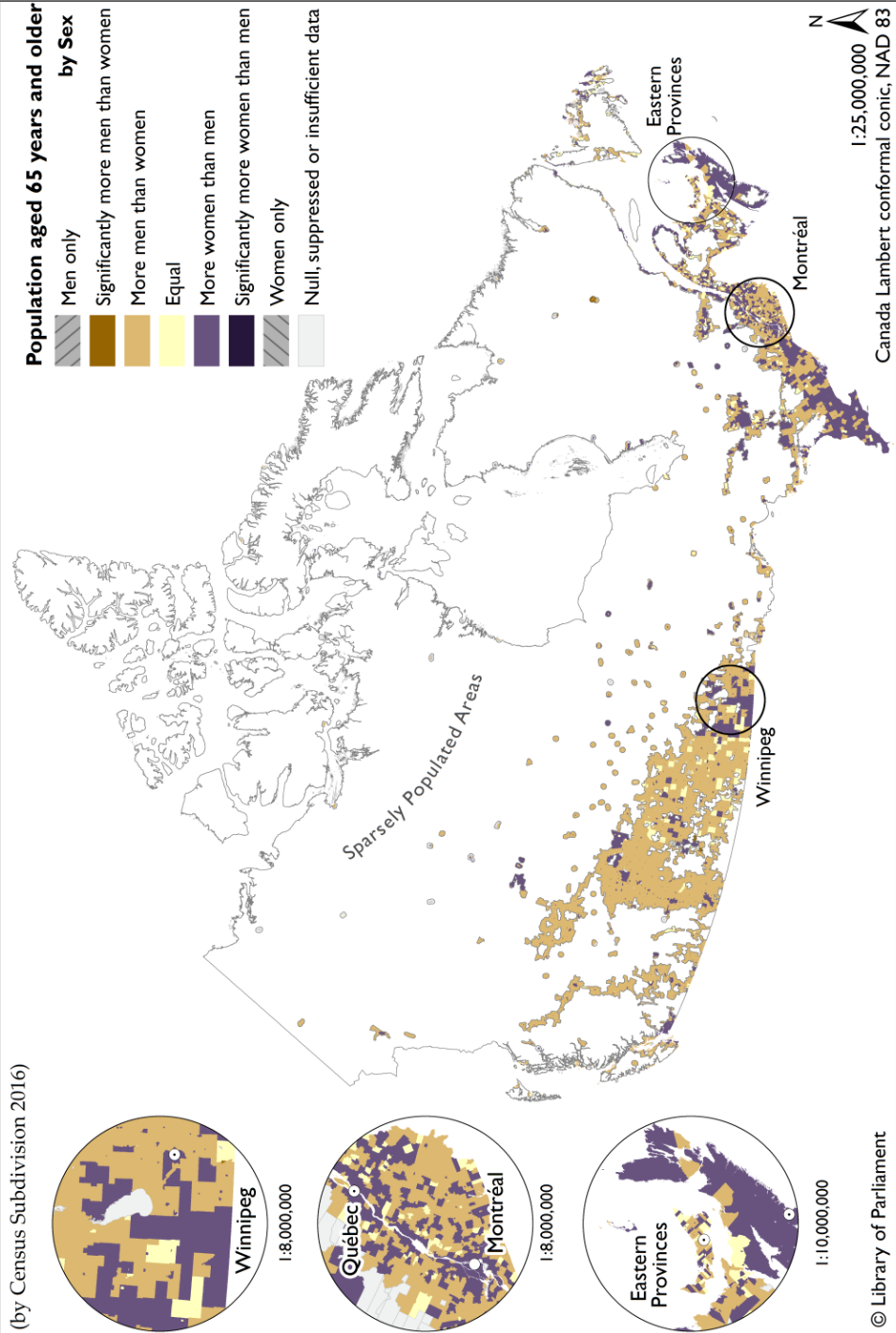
Source: Figure prepared by the authors using data obtained from Statistics Canada, Labour Force Survey, [CANSIM Table 282-0004](#).

Figure C.1 illustrates the educational attainment of workers aged 65 and over from 2013 to 2017. The data indicates that the largest proportion of workers who are 65 plus have either a postsecondary credential or university degree. Moreover, it is these highly educated workers who are remaining in the labour force in larger numbers. In 2017, the employment rate of workers age 65 and over without a high school education was 8.6%. In contrast in 2017, the employment rate workers aged 65 and over with a university degree was 22%.



