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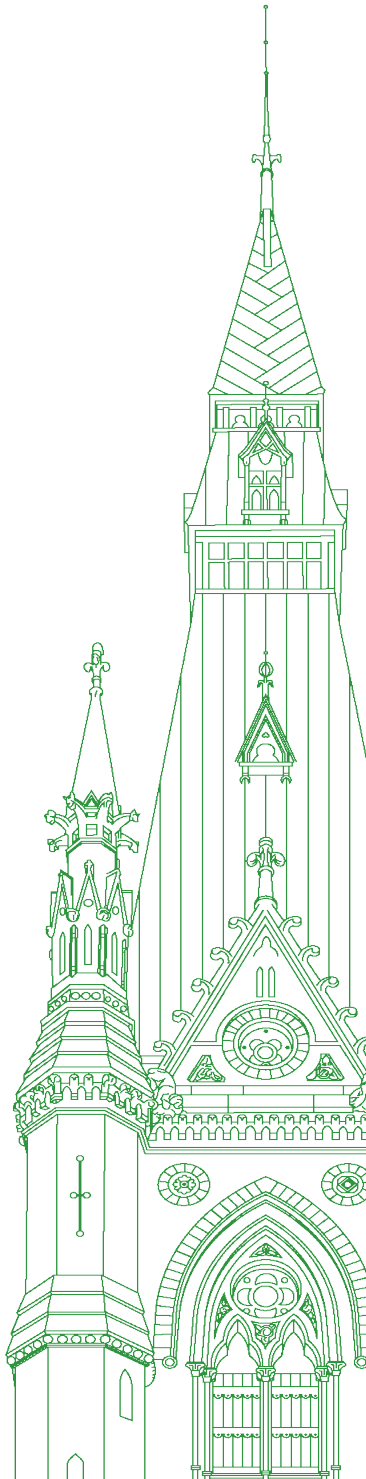

Chair: Mr. Robert Morrissey

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

Monday, March 21, 2022

● (1100)

[*English*]

The Chair (Mr. Robert Morrissey (Egmont, Lib.)): I call this meeting to order.

Welcome to meeting number 13 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Today's meeting again is taking place in a hybrid format pursuant to the House order of November 25, 2021. Members are attending in person in the room and remotely using the Zoom application. The proceedings will be available via the House of Commons website, and the webcast will always show the person speaking, rather than the entirety of the committee.

Given the ongoing pandemic situation, and in light of the recommendations from health authorities, I would expect all members attending to follow the appropriate health protocols that are in place for the pandemic.

To ensure an orderly meeting, I would like to outline a few rules to follow.

Members and witnesses may speak in the official language of their choice. Interpretation services are available. You have the choice, at the bottom of your screen, if you are attending virtually or using the earpiece here in the committee room. I would ask any member to get my attention if there is a disruption in the interpretation or translation services.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. For those in the room, your microphone will be controlled as normal by the proceedings and verification officer. When speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute.

As a reminder, all comments should be addressed through the chair. With regard to a speaking list, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether they are participating virtually or in person.

This morning, as we continue our study on labour shortages, working conditions and the care economy, three witnesses will be appearing. We are still dealing with a technical issue for one witness, whose participation we are unsure of at this time.

I would like to welcome our witnesses: from the Canadian Federation of Nurses Unions, Linda Silas, president; from the Quebec Federation of Labour, Denis Bolduc, general secretary; and, from Service Employees International Union Healthcare, Sharleen Stewart, president.

I would mention that for each witness there is a five-minute timeline on your opening comments. For the benefit of committee members, to maximize their time, I will be enforcing the five-minute rule. At five minutes, I will ask you to stop, and we will proceed to questions from committee members.

Beginning for five minutes, I will now turn to Madam Silas, president of the Canadian Federation of Nurses Unions, for her opening five-minute statement.

Madam Silas, you have the floor.

Ms. Linda Silas (President, Canadian Federation of Nurses Unions): Thank you, Mr. Chair and committee members. Thank you for the invitation to appear before this committee on behalf of Canada's nurses.

As was mentioned, my name is Linda Silas. I'm president of the Canadian Federation of Nurses Unions, and I'm a registered nurse by profession.

The CFNU is Canada's largest nursing organization, representing frontline nurses—the RNs, LPNs, RPNs, or psychiatric nurses, and nurse practitioners—as well as nursing students.

When you say “front line”, that's us. Just last week I met with nurses in Manitoba to hear their stories and listen to their solutions on how to stop nurses from leaving our system. They said, “Show us respect at all levels of nursing. We need standardized education. Remove obstacles placed in front of internationally educated nurses. Stop the proliferation of agency nurses, because it's killing us, especially those of us who commit to employers in our province. Increase and fund nursing education seats. Increase support staff, because we can't do it ourselves.”

Lastly, one said to me, “I've had enough of mandatory overtime. I know there's not enough staff, but overtime won't fix it. If they don't fix our unit, we will be closing, and where will my cancer patients go then?”

Nurses take their jobs very seriously. They care deeply about the well-being of their patients, and they have a duty to uphold professional standards in their work. Over 80% of nurses report insufficient staffing in their workplace. Two-thirds are saying the quality of care has declined over the past year, and severe burnout is up to 45% from 29% just prior to the pandemic. These factors are pushing many nurses to leave their jobs and the profession itself.

Since the beginning of the pandemic, the number of vacancies in the health care and social assistance sectors has grown significantly, reaching over 118,000 as of the third quarter of 2021. Almost 34,000 of these job postings were for nurses, and many went unfilled for more than 90 days.

How do we prevent more nurses from leaving their jobs and attract enough nurses to address these ever-growing vacancies? We need a pan-Canadian health human resource plan that will equip the provinces and territories with the tools and resources they need to retain and recruit enough nurses and other health care workers to sustain our cherished public health care system.