# APPENDIX D MAPS

## Where are Men and Women Living Who Are 65 Years and Older?



## In What Municipalities Are People 65 and Older Most in Need of Core Housing?



Source: Map prepared by Library of Parliament, 2017, using data from Statistics Canada. *2016 Census of Canada. Census Profile Tables.* Using [CHASS](#) (accessed November 2017); Statistics Canada. *2016 Census – Boundary files.* Ottawa: Statistics Canada, 2016; Statistics Canada and Canada Mortgage and Housing Corporation, *2016 Census of Canada. Core Housing Need.* Ottawa: Statistics Canada, 2016; and Statistics Canada, *2016 Census of Canada, Data Table: Housing.* Catalogue no. 98-400-X2016234. The following software was used: Esri, ArcGIS, version 10.3.1. Contains information licensed under [Statistics Canada Open Licence Agreement.](#)

## REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 60, 61, 64 to 72, 78 to 81 and 83](#)) is tabled.

Respectfully submitted,

Bryan May  
Chair



# We Can Do Better For Seniors

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**Supplementary Report by Her Majesty's Loyal Opposition**  
**Standing Committee on Human Resources, Skills and Social  
Development and the Status of Persons with Disabilities**

## Background

From October 2017 to February 2018 the House of Commons Standing Committee on Human Resources, Skills and Social Development, and the Status of Persons with Disabilities (HUMA) studied strategies for Advancing Inclusion and Quality of Life for Canadian seniors. With our supplementary report written on behalf of Conservative HUMA members, we contribute to the strategy by building on the accomplishments for seniors from the previous Conservative government. We introduced a Minister for Seniors, income splitting for seniors, and introduced Tax Free Savings Accounts and increased contribution limits over time. In this supplementary report, we recommend measures to build on our progress towards helping seniors enjoy a higher quality of life and making life more affordable.

Members of the Official Opposition thank the committee chair, members, and supportive staff from the Library of Parliament for their diligent work on this study. The majority report contains valuable information and many reasonable recommendations the Conservative members agreed with. Committee members did not always agree on all possible solutions, but the study identified numerous vital issues concerning Canadian seniors. Policy differences of opinion with the committee's majority report necessitated a supplementary report from the Conservative members in order to improve on the majority report.

After outlining over-arching principles, this report will consist of four sections: key facts, quotes from witnesses, recommendations, and a conclusion. Throughout these sections, there are four over-arching themes:

- [Making Seniors a Priority](#)
- [Geriatric Nursing, Palliative Physicians, and Occupational Therapists, and Aging in Place](#)
- [Taxes, Benefits, and Retirement](#)
- [Helping Vulnerable Seniors](#)

### 1. Over-Arching Principles

While the Conservative members inform their policy proposals and positions based primarily on facts, especially on sensitive topics such as the welfare of Canadian seniors, our HUMA committee study was guided by a set of principles. Key guiding principles include:

1. **Making seniors a priority.** Seniors have built the Canada we know today, and are a growing demographic. As a matter of not only gratitude, but also prudence, seniors need to be prioritized. This is why we advocate, among other recommendations, to have a Minister for Seniors.
2. **Accurate costing and adequate funding for necessities, health care, credits, and other government benefits Canadian seniors are entitled to.** While we don't always believe government is the answer, when government is responsible for the delivery of a good or



service for Canadians, it must do it well. In addition, the programs funding seniors' benefits need to be managed in a fiscally responsible manner, so that they are sustainable for the future.

3. **Lower taxes.** Conservative members believe seniors are best served by lower taxes, just like all other Canadians.
4. **Standing up for victims and the vulnerable.** The Conservative Party will always put victims first, including seniors who suffer from elder abuse and other forms of abuse.
5. **Empowering seniors.** Government shouldn't tell seniors what they need; instead it must listen to them and ensure they have the tools they need to be decision makers when it comes to Advancing Inclusion and Quality of Life. Seniors know what is best for them, and are very capable of making decisions.

## 2. Key Facts

Key facts informing the supplementary report on Advancing Inclusion and Quality of Life for Canadian Seniors and the recommendations within it include:

### Making Seniors a Priority

- Minister for Seniors:
  - MP Andrew Leslie reported on his town hall on Seniors Issues, highlighting the consideration of having a Minister of Seniors.<sup>1</sup>

### Geriatric Nursing, Palliative Physicians, and Occupational Therapists, and Aging in Place

- Age in Place:
  - The vast majority seniors live in private households.<sup>2</sup>
  - 82% of Canadians receiving home care are seniors.<sup>3</sup>

### Taxes, Benefits, and Retirement

- Seniors' benefits:
  - Many seniors with low and modest incomes can have their GIS reduced because they have managed to save some money in a Registered Retirement Savings Plan.<sup>4</sup>
  - The cost of OAS and GIS is increasing as our population ages. There are fewer working age people supporting our growing aging population.<sup>5</sup>

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<sup>1</sup> Leslie, Andrew, MP. Report- National Seniors' Strategy, August 24, 2017.