From hiring guarantees for new graduates, as was done in Nova Scotia, to facilitating the transition from part-time to full-time positions, to providing opportunities to upgrade skills, to bridging programs or the New Brunswick “earn as you learn” program, these are the necessary initiatives. Let's recognize experienced nurses as mentors and provide accessible mental health programs for everyone.

For the sake of both our workforce and our patients, we simply cannot afford to lose any more of these critical frontline workers. This multi-faceted approach would allow the federal government to provide target funding to the provinces and territories so they can respond to the needs at the local level.

The CFNU is well placed to work with the federal, provincial and territorial governments around retention and recruitment initiatives. We have a track record that goes back two decades to when we were faced with a similar nursing shortage. We contributed to the final report of the Canadian Nursing Advisory Committee in 2002 and the nursing sector studies that followed. We produced integrated strategies for nursing resources in Canada, including the aboriginal workforce participation initiative, the AWPI. These are all federal government programs.

Following this, Health Canada approved a proposal by CFNU to implement 10 pilot projects in the provinces, as well as in Nunavut, to improve nurse retention and recruitment. One lesson we learned is that successful endeavour happens when the federal government works with unions, employers, governments, universities, colleges, and professional associations. We can accomplish a lot together.

In 2019, we spent over $175 billion on the health workforce. That's nearly 8% of the country's GDP. In spite of all this, we know very little about these workers. Along with 60 organizations in health care, the CFNU signed on to the call to action, urging the federal government to establish a national health workforce body to collect data, strategize and fund strategies.

● (1105)

Provinces and territories cannot manage the scale and complexity of this crisis on their own. It is long past time for the federal government to step in.

Once again, I thank you for providing me this opportunity to contribute to this important study, and I congratulate you for doing this important work for Canadians.

I would be happy to answer your questions. Thank you.

● (1110)

The Chair: Thank you, Madam Silas.

Mr. Bolduc, please go ahead, for five minutes.

[*Translation*]

Mr. Denis Bolduc (General Secretary, Fédération des travailleurs et travailleuses du Québec): Thank you, Mr. Chair.

Good morning, committee members.

I want to thank you on behalf of the Fédération des travailleurs et travailleuses du Québec, or the FTQ, for giving me the opportunity to speak about the important issues raised by the committee's current study.

The FTQ represents approximately 600,000 members in Quebec, from both the public and private sectors. It represents thousands of workers, including workers in the health care, social affairs and education sectors. The COVID-19 pandemic and the rapid spread of the virus caught our institutions off guard in the first hours and weeks. No one anticipated the extent of the resulting emergency health measures and their impact on the economy and social and cultural life, but also [*Technical difficulty—Editor*] of some of our institutions. It placed renewed focus on the essential work done by thousands of men and women on the front lines of providing care. These thousands of jobs are often precarious, unknown and undervalued, yet they play a vital role in our daily lives.

The crisis also shed light on the systemic inequities that still too often define all these essential front-line jobs. The jobs are predominantly held by women or immigrants, who often have low or poorly recognized qualifications and fragile employment situations. I'm pleased that the committee is taking the time today to shed light on this challenging period. There are certainly important lessons to be learned. The government definitely plays a key role in all this.

I want to draw your attention to a few points for consideration. The labour movement acknowledges that a number of employers have been facing recruitment challenges for several years now. These challenges can vary from region to region, from sector to sector and from province to province. There's also a shortage of good jobs. In terms of supply and demand, we often see major imbalances in professions or trades where the conditions provided aren't enough to attract and retain a skilled workforce [*Technical difficulty—Editor*].

With respect to labour shortages and working conditions in the care economy, I want to outline some of the key issues raised by our members who work in this sector on a daily basis.

Compensation packages aren't always competitive when compared to other occupations that require the same skills or qualifications. In many workplaces, the disposable income of workers, especially the workers with the most precarious conditions, is decreasing given the constant pressure of private drug plan costs. This makes the workers poorer every year. Moreover, the labour shortage places additional pressure on the current teams, which are already stretched thin as a result of often mandatory overtime, rescheduled or split shifts, and the denial of leave. A number of workplaces denied leave during the pandemic, sometimes even for people infected with the virus. As well, workers are called upon to perform their work in multiple facilities, which are sometimes far apart. The working conditions aren't conducive to retaining or attracting workers to care settings. This issue must be addressed.

● (1115)

You have heard this before. In a number of workplaces, front-line workers are leaving their jobs after only a few years on the job. The wage gap between men and women and between comparable jobs in different sectors can't be overlooked for much longer, especially given the current inflation. The federal government must provide more support to the provinces and territories. It must increase transfers for health care, but also for workforce training [*Technical difficulty—Editor*] of Quebec.

Thank you for inviting me to speak. I would be pleased to answer your questions.

The Chair: Thank you, Mr. Bolduc.

[*English*]

The third witness is still unable to virtually connect with the committee. We will see as time goes on, but in the meantime we will start the first round of questioning.

We will begin on the Conservative side, with Mr. Liepert.

Mr. Liepert, the floor is yours.

Mr. Ron Liepert (Calgary Signal Hill, CPC): Thank you.

Thanks for the presentation this morning. I think I speak for pretty much everyone around the table and across the country on the importance that the nursing profession has displayed over the past couple of years. It has gone very much above and beyond, in many cases, what would normally be expected.

I think doing this study on the heels of the pandemic is a little.... I'm a little concerned that it's going to be skewed by what we've been through as a globe over the past two years, but I think what it also showed to me is this. For background purposes, I spent two years as health minister in the province of Alberta, so I had some opportunities to deal with the system. It seems to me that we have some major structural issues with health care in the country. Number one, we spend all of our time, or almost all of our time, treating the ill—the sickness side of health care—and we don't spend nearly enough time on the preventative side.

I'd like to know, from both of the two union leaders who have spoken here today, whether you as organizations are working with provincial governments primarily, because they are the ones who deliver health care, to look at fixing structural issues in health care. I don't believe that simply throwing more money at a situation that is structurally in need of repair is the right answer.

I guess I'm more interested in what your two organizations are doing at the provincial and federal levels in trying to see if some of these issues can be worked back and whether we can say we have a structural issue here that we need to deal with before we can fix the problem your members are dealing with on a daily basis.

I'd just like a couple of comments on that.

Ms. Linda Silas: I'll start.

Mr. Liepert, I have to say that you must be a happy man that you weren't Minister of Health during the pandemic.

I will start with your comments around the study perhaps being skewed because we're still in a pandemic. That is a reality. If the committee reads any of the submissions of CNFU from prior to the pandemic, it will see that prior to the pandemic we had a health care human resource shortage. Today we're in a crisis. Nationally, 25% of nurses are saying they are going to leave health care completely, and 50% are saying they want to change jobs. Over my 18 years, I have never seen that.

When you say there is a problem structurally, one thing we have to admit is that we have a few too many queens and kings out there who are trying to manage their own health care system, when we have a country governed under the Canada Health Act and we need to work together. We're way too small a country to have so many different strategies, so many programs.

When you were part of the provincial government, but also the federal government, I'm sure you worked with the building trades and the building sector. They're big in Alberta. They have an agency that looks at how many construction workers we need in this country. That has existed for many years. We have nothing like that for close to a million workers who work in health care in Canada. That's when we say the federal government needs to have the proper data, proper strategy and proper funding for one of the largest human resources in this country. That's why we're talking about an agency or a body. We can call it whatever we want.

I totally agree with you that we need to switch gears. We need to talk about prevention. My first report to the federal and provincial governments, way back when, was in New Brunswick in early 1990. It talked about community health centres. We need to make sure we provide prevention and home care, and that we include mental health, of course, but we need to make sure we have a good acute care sector when we need it. That's truly important. I think all unions are willing to work with you and with all provincial and territorial governments on this.

● (1120)

The Chair: That makes up your time.

I'm going to advise the committee that Ms. Stewart is now available. Some committee members may want to question her.

We'll need to do a short sound test with Ms. Stewart, but she is available. There she is.

Ms. Sharleen Stewart (President, Service Employees International Union Healthcare): Good morning, everybody. I apologize. Two years in....

The Chair: Ms. Stewart, we're going to do a brief sound check.

We're going to suspend for two minutes and do a quick sound check. Then you will proceed with your opening statements. Then we'll resume questioning.

● (1120)

_____(Pause)_____

● (1120)

The Chair: Could we have your attention at this time?

I'm going to ask Ms. Stewart to give her opening statement.

Madam Stewart, you have the floor for five minutes.

Go ahead, please.

Ms. Sharleen Stewart: Thank you so much.

Members of the committee, my name is Sharleen Stewart. Thank you for hearing from me today.

The Service Employees International Union, SEIU, represents two million members across the United States, Puerto Rico and Canada. I proudly serve as international vice-president of our union, as well as president of SEIU Health Care, which represents over 60,000 frontline health care workers in the province of Ontario.

As I stated to your colleagues at the Standing Committee on Government Operations and Estimates last year, our elder care system, [*Technical difficulty—Editor*] more broadly, has failed. It has failed working women, who make up the vast majority of frontline staff. It has failed seniors, who were robbed of dignity and life. It has failed their families, who rely on the care economy for that which they cannot do themselves. Again, the care economy is failing Canadians. We should examine the reality and the solutions through the lens of people, not partisanship.

Conservatives who hold dear the idea of the family unit ought to be outraged at how our sisters and moms and their children are robbed of economic stability and social cohesion. The Bloc Québécois platform presented itself as resolutely feminist, and rightfully so, as what we're talking about for the most part is a population of mostly elderly women who reside in nursing homes, a care economy labour market, the vast majority of whom are women, and child care, which again often falls on the shoulders of women. It was the NDP, as I understand it, and specifically Ms. Bonita Zarrillo, who challenged this committee to examine the care economy.

I want to thank Mr. Michael Coteau for informing me of Ms. Zarrillo's work to have this committee examine what the Canadian government and its parliamentarians can do to support women in the care economy. I also want to thank Liberals, under the leadership of Prime Minister Trudeau, who in the most recent federal election echoed the words of distinguished research professor of sociology, Pat Armstrong, that conditions of work become the conditions of care. That—the conditions of work in the care economy—is what I wish to focus on today.

I wish to paint a picture for you of the journey of so many care workers, starting with immigration. Canada has a robust immigration system, on which we rely for so many things, including economic growth. The truth, however, is that too often it is the start of an exploitative system. As a country, we devalue women's work, and we see that in the wages and working conditions of women in the care economy. After opening our country's borders to care workers, we do the opposite and forget them. What we enable is a system of poverty wages that denies them job security and basic benefits. These working women include personal support workers, domestic workers and child care workers.

Those in the health care system, like PSWs, are the women I'm proud to fight for in our union. Unfortunately, in the past, public policy has often been distilled down to campaign-style tax credits. Let me be clear: Boutique tax credits are not the solution to ending systemic exploitation. Those are consumer-side savings that do nothing to confront the conditions of work. We need provider-side solutions that give the women who care for our families the economic means to also provide for themselves and their own families. We need to support their efforts to unionize, because within a union, they can speak up collectively without fear of being fired or worse, threats of deportation.

Let me remind you of one such example of care economy exploitation in our nation's capital. There [*Technical difficulty—Editor*] during the day, living in a homeless shelter at night. These anecdotes are everywhere. We don't need more data, we need action. Now that the pandemic has brought into focus the everyday experience of care workers, as well as our reliance on them as a societal safety net, I'm urging this committee to bring actions to words, to reform the conditions of work for care economy workers in your community.

As far as solutions go, I want to acknowledge those honourable parliamentarians who voted to support the financial resources to fund a new framework to deliver child care in Canada. Foundational to the national child care framework are good-paying jobs that put people before profits. We should extend that child care framework into health care, a system in the midst of a worsening health human resources crisis. It's on that basis that I look forward to working with you all to support the women who care for all of us.

Thank you.