<sup>2</sup> Young, Eric, National Positive Aging and Seniors Strategy, October 20, 2017, p. 3.

<sup>3</sup> Young, Eric, National Positive Aging and Seniors Strategy, October 20, 2017, p. 3.

<sup>4</sup> Michael R. Veall, "Estimates of the Number of Guaranteed Income Supplement Recipients Who Receive Income from Registered Retirement Savings Plans," Canadian Tax Journal/Revue Fiscale Canadienne, 2014, Vol. 62, No. 2, p. 383.

- Labour Market Participation:
  - From 1996 to 2016, the labour market participation rate of individuals aged 55 and over increased from 24% to 38%.<sup>6</sup>
  - The percentage of Aboriginal seniors holding a paid job has significantly increased.<sup>7</sup>
  - Expenditures towards seniors are a significant federal investment, costing billions each year.<sup>8</sup>

### Helping Vulnerable Seniors

- Financial Abuse:
  - There is longstanding concern that seniors are particularly vulnerable to financial abuse.<sup>9</sup>
- Social Isolation:
  - The 2016 census data on households reported that 28.2 per cent of all households in Canada are single-person. This is an increase from 25.7 per cent from 2001.<sup>10</sup>
  - Social isolation can contribute to a decline in health and well-being, and the risk of fall-related injuries (which are more serious) increases as people age.<sup>11</sup>
  - Nearly half of Aboriginal senior women are living alone.<sup>12</sup>
    - A significant portion of seniors feel isolated, and many seek activities such as volunteerism to alleviate their isolation.<sup>13</sup>

## 3. Quotes from Witnesses

### Making Seniors a Priority

Nicole Laveau on the need for a Minister of Seniors: “Federally, there has to be a Minister for Seniors, especially since that client group will be increasing in the coming years, as you said. The needs of that client group have to be taken seriously.”<sup>14</sup>

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<sup>5</sup> Cahill et Al., Study on Advancing Inclusion and Quality of Life for Canadian Seniors – Theme 1: Income Security, October 17, 2017.

<sup>6</sup> Andrew Fields et al., Insights on Canadian Society: The impact of aging on labour market participation rates, Statistics Canada, 14 June 2017, p. 1.

<sup>7</sup> Vivian O’Donnell et al., Aboriginal seniors in population centres in Canada, Statistics Canada, March 21, 2017, p.3.

<sup>8</sup> Cahill et Al., Study on Advancing Inclusion and Quality of Life for Canadian Seniors – Theme 1: Income Security, October 17, 2017.

<sup>9</sup> Cahill et Al., Study on Advancing Inclusion and Quality of Life for Canadian Seniors – Theme 1: Income Security, October 17, 2017.

<sup>10</sup> Canadian Nurses Association, Advancing Inclusion and Quality of Life for Canadian Seniors, October 2017, p. 4.

<sup>11</sup> Canadian Nurses Association, Advancing Inclusion and Quality of Life for Canadian Seniors, October 2017, p. 4.

<sup>12</sup> Vivian O’Donnell et al., Aboriginal seniors in population centres in Canada, Statistics Canada, March 21, 2017, p.3.

<sup>13</sup> Young, Eric, National Positive Aging and Seniors Strategy, October 20, 2017, p. 5,8.

<sup>14</sup> Nicole Laveau, October 17, 2017 Meeting.

Jean-Guy Soulière on consulting seniors and having a Minister of Seniors: “The strategy needs to involve seniors themselves in saying what they need and how it is going to be implemented. You need to have this coordinated somewhere, and that's why a Minister of Seniors is so important, in my view and in our view as an association. It's so you get all the information in one place, digest it in one place, and act in one place.”<sup>15</sup>

### **Geriatric Nursing, Palliative Physicians, and Occupational Therapists, and Aging in Place**

Wanda Morris on “Age in place” care aids: “The best way to protect vulnerable seniors is not to have any in the first place. If we can take steps right now to improve financial security and health for individuals to make sure that they reach retirement healthy and financially secure, that will greatly improve how things happen in the future—for example, making sure that we have affordable housing for everybody; that we have walkable cities; that we invest in world-class transit so that people can age in place; that we create building codes so that seniors don't have to relocate because they aren't able to age in their homes, but instead homes all have walk-in showers, corridors that are wide enough for strollers and wheelchairs, and for larger homes, large closets, so that elevators can be easily installed in later life.”<sup>16</sup>