● (1125)

The Chair: Thank you, Ms. Stewart. You concluded below your timeline. Thank you.

We will now resume questioning, and I will go to Mr. Coteau for six minutes.

Mr. Michael Coteau (Don Valley East, Lib.): Thank you very much.

I want to thank all of the witnesses today. Thank you so much for sharing your stories and representing your members so well.

There's no question that during the pandemic a lot was revealed about our health care system in Canada. Ms. Stewart, I remember reading the story you mentioned. It was in the Ottawa Citizen. There was a personal support worker.... In fact, I think there were a couple dozen. I think something like 25 personal support workers were in the shelter system in the evenings and at night and then going out to work in the day. There's really, without question, a huge problem in the system today.

I was hoping you could talk to us a bit about the minimum wage today and the cost of living. What is a suitable rate for women—mostly minority women—living in urban centres, taking care of our most vulnerable? What is a livable salary when it's broken down to a minimum wage?

● (1130)

Ms. Sharleen Stewart: Yes, it was devastating. It was not uncommon to hear of women in shelters or finding other places, such as living with other family members.

The minimum wage in home care right now is $16.50 an hour. That's barely over the minimum wage in the province of Ontario. Of course, we all know there's an economic crisis, with the price of gas and home care workers depending on their vehicles. A minimum wage should be closer to about $27 an hour, at the very minimum. That would be the start of a living wage.

Again, home care personal support workers have to use that income to travel from client to client. With the price of gas, they're basically using their own wages to pay for gas to do that. They don't get the travel time as well.

When you take a look at the system as well, what we desperately need across the provinces are universal wages. Minimum wage for PSWs is $16.50. It varies in long term care and hospitals, which just creates a competitive market for health care workers. This causes shortages in places like home care, where the wages are so devastating.

On your point about a lot of immigrant women, studies have shown that in 2021 the majority of caregivers were women of colour and Black women. A lot of them are migrants to our country as well.

Mr. Michael Coteau: You also mentioned the cost of travel. The price of gas has obviously increased. When I spoke to a couple of personal support workers a few weeks ago, they talked about the misalignment between the time spent travelling in between jobs. The cost of travelling today actually pulls their salary a bit down from the $16.50 minimum wage.

Can you shed some light on that? Is that an issue?

Ms. Sharleen Stewart: Absolutely. Some of these women, especially in the last week, have [*Technical difficulty—Editor*] by the dozen, saying they can't do it anymore. What's sad about that is that the home care services they provide [*Technical difficulty—Editor*] at home. It's a financially responsible way to deliver services in the province.

Yes, they end up paying to go to work. That is what they've said to me. At $16.50 an hour, when they were getting paid only for the time they were in the client's home and not for the travel between clients, with gas being almost $2 per litre and when they were paying for their own gas, it didn't seem reasonable or sustainable for them to be providing this essential service. It cost them money. They were losing money by going to work. As I said, dozens have quit home care, which we should be concerned about.

When it comes to groceries, I've talked to caregivers who talk about how they provided food for their children and ate one meal a day because they couldn't afford to buy enough groceries for the entire family.

Mr. Michael Coteau: It's unbelievable, the stories you hear out there.

President Silas, you brought up two facts, which were that 25% of nurses have left the profession and 50% are thinking about leaving.

Can you talk about that a bit more?

Ms. Linda Silas: One in two nurses are saying they're considering leaving. When I say nurses, that's all categories of nurses. That's over 50% in the next year. That's why we have such a small window to convince them to stay within the health care field.

We see 19% of nurses saying they've had enough and they're completely leaving. That's either through retirement—that number is quite low, at around 7%—or just leaving and finding other jobs, such as in real estate.

Similar to what Sharleen was saying, we have to fix the workplace. We have to fix the working conditions so we will retain those educated health care workers.

● (1135)

[*Translation*]

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

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

I want to extend my greetings to all the witnesses and thank them for their presentations. I would especially like to acknowledge Ms. Silas and Mr. Bolduc, with whom I had the opportunity to work in a previous life.

Our study concerns the labour market and the care economy, among other things. I appreciate the picture painted for us. Unfortunately, I would say that this picture isn't entirely unfamiliar. There were already issues with shortages, the attraction and retention of workers, working conditions and the organization of services. These issues have been exacerbated by the pandemic. It's troubling to see how much the economically and socially critical health care field can be compromised by improper working conditions. Our study will give us some insight.

The great thing about our Canadian and provincial health care legislation is that it seeks to protect universal and free health care. Each province has the right to organize its system, health care and services. In each province, our major unions—which work very hard and which I acknowledge—advocate not only for quality public health care services, but also for working conditions to improve the lives of their members. In Quebec, we also have pay equity legislation, which has been in place for 25 years. I think that tools are available. I would like to applaud the witnesses for all their comments.

Mr. Bolduc, I have a question for you. There's something disturbing about our health care system. For years, while needs have been increasing in each province, federal budgets have been decreasing. Currently, the federal government contributes 22% of the funding for health care, while each province, simply to maintain services, is increasing spending by 5% to 6%. That's the largest budget provided by each province. Unfortunately, the federal government isn't pulling its weight.

Don't you think that the request made by Quebec and the provinces to increase health transfers to 35% of costs would be a good way to steer our health care and social services systems in the right direction and to support workers?

Mr. Denis Bolduc: Thank you for your question, Ms. Chabot.

The clear answer to this question is yes. The FTQ is asking that federal health transfers to the provinces be significantly increased from 22% to 35% of costs. There are two priorities: health care and education. Health care has faced budget cuts over the years. Every time austerity measures are applied to the health care system, they weaken the system. It has been weakened year after year. It's time to turn things around. In order to keep staff in hospitals, service facilities and home care, it's necessary to provide working conditions that will make them want to stay in the system. If the conditions aren't good enough, people will leave. In recent years, we've seen people come into the system bright-eyed and bushy-tailed and then become disillusioned fairly quickly as a result of mandatory overtime, challenging working conditions and a lack of support. They simply leave their jobs after two, three or five years. We see this very often.