Denis Prud'homme on home care: “Moving on to the central theme of health, I should mention the urgent shift towards better home care. The federal government needs to provide leadership on this issue and mobilize the provinces. To this end, one essential route is to provide better health transfers exclusively dedicated to home care and services. In addition, we believe that the Canadian government should enshrine, in the Canada Health Act, a plan to provide minimum and equitable access to home care and services for all Canadians.”<sup>17</sup>

Seniors Advocate Isobel Mackenzie on training for senior care: “Step one is to establish national standards, national entitlements, or national expectations to deal with this variation among provinces. That will lead to an ability to attract to the labour force the kinds of people we need. When they look at the ability to rise to national standard certifications, for example, and they can see mobility within their profession because it's the same in Saskatchewan as it is in British Columbia as it is in Ontario, that will be a way to move that forward. Informal care or family caregivers, which one of my predecessors spoke about, is also not to be underestimated as a solution to caring for our aging society in a way that is potentially more cost-effective, although not always, and it is certainly more centred on the needs of the seniors themselves.”<sup>18</sup>

Dr. Pat Armstrong on professional training for senior care: “It's partly what I was trying to stress with this committee, that it's about human resources. Human resources has to pay attention to

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<sup>15</sup> National Association of Federal Retirees Representative Jean-Guy Soulière, October 17, 2017 Meeting.

<sup>16</sup> CARP representative Wanda Morris, October 3, 2017 Meeting.

<sup>17</sup> Denis Prud'homme (Réseau FADOQ), Oct. 19, 2017 Meeting

<sup>18</sup> Isobel Mackenzie (Seniors Advocate of BC), Oct. 5, 2017 Meeting.

the conditions of work. We are relying increasingly on people from other countries to come to Canada to do this work. It's harder and harder to attract people within Canada to do the work, in part because it's insecure. It's precarious. In-home care is lower paid than in long-term care, and long-term care is lower paid than in hospital care. The work is heavier.

We need a strategy about training, but we also need to have the conditions so that people can use their training. We hear this all the time from people in long-term care, that they go home at night and cry because they could see what should have been done but couldn't do it. They just didn't have the time. So unless we have enough staff, and unless, to go back to the prior question, they have the kind of training they need...but the training's no good if you haven't the capacity to use the skills you have.”<sup>19</sup>

## **Taxes, Benefits, and Retirement**

When asked by MP Blaney “Mr. Marcoux, you are a doctor. We now know that the government wants to tax entrepreneurs, including doctors. Do you think that the infamous Morneau tax will help keep doctors in the regions? Will it have negative effects on seniors?”<sup>20</sup>

Dr. Laurent Marcoux on higher taxes for entrepreneurs and doctors: “We talked about it yesterday at the Standing Senate Committee on National Finance. I'll say it again today: changing a system that has been around for 45 years will have unexpected, unpredictable and probably negative consequences.

Of course we must review the tax system. Any system, including the 50-year-old health care system, needs to be reviewed and adapted to modern times. However, you must take the time to check if the stairs are sturdy before you step on them.”<sup>21</sup>

When asked by MP Blaney: “The Liberal government has changed the rules. They've expanded the GIS, and you mentioned that it would have negative impacts.

If there's something I'm really sensitive about, it's the most vulnerable elderly. Can you expand on the impact on those low-income seniors of the changes the Liberals have made to the Canada Pension Plan?”<sup>22</sup>

Richard Shillington on GIS eligibility changes: “The enhanced Canada Pension Plan that was announced roughly 14 months ago, in June, is going to start collecting more contributions. Those will build up over time and will pay additional benefits on top of what the base Canada Pension Plan pays, but if you're a GIS recipient, it could, depending on your circumstances, wipe the GIS out almost totally or just make it not as good an investment. If it were a voluntary

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<sup>19</sup> Dr. Pat Armstrong (Canadian Centre for Policy Alternatives), October 19, 2017 Meeting.

<sup>20</sup> MP Steven Blaney, October 26, 2017 Meeting

<sup>21</sup> Canadian Medical Association President Dr. Laurent Marcoux, October 26, 2017 Meeting

<sup>22</sup> MP Steven Blaney, October 3, 2017 Meeting

investment plan, you would be much better off investing somewhere else that didn't have the 50% back-end load. That's the basic point.

This was an issue that was part of the discussion between the provinces. Some provinces were not keen on the proposal as passed because of this issue. It's something that people knew about.”<sup>23</sup>

## Helping Vulnerable Seniors

Jane Rooney from Financial Consumer Agency of Canada on financial abuse: “One last thing is that we worked with ESDC and the provinces and territories to create a booklet about powers of attorney and joint accounts. It's an opportunity to raise awareness that there are powerful tools out there that can cause harm to someone if used incorrectly. In the case of a joint account—two owners of assets within an account—if someone is a victim of financial abuse, at times people could withdraw money. Again the opportunity was with the provinces and territories to raise awareness about these tools—powers of attorney and joint accounts—so that people recognize that these tools can be used to harm them, so that they understand better those tools.”<sup>24</sup>

## 4. Recommendations

### Making Seniors a Priority

1. Recommend that the federal government appoint a Minister of Seniors to work with provincial and territorial counterparts and municipal leaders
2. Recommend that a National Seniors Strategy be in place by July 1, 2019

### Geriatric Nursing, Palliative Physicians, and Occupational Therapists, and Aging in Place

3. Recommend that the federal government create incentives to encourage:
  - a. “age in place” care aids
  - b. Geriatric Nursing, Palliative physicians, occupational therapists etc.
  - c. Forgive tuitions after 3-5 years of work in geriatrics/palliative care
4. Recommend that the federal government make palliative care available to every Canadian resident who needs it

### Taxes, Benefits, and Retirement

5. Recommend that the federal government make training for hospice care volunteers tax deductible.
6. Recommend that the federal government provide relief to Canadian families with the financial burden of funeral and end of life services, and ensure dignified services for all Canadians by:
  - Restoring the 1997 CPP Death Benefit rate to \$3,580.00;

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<sup>23</sup> Advisor for Council on Aging Ottawa, Richard Shillington, October 3, 2017 Meeting.

<sup>24</sup> Financial Consumer Agency of Canada representative Jane Rooney, October 17, 2017 Meeting.

- Applying an annual index to the CPP Death Benefit to keep pace with inflation and;
- 7. Recommend that the CPP Death Benefit be made tax free
- 8. Recommend that the federal government better informs families on their eligibility to claim the CPP Death Benefit
- 9. Recommend that the federal government takes action to prevent the CPP enhancement from bumping over 200,000 seniors from the Guaranteed Income Supplement, or that it takes measures to at least alleviate the impact on hundreds of thousands of seniors.

### **Helping Vulnerable Seniors**

- 10. Recommend that the federal government help address social isolation among seniors through a national volunteer program
- 11. Recommend that the federal government take steps to combat elder abuse, both physical and financial

### **Conclusion**

In retrospect, while the majority report has identified key issues for Canadian seniors, and made some reasonable recommendations, the Conservative HUMA members nevertheless maintains differences with the majority report. The Conservative report emphasizes different issues, and in many cases differs on policy. For example, Conservatives advocate for a Minister of Seniors to be appointed. We believe that there is a lack of leadership from the top when it comes to the Seniors file, and we strongly believe that We Can Do Better for Seniors.

## **Advancing Inclusion and Quality of Life for Canadian Seniors Supplementary Report of the New Democratic Party (NDP)**

### **Recommendations**

1. To help those vulnerable seniors, the New Democratic Party of Canada calls for a Minister for Seniors who will be responsible to:
  - Implement the National Seniors Strategy.
  - Address immediately the unacceptable levels of poverty among seniors.
  - Ensure any new National Seniors Strategy must have stringent monitoring, reporting and accountability measures.
  - Ensure that any National Seniors Strategy and the government give high priority to help those at-risk groups identified by testimony, i.e. Indigenous, women living alone, LGBTQ2, racialized minorities, and recent immigrants.
  - Review, revise and improve seniors' benefits for the vulnerable, and ensure that all services, communications and education be done in a manner sensitive and suitable for the variety of seniors who find themselves in many different places and situations.
  - Pay special attention to seniors living in rural and remote areas.
2. We call on the government to:
  - Support a National Pharmacare Program.
  - Work Nation to Nation with Indigenous communities.
  - Establish and support a multi-department Seniors Secretariat.

“We see that seniors are not keeping up with the working-age population's living standards...if seniors are saving to maintain their own standard of living from when they were working and to be included with their peers, they're always going to lag behind the next generation. That's a conversation to have in and of itself.” **Dr. Tammy Schirle, Professor, Department of Economics, Wilfrid Laurier University, as an individual**

“The face of senior poverty is overwhelmingly female. The median income in 2013 for a senior woman was \$21,900, compared with \$32,300 for a man. We need to take steps to fix this” **Wanda Morris, Vice-President, Advocacy, Canadian Association of Retired Persons (CARP)**

“Step one is to establish (home care) national standards, national entitlements, or national expectations to deal with this variation among provinces. That will lead to an ability to attract to the labour force the kinds of people we need.” **Isobel Mackenzie, Seniors Advocate, Office of the Seniors Advocate of British Columbia**