● (1140)

Ms. Louise Chabot: Thank you.

My second question is about workforce training.

I don't know about the model in other provinces, but the Quebec system is quite unique. There's a commission of labour market partners, which consists of both employers and the major unions, in addition to government departments. We know how much worker support includes training. We saw that during the pandemic.

Can the federal government play a role in increasing training budgets and targets? Mr. Bolduc, could you answer my question?

Mr. Denis Bolduc: Increasing federal transfers for labour market training is one solution. As you said, Ms. Chabot, we have a unique system in Quebec. We can do something about workforce training.

To address the labour shortage issue, a number of employers are turning to digital transformation, for example. I often compare it to [*Technical difficulty—Editor*] workplace transformations that will quickly become mandatory to deal with climate change. It's necessary to assess how jobs will change, because action is needed.

Some current jobs will disappear, and some will be created in the next two to five years. Many jobs will be transformed by the changes [*Technical difficulty—Editor*] to deal with climate change. Workers must be supported during these transformations.

We're talking about skills development and requalification. It's important to increase federal transfers for workforce training.

The Chair: Thank you, Mr. Bolduc.

[*English*]

Now we'll go to Madam Zarrillo for six minutes.

Madam Zarrillo, you have the floor.

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Thank you, Mr. Chair.

Thank you to the speakers who came today. I appreciate the witnesses' shining a light on care work being gendered.

Traditional women's work has been undervalued for too long, and it is now moving into exploitation. That's no accident, based on long-standing gender discrimination, and it's even worse for intersectional women, immigrant women and women of colour.

With care work making up 8% of GDP and with an aging population, the care economy has the potential to grow exponentially. We know that we need the workforce behind it.

My questions for the witnesses are around privatization. There's been some move toward privatization in this area. I would like to hear from each of the witnesses on how privatization has impacted the quality of care and the working conditions for the workforce in the care economy.

The Chair: Have you directed that question, Ms. Zarrillo?

Ms. Bonita Zarrillo: I would ask Madam Silas first, and then perhaps Mr. Bolduc and, if we have time, Ms. Stewart.

Ms. Linda Silas: For us right now, it's the crisis in our long-term care and home care sectors. There's a lack of transparency of where public dollars are going to in these private agencies. Ms. Stewart will be able to talk about the research they've done in the private sector and in home care and long-term care, but for our nurses, it's the agencies. We're seeing nursing agencies popping up across the country. They're paying double or triple the salaries. Nurses are not working in their communities anymore, because they're too tired of the awful working conditions within our long-term care and acute care sectors. They just go to an agency. I mentioned that in my introductory comments.

I commit myself to an employer. They cannot work with me to improve my working conditions, and then have my co-workers just leave for an agency. That is opening the door for more privatization of our acute care sector, and that's where we're talking about our critical care nurses, where the specialization is extreme. With our emergency nurses, again, the specialization is extreme. Honestly, they're paid by us, the taxpayers, and now they're going to agencies.

I'll keep it at that. We have many studies on the negative effects of privatization in health care, such as an education that we need to keep the five principles of the Canada Health Act solid. It's the role of the federal government to protect them.

● (1145)

[*Translation*]

Mr. Denis Bolduc: First, health care is a public service. I have a real issue with austerity measures, budget cuts and so on. Before the health crisis, the system had been struggling for years. When the crisis hit, the system couldn't respond properly. What was done? People turned to the private sector and then said that this approach worked. Yet it didn't.

In Quebec, people turned to employment agencies to find staff. These agencies [*Technical difficulty—Editor*] not provide a public service. It costs twice or three times as much. Every time, we enter a vicious cycle where the private sector seems like the rescuer. However, the reality is quite different. In reality, the public health sector is overlooked. When things go wrong, people turn to the private sector. They then claim that this approach works.

Increased reliance on the private sector further weakens the public sector. We must stop this vicious cycle and focus on the public health care system. It must be given the resources required to carry out the work and to provide these services to the community, to the public.

Clearly, both health care and education services must be provided as public services, not for profit.

[*English*]

Ms. Sharleen Stewart: I'm going to proceed until I'm told we don't have time.

I just want to remind people again of Pat Armstrong's words, “The conditions of work are the conditions of care.” As a reminder, compared to the OECD average over the last couple of years, Canadians had fewer care workers per 100 [*Technical difficulty—Editor*]. When you cut corners, when you put profits before people, and when you put your shareholders' money before the care that you provide to our senior residents, the outcomes are going to be exactly what we saw. We performed worse [*Technical difficulty—Editor*] put the respect and the dignity back into care. That starts with caring for the patients, residents and clients, but also for the people we rely on to care for our loved ones.

The conditions of care have to improve through improving the conditions of work and improving the wages.

The Chair: Thank you, Ms. Stewart.

Thank you, Madam Zarrillo. Your time is up.

Now we go to Madam Gladu for five minutes. You have the floor.

● (1150)

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Mr. Chair, and thank you to our witnesses for being here today.

When I was on the health committee, we did a study on long-term care and some of the factors affecting it. Nurses and PSWs were part of that. I believe Ms. Silas gave testimony there.

With respect to the 50% turnover of nurses, it was true then, as well. I just want to see whether the factors that were contributing to that are the same. At the time, for nurses and PSWs, it was violence in the workplace, working conditions like mandatory overtime, and non-competitive compensations that were driving a brain drain to the U.S.

Ms. Silas, is that still the scenario with respect to the nurses?

Ms. Linda Silas: Thank you, Ms. Gladu. I hope your daughter is doing well in nursing.

Right now, it's the understaffing. Among our members, 83% are telling us they are working understaffed every day. That means every day they go into work unable to provide great care—they're not able to do their job properly. That is number one, followed by violence. Respect would be the third one, which I would put in with a competitive salary.

Ms. Marilyn Gladu: It's really unfortunate, then, that we fired so many nurses and PSWs for being unvaccinated. That certainly made a bad situation even worse.

In terms of recognizing credentials across provinces, is there adequate recognition of credentials for nurses, and are we graduating enough nurses to really meet the demand?

Ms. Linda Silas: I'll start with your last question, on whether we're graduating enough nurses. We honestly don't know. That's why we're asking the federal government to do something similar to what they did with the building trades. Do a BuildForce. Do an agency to see how many RNs we need. How many personal care workers do we need? How many doctors do we need, or how many respiratory technicians? The numbers go on. Right now we know that we have a shortage. Every vacant position in the province means they'll stay vacant for at least 90 days. That means 90 days of extra overtime. That increases the burnouts.

In regard to vaccinations, which was your first comment, I wouldn't worry that much. Not many got fired. Many got put on leave of absence, but the number was very, very small. We're talking similar to the population of Canada, around 8%, and that's about it. Our unions are working with the employers to provide alternate working arrangements. Some are still on leave of absence, but that's a public health crisis and a public health decision.

[*Translation*]

Ms. Marilyn Gladu: Mr. Bolduc, you spoke of the need for nurses. Would immigration be a way to meet this need?

Mr. Denis Bolduc: Immigration is one solution, but it isn't the only way to improve the situation.

In the immigration process, there should be a better way to process applications for permanent residence. We hear every day that processing times are extremely long. To improve the situation specifically in the health care field—and this is true for most professions as well—there should be better credentials and skills recognition for immigration applicants who want to settle here and help [*Technical difficulty—Editor*]. There should be a review of the conditions for the recruitment, intake and processing of foreign workers in the country.

Temporary foreign workers are in high demand in specific sectors. These workers are often tied to a single employer. We're asking that these people be allowed to have open work permits, so that they can change employers if the conditions aren't suitable. Sometimes, a worker may be in a workplace and the situation may be less than ideal for various reasons. Under the current system, these workers are—

● (1155)

Ms. Marilyn Gladu: I must interrupt you, because my time is up. Thank you.

Mr. Denis Bolduc: Okay, thank you.

[*English*]

The Chair: Thank you, Madam Gladu and Mr. Bolduc.

We'll now go to Mr. Collins for five minutes to conclude the first round.

Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Thanks, Mr. Chairman.

My questions, first and foremost, are for Ms. Silas. They're related to the whole issue of recruitment.

You were very clear in your opening statement, when you identified both recruitment and retention issues. Many of the questions posed to you this morning have revolved around the retention issue, but I want to speak to recruitment. I know our government has made some substantial investments in that area. I was hoping to get your understanding in terms of what we can do to encourage more people to enter the profession.

Ms. Silas, the foreign credential recognition program is currently active in many provinces and territories. I think it's to everyone's benefit that we integrate internationally trained immigrants into the workforce. There are literally thousands of foreign-trained doctors and nurses who are waiting to provide their expertise and their training, and for it to be recognized here in Canada.

I've been wondering about that program. I know the minister recently made another very large announcement of $26 million for 11 programs related to the same. Do you see the foreign credential recognition program currently working? Is there more we can do in that area to bolster the numbers on the recruitment side of the labour shortage issue?

Ms. Linda Silas: First, we need to turn the dial on their working conditions and the stories that are coming out. That's the number one reason they're not staying. We've seen federal government programs and provincial government programs to educate more personal care workers, and the last statistics I heard were that only 30% of them stayed after they entered.

It goes back to what Ms. Stewart was saying: the conditions of work. The conditions of work will be the conditions of care and will be the conditions for retention. That's why I stress so much retention and recruitment first. If we don't change the retention aspect, we will never be able to recruit.

In regard to the internationally educated health professionals, you see doctors, nurses and respiratory technicians. Again, the list is long of those who need credentials, who need a licence to practice. We need to standardize that. As for the way to standardize that, Mr. Bolduc talked about it a bit. We need to make sure that before they enter the country they know what will be expected, and that we help them.

I was very pleased last Friday to hear that my home province of New Brunswick is looking at “earn to learn” programs. It's at its newest beginning. How can we integrate internationally educated health care workers into a program where they will be able to pay the bills, get their credentials and get a permanent job in our system, a permanent job they will stay in?

It's a lot of work, but I think it can be done.

Mr. Chad Collins: Thank you for that. I have a subsequent question for you, Ms. Silas.

I've always felt it very important that all levels of government provide as much support to students as possible in order to help them complete their studies. I know the government has invested tens of millions of dollars for thousands of students who are currently enrolled in study here in Canada. I know those investments are made to give them a better chance to complete their studies.

On the whole issue of investing in our students, we have the programs. Could you comment on those that are in place and what you think we could do more of or where we could place more weighted investments in students in provinces across the country?

Ms. Linda Silas: Thank you.

When you're in a crisis, paid education programs and paid preceptor programs are very important. Those programs that exist are in pockets here and there. They are pockets that exist if an employer has applied for it or a sector [*Technical difficulty—Editor*] has applied for it. They're not generalized. I think your committee needs to look at what the federal government can do that is similar to the EI programs.

I always bring this up to the committee, and we've been bringing this up to the health committee and the human resource committee for over 20 years. When you're a plumber in this country, you can apply with your employer to get a higher level of credentials in your domain and be paid by EI. When you're a health care professional or a health care worker, you cannot do that. We need to look at those different rules to be able to bridge our population, to bring our workers a step up. I know a lot of personal care workers who want to become licensed practical nurses. Why can't they do it while they're working? For licensed practical nurses who want to become registered nurses, why can't they do it while they're working?

We looked at those programs in the early 2000s. It's time we looked at them again and that this time we implement and fund them.

● (1200)

The Chair: Thank you, Madam Silas and Mr. Collins.

That concludes the first round of witnesses.

On behalf of the committee, I want to thank Madam Silas, Mr. Bolduc and Madam Stewart for presenting to the committee this morning with your expert opinions. Thank you so much.

We will now suspend for a couple of minutes while we transition to the second group.

● (1200)

(Pause)

● (1205)

The Chair: I call the meeting back to order.