“What is missing? We need a vision for seniors care in Canada. We need to be planning for 2025 and beyond, when 25% of the population will be over 65 years of age. A national seniors strategy could lead the way by establishing a vision for seniors' quality of life, health care inclusion, and income security. The national strategy could assist small organizations and communities like ours in Langley to adopt a planning strategy with a clear vision, access to information, and resources about types of programs and services that communities can set up with their existing service providers” **Debra Hauptman, Chief Executive Officer, Langley Lodge, Langley Care Society**

“When I wrote the report on financial literacy..., my take was that we should make the system simple enough that an average person can make reasonable decisions and be treated fairly”  
**Richard Shillington, Adviser Council on Aging of Ottawa**

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Seniors and children should be the most valued members of our families, our communities and our country. At the outset of this Supplementary Report, the New Democratic Party of Canada want to pay tribute to seniors, as well as to those on the front lines of delivering health care, home care, and all the other services and benefits for our seniors. We especially pay tribute to community volunteers and to the legion of overwhelmed, informal caregivers, often members of the seniors' own family. There are seniors too who may be at a stage of being very vulnerable economically and at the same time are having to care for a loved one. We remember them.

This study, “Advancing Inclusion and Quality of Life for Canadian Seniors”, presumes that place of respect and honour for our seniors. The New Democratic Party knows that words alone are not enough. Seniors and their loved ones need action and concrete plans, to do justice for our seniors, especially those many vulnerable seniors in our midst. We need leadership immediately from the federal government in collaboration with the other levels of government to deliver a concrete and long-term plan of action for the many vulnerable seniors who are not finding the golden years so golden. StatsCan recently published new numbers concerning the reality in which many seniors live. The percentage of seniors living in low income increased since 2005, from 12.0% to 14.5% in 2015<sup>1</sup>. This increase is only one of the reasons why we should look more after seniors.

Worse, there are particular at-risk groups among seniors – women living alone, members of the LBGQT2 communities, Indigenous people, recent immigrants, those in racialized minorities – who are already far behind other Canadians and will only face worse hardships in their senior years as they age.

“I would add that the consequences of our current system are profoundly gendered. Women live longer than men, use the health system more, and have

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<sup>1</sup> Statistics Canada, *Household income in Canada: Key results from the 2016 Census*, 13 September 2017, from <http://www.statcan.gc.ca/daily-quotidien/170913/dq170913a-eng.htm>.



fewer economic resources, so the failure to provide care has a gendered impact. The impact is unequal among women as well. Women also provide the overwhelming majority of paid and unpaid care work, so poor conditions of work have the greatest impact on them. In home and residential care, a significant number of those women are from immigrant and racialized communities. We need a federal initiative to ensure universal access to the full range of health services delivered by non-profit organizations based on the same principles as the Canada Health Act. This also means a human resource strategy that ensures appropriate conditions of work. We need to do it now, before it's too late." **Pat Armstrong, Canadian Centre for Policy Alternatives**

**1. We can do better. We must do better. To help those vulnerable seniors, the New Democratic Party of Canada calls for a Minister for Seniors who will be responsible to:**

- **Implement the National Seniors Strategy** recommended in this report<sup>2</sup>. We believe that any National Seniors Strategy must be twofold: deliver immediate help to our vulnerable seniors; launch the long overdue vision and strategy plan for 2036 and beyond, when one of every four Canadians will be 65 years or older<sup>3</sup>. Both the immediate and long-term plans in a national strategy must address all issues in a meaningful way across all levels of government.

"It should have happened a long time ago. We should have done some demographic planning. We should have had a look and had a long-term strategy in place. There is one thing I was going to mention when the previous question was being answered. What we need is a long-term strategy to turn the ship around. It can't be reliant on election cycles. We need a long-term strategy that all political parties agree with. It should say what we need to do over the next 20 years in order to sort this out. We need principles that will be adhered to."

**Leighton McDonald, President, Closing the Gap Healthcare, Canadian Home Care**

- **Address immediately the unacceptable levels of poverty among seniors.** It is time to expand the CPP and other elements of the public pension system, including OAS and GIS, so all Canadians have access to decent retirement security.

"There is a whole lot of room in the CPP where we still could go. The replacement rate of CPP was set at 25% income replacement back in 1967, which was 50 years ago, when the program started, and it's still at 25% today. We were calling for that to be moved up to 50%. It is moving up to 33%. There's a whole lot of room there where we could still go. We polled on this issue, and Canadians

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<sup>2</sup> 41 of 44 witnesses or groups of witnesses supported a National Seniors Strategy. The other 3 abstained or had no opinion. No one opposed it.

<sup>3</sup> Statistics Canada, *Seniors*, 2012, from <http://www.statcan.gc.ca/pub/11-402-x/2012000/chap/seniors-aines/seniors-aines-eng.htm>.

are actually quite willing to put more money into the CPP. We gave them dollar figures and per cent figures, and they were supportive of doing that. This is a trade-off they are willing to make.” **Mark Janson, Senior Pensions Officer, National Officer Canadian Union of Public Employees**

- **Ensure any new National Seniors Strategy must have stringent monitoring, reporting and accountability measures.** Predictably, with the government majority, this report does not go far enough in its recommendations nor puts in place in regards to a National Seniors Strategy the precise measures for monitoring, reporting and accountability. Whether it is a new Ministry as we prefer or the National Seniors Council sharing increased responsibility for the delivery of services for seniors, this vagueness on monitoring, reporting and accountability measures will undermine the effectiveness of any National Seniors Strategy.
- **Ensure that any National Seniors Strategy and the government give high priority to help those at-risk groups identified by testimony, i.e. Indigenous, women living alone, LGBTQ2, racialized minorities, and recent immigrants.** There are vulnerable seniors too who identify at the same time with several of these groups, what the literature refers to as concurrent inter-sectionality, e.g. an Indigenous woman living alone, a recent immigrant with a disability, a black or Asian senior who identifies as LGBTQ2. They require government’s urgent attention.

“I work in the Social and Aboriginal Statistics Division. We have produced a report that looks at the situation of seniors in population centres. Among other things, the study looks at seniors who are in a low-income situation. It demonstrates that in 2011, 23% of aboriginal seniors who were living in population centres were in a low-income situation, and this compared with 13% of the non-aboriginal senior population. We also see differences between men and women in the aboriginal population and the non-aboriginal population. A higher percentage of senior aboriginal women were part of a low-income population compared to senior men: 26% compared with 18%. In looking at the non-aboriginal population, again women are more likely to be in a low-income situation than men: 16% of women compared with 9% of men.” **Pamela Best, Assistant Director, Social and Aboriginal Statistics Division, Statistics Canada**

- **Review, revise and improve seniors’ benefits for the vulnerable, and ensure that all services, communications and education be done in a manner sensitive and suitable for the variety of seniors who find themselves in many different places and situations.** Government services must be far more senior-friendly, flexible, transparent and coherent. The report refers to the uniqueness of each senior, much like a sunset, no two exactly alike ---”...diversity in physical ability, income, education, and living circumstances among these individuals.” The Government of Canada must remember this uniqueness and diversity among seniors in its delivery of all benefits and services, paying particular attention to differences that may exist within the same province and

even within the same region or riding. There are seniors who thrive on the Internet while others avoid it and still others who would like to access the Internet for government services and forms but have either no rural nor remote broadband or intermittent signals. Some seniors use 1-800 government telephone numbers. Other seniors want to deal in person with government staff. Seniors too may be challenged by enormous healthcare crisis while others are thirsting for further education, language, cultural and employment opportunities. Government of Canada services must be friendly and accessible for all seniors.

- **Pay special attention to seniors living in rural and remote areas** who face unique challenges in housing, healthcare, home care, transportation, accessibility, technology and other issues. Despite the testimony, the all-party committee report does not make this the priority that is needed and that the New Democratic Party supports. There was testimony in the hearings on seniors in rural, smaller, and otherwise hard-to-service remote communities facing unique challenges on: social isolation; quality of life; shelter costs; increased access to appropriate care; eviction and homelessness, utilities shut off, roofs leaking and in dire need of repair.

“I think one of the things that we are starting to do actually here in Canada is to combine hospitals and long-term care and assisted living, creating a community of those facilities. Rather than closing all our tiny hospitals and closing all of those things in small communities, we can combine all of the services to make them one real service.” **Pat Armstrong, Research Associate, Canadian Centre for Policy Alternatives**

## 2. As well, we call on the government to:

- **Support a National Pharmacare Program.** This will save money for Canadians and the government<sup>4</sup>. It is unacceptable to learn about seniors cutting expensive medications or not filling prescriptions at all.

“To reiterate CMA's (Canadian Medical Association) presentation on October 26, we are also long-time supporters of a national pharmacare program. A national pharmacare program would allow for improving, monitoring, and evaluating prescribing practice. It would do so much to eliminate inappropriate prescribing to seniors. It would also help ensure that seniors would have equal access to the necessary and safe prescription.” **Linda Silas, President, Canadian Federation of Nurses Unions**

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<sup>4</sup> Among others, Wanda Morris (Vice-President, Advocacy, Canadian Association of Retired Persons (CARP)) and Danis Prud'homme (Chief Executive Officer, Réseau FADOQ) supported in their testimonies a national pharmacare program.