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

You may speak in the language of your choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of floor, English or French audio. Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. When speaking, please speak slowly and clearly. When you're not speaking, your mike should be on mute.

I would like to welcome the witnesses to begin our discussion. Each of you will have five minutes for your opening remarks. I will ask the witnesses to honour the five minutes, because I will cut you off at five minutes for the benefit of the committee members.

We have Jodi Hall, chief executive officer of the Canadian Association for Long Term Care; Christina Bisanz, chief executive officer from CHATS, Community and Home Assistance to Seniors; and Mr. Ian DaSilva, director of operations from the Canadian Support Workers Association.

We'll start with the Canadian Association for Long Term Care for five minutes. Following the opening remarks from the witnesses, we'll open the floor to committee members for questioning.

Ms. Hall, you have the floor for five minutes, please.

Ms. Jodi Hall (Chief Executive Officer, Canadian Association for Long Term Care): Members of the committee, thank you for inviting me to appear before you today to discuss Canada's long-term care sector, the challenges with labour shortages and the opportunities for urgent action. My name is Jodi Hall. I am the CEO of the Canadian Association for Long Term Care, also known as CALTC. CALTC is committed to advocating for quality long-term care for all. We support the sharing of knowledge, insights and best practices to ensure that seniors can live and age with dignity.

I want to thank the frontline staff and long-term care leaders who have continued to provide care to long-term care residents throughout the pandemic. This has been a very difficult and painful experience for everyone in long-term care, and at the committee today I want to acknowledge their dedication to their work.

To begin, I'll provide an overview of current facts regarding the long-term care workforce and outline areas where we see opportunities. The most current data from StatCan indicates that in the third quarter of 2021, there were over 30,000 vacant jobs in nursing and residential care homes across Canada. To give a provincial picture of this, there are 3,400 vacant positions in care homes in British Columbia, a number that has nearly tripled in the last five years.

We know that as our population continues to age, this brings not only expectations for increasing demand for long-term care beds but also an expectation that the long-term care workforce itself will face an unprecedented number of retirements over the next decade. For example, in Ontario, 25% of the 50,000 PSWs who work in long-term care are in their mid-fifties. On average, over 90% of the long-term care workforce in Canada is female. In Nova Scotia, over the last 10 years, there's been a 38% decrease in the number of certified care assistants, also known as PSWs in other provinces.

Among OECD countries, it can be projected that the number of employees in the sector will need to increase by 13.5 million by 2040. This is an important consideration for Canada in terms of how we will attract skilled immigrants in the context of global competition.

There are many examples of long-term care homes across the country that have closed beds as they do not have the staff to operate them. Currently, 19% of the homes in the province of Nova Scotia have closed admissions due to the lack of staffing.

With the few examples I've offered from across the country and the many reports from CALTC members, it is clear that we are at a crisis point in long-term care staffing, which is raising questions with regard to how we will sustain long-term care in Canada. Staffing shortages in long-term care are not new to the sector, and this has been a long-standing priority. Over the last few years the situation has intensified. It has been difficult to tell the story of long-term care and our workforce, as the data that is available is limited and difficult to compare provincially, and there is no central collection to create a national picture.

We are seeing investments being made by both provincial and federal governments to support recruitment efforts. There are examples of innovations such as the work and learn program in Nova Scotia and tuition coverage for personal support worker training courses in many provinces. There is concern that as provincial efforts increase, competition will also increase and ultimately not result in an increase nationally.

We would suggest that there's an important role that the federal government can play in bringing provinces and the long-term care sector together to create a coordinated team Canada approach. The creation of a pan-Canadian health human resources strategy that allows multiple stakeholders to work together in a coordinated way would be a significant step forward.

Despite these challenges, there are opportunities to better understand and make targeted investments. We need to improve data so that we understand our challenges and how to address them. Domestic workforce development needs to address barriers to HHR education—health human resources education—and promote long-term care careers. We need to support the current workforce to improve retention, with targeted funding for mental health supports, and to address workload through increases in hours of care.

As for immigration, we know that there are thousands of qualified health care professionals who'd be willing to come to Canada should avenues be available to them. We must also provide better support to those who contribute to the care economy in long-term care homes, such as family and community volunteers. I'd be happy to speak further to these specific examples.

In closing, we strongly urge the federal government to consider the opportunities that we have noted and to act with urgency, in recognition of the emergency situation that we are facing once again in long-term care.

Thank you for your time. I'll be pleased to address any questions.

● (1210)

The Chair: Thank you, Madam Hall.

Now we go to Madam Bisanz for five minutes.

Ms. Christina Bisanz (Chief Executive Officer, Community and Home Assistance to Seniors): Thank you very much, Mr. Chairman and honoured members of the committee.

I'm Christina Bisanz. I am the CEO of CHATS, Community and Home Assistance to Seniors. I want to thank you for the invitation to be here, and especially to thank Mr. Van Bynen for his encouragement and requesting this opportunity for me to speak with you today.

Your study of labour shortages, working conditions and the care economy couldn't be more timely, and we sincerely thank you for making this matter a priority.

CHATS supports approximately 8,500 seniors and their caregivers across York Region and South Simcoe by providing a full continuum of home care and community services. Our mandate is to advocate for and deliver high-quality home and community supports to enable our clients to have the dignity and choice to age at home. We believe that older adults live best at home and in their communities.

There is an abundance of evidence to demonstrate that this goal is entirely possible with the right supports in place. Keeping people at home significantly alleviates pressure on hospitals and long-term care, but our ability to recruit and retain the necessary frontline workers is severely threatened, and we are facing a crisis in care that has only been made worse by the pandemic and the public policy response to it.

The staffing crisis in home and community care is not new news. For years our sector has been sounding the alarm with the low labour supply of personal support workers and other staff. We're seeing increased retirements due [*Technical difficulty—Editor*] workforce that is not being replaced through new enrolments in PSW programs. Half of new graduates leave the sector entirely due to working conditions and low pay. The lack of guaranteed hours and the part-time, shift and weekend work make it challenging to earn a decent income. A vehicle is required to drive long distances to serve multiple clients, especially in rural areas, and mileage reimbursement has not kept pace with fuel costs, especially now. Frontline staff in home and community care are the lowest paid in the entire health care system.

Recently the Ontario Community Support Association, which represents CHATS and over 200 other non-profit organizations, conducted a member survey that showed that staff vacancy rates for 2021 had nearly tripled. PSWs and nurses are leaving the community sector in droves, many to other sectors where there are incentivized opportunities to shore up their income.

It makes little sense that workers in a sector that has shown an incredible ability to support people to stay in their own homes are barely considered in health human resource planning or funding.

Public policy decision-making continues to disregard and overlook the value, efficiency and effectiveness that home and community support services deliver to the health system and to the quality of life of the persons served.

For example, the Ontario government recently announced additional hands-on training opportunities and further incentives for more PSWs and nurses in the long-term care sector. We all agree that our health care system is in dire need of many more well-trained staff to help address the tremendous resource challenges, but by announcing these incentives for PSWs and nurses in long-term care only, the provincial government is amplifying the very staffing issue that is eroding the health care safety net of home and community services.

What does that say about the value we attach to the frontline heroes who enable people to live in their own homes rather than in more costly long-term care institutions and hospitals? In Ontario, billions of dollars are being pumped into building more and more long-term care beds, with little investment being considered to reduce the need for some of those beds in the first place.

By ignoring the impact of such decisions on equitable workforce resource allocation, the home and community sector is hit dramatically on the recruitment front, placing greater demand on burnt-out health care workers, overwhelming family caregivers, exacerbating wait-lists for services in the community, and increasing risks and costs to the most vulnerable in our society.

This committee can demonstrate the leadership we need for a comprehensive health human resource strategy that builds capacity across all sectors, so we can meet the growing demand for services that keep people living well at home and in their communities. However, getting there will require collaboration among the sectors and all levels of government to address [*Technical difficulty—Editor*] as one comprehensive continuum, rather than looking at our health human resources in silos.

I thank you and look forward to your questions.

● (1215)

The Chair: Thank you, Madam Bisanz.

Now we go to Mr. DaSilva for five minutes.

Mr. Ian DaSilva (Director of Operations, Canadian Support Workers Association): Thank you.

I'm Ian DaSilva, director of operations for the Canadian Support Workers Association. We represent 50,000-plus to 60,000 PSWs right across Canada. I would like to thank you for having us here today.

Governments, health human resource strategists, labour leaders and advocacy groups have long held that the simple reason for significant staff shortages is low wages. The impact of the COVID-19 pandemic and the current staffing crisis must force us to reconsider our decades-long fixation on wages as the principal driver behind any health care shortages and challenges, as this is simply false and the reason that we are all here today.

The reason is simple: It is the absence of basic professional respect and, most importantly, dignity. PSWs and frontline health care workers deserve a guarantee that their title of personal support worker or other [*Technical difficulty—Editor*] cannot simply be stolen from them at any given time. In short, title protection provides the professional framework from which professional dignity arises.

Unfortunately, for many Canadian frontline health care workers, this is simply not the case. Sadly, their dedicated time in these roles is increasingly perceived as having been a bad investment, especially as governments and employers refer to them with several different titles. In other words, why hire a PSW when one can hire someone else, calling them something else, to do the job of a PSW for less money?

PSWs across Canada serve as the backbone of the entire Canadian health care system. Personal support workers spend more time with patients. The shortage in our numbers is felt many times over by senior members of the health care team. Consequently, Canada's health care workforce is completely exhausted, creating a vicious domino effect that our health care system may not survive. To reverse this exodus and ultimately stop the cycle, we ask this committee for what we have always asked for and what our members continue to demonstrate to Canada—respect.

Ending this title flexibility will establish the necessary foundation to end the perceived replaceability of these workers. Human resource leaders across Canada remain incorrectly convinced that the solution can be found by simply opening the floodgates to fill these vacancies, but what impact does this have on those who have already paid for their education? Who are these people? Most importantly, what about the patient? At the end of day, it must be remembered that the PSW and the patient are cut from the same cloth. They are the guardians and protectors, and they are the real face of the Canadian health care system.

Patients across Canada in both home and long-term care facilities need to become the focus of government policy in coming years. Governments and advocates regularly tout the need for patient-centred care. This is the concept that our system was originally built upon, but over time it has become hijacked to focus on the needs of the system and its players, effectively making patients the last priority of government and industry planning.

For the past decade, the Canadian Support Workers Association has fielded concerns from families and caregivers expressing dismay at the turnover rates in all settings. The exhaustion of having to explain a health condition in detail, often several times within a 24-hour period, to new PSWs or other workers with another title and less training, becomes an overwhelming experience on its own. This situation is often worse for the sizable population of those with dementia, whose needs for continuity of care are becoming unachievable.

Patients are further disadvantaged by the significant disconnect in policy planning, in that the decision-makers remain very far removed from frontline health care activities. The disconnect only serves to fuel feelings of dissatisfaction from PSWs and those performing the duties of PSWs.

Pursuant to Standing Order 108(2), the Canadian Support Workers Association and its provincial chapters formally recommend that the Minister of Health support the ending of unregulated health care provision in Canada and the recognition of the title of personal support worker. This would be an important first step in ending the constant devaluation of PSW education and in encouraging future Canadians to enter this field.

Most importantly, a professional framework will provide a permanent mechanism to conduit the concerns of patients to the health care system and, most importantly, vice versa. We ask that this government help us make the patient the priority again by making the PSW a profession of choice for Canadians.

Thank you. I'd be happy to answer any questions.

● (1220)

The Chair: Thank you, Mr. DaSilva.

We will begin our questioning with Madam Kusie for six minutes.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Thank you very much, Mr. Chair. I'd just like to start by welcoming Marilyn Gladu to the committee.

Marilyn, it's a pleasure to have you here. I