- **Work Nation to Nation with Indigenous communities** on all the significant challenges facing their seniors. We know the well-documented injustices here in housing, health, infrastructure, food security, cultural and social isolation and more.

“We talk about needing housing, needing housing that is appropriate to seniors. We need to have programs, whether it’s the home care, the transportation that brings them to the service or to the dentist to have their health care needs met”  
**Vera Pawis-Tabobodung, Senator, National Association of Friendship Centres**

- **Establish and support a multi-department Seniors Secretariat** to ensure that the recommendations from this report are implemented and that all benefits and services for our seniors are delivered in a timely, fair and full fashion

“First, the Réseau FADOQ recommends the creation of a seniors’ secretariat under the Federal Executive Council. We also suggest that all current and future public policies be looked at through a “seniors’ lens.” And we would welcome an upgrade of the National Seniors Council, so that it might become a locus of collaboration for organizations such as ours.” **Danis Prud’homme, Chief Executive Officer, Réseau FADOQ**

Let us be clear on the need for a full, independent and dedicated Minister and Ministry that actually does make a difference in the lives of our seniors. We must learn from the mistakes of the current and previous governments. Despite the evidence of how fast and how large our population of seniors is growing<sup>5</sup>, the current government wants to continue to locate services in its one, super-sized Ministry of Employment and Social Development. Seniors have suffered because of their services lost in this large Ministry. Having a Ministry for Seniors will not in or of itself solve anything. The previous government had a Minister for Seniors but since it was a Minister of State for Seniors, which is not the same thing as a Minister for Seniors, no department for seniors was ever created. A Minister for Seniors is a major step forward only if the government gives it prominence and sufficient resources.

There are other concerns we have with this report that, predictably, with the government majority, does not go far enough in its recommendations nor puts in place in regards to a National Seniors Strategy the precise measures for monitoring, reporting and accountability. Whether it is a new Ministry as we prefer or the National Seniors Council sharing increased responsibility for the delivery of services for seniors, this vagueness on monitoring, reporting and accountability measures will undermine the effectiveness of any National Seniors Strategy.

Testimony highlighted too the acute crisis in care-giving, both formal and informal. While the report’s call for pan-Canadian guidelines for home care services is a good start, it is not enough.

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<sup>5</sup> Statistics Canada, *Seniors*, 2012, Retrieved from <http://www.statcan.gc.ca/pub/11-402-x/2012000/chap/seniors-aines/seniors-aines-eng.htm>.

This especially is an issue that requires co-ordinated action from all levels of government. People across this country know how desperate the situation is, as we heard in this testimony:

“One thing we can do is look at how we can support caregivers better. These caregivers are providing \$26 billion annually of unpaid and informal care. We have a provision in the CPP to give child rearers, primarily women, a time out when they are raising children. We would love to see that extended to caregivers, but also, being aware that having other CPP contributors subsidize it would be a regressive tax, we look for something more innovative, such as government funding for those CPP premiums.” **Wanda Morris, Vice-President, Advocacy, Canadian Association of Retired Persons (CARP)**

“People are not attracted to it (caregivers). It's not a glamorous role, and it doesn't pay well. It's a matter of making sure that people can sustain themselves. That's the first side of it. Then it's making sure that we have the curricula at the colleges in order to do this and that quality standards are in place. It's a matter of putting that structure in place. The overarching one is making sure that people want to do it. We are continually battling with people. We work, for example, in some rural areas. During the summer, our personal support workers become servers at restaurants because it pays better. We battle getting capacity in summer because people go work in restaurants. I think the way in which we recognize and remunerate these very important parts of the health care system needs to be looked at.” **Leighton McDonald, President, Closing the Gap Healthcare, Canadian Home Care**

Finally, one of the report's recommendations calls for reviewing and updating the Guaranteed Income Supplement benefit to ensure that vulnerable seniors receive adequate income and “to assess the impact that marital status can have on recipients.” There was testimony on divorced or single women having unique challenges or penalties in terms of accessing benefits or receive the same benefits as others. We must close these gaps in benefits. Eligibility and payments should be based on age and income rather than prior marital status.

## **Conclusion**

This report's recommendations, including our Supplementary Report recommendations, will make a huge difference in the lives of our seniors, no matter where they live in Canada. As people age, as they face the normal health and life challenges that come with aging, we can act to make their lives better. We can fix the injustices and unfairness that this and other studies have identified. We do it for our honoured seniors and elders. We do it for the good of our country and ourselves.

“We need to reconsider Canadians' priorities for supporting vulnerable populations as opposed to entire demographic groups.” **Dr. Tammy Schirle,**

**Professor, Department of Economics, Wilfrid Laurier University, as an Individual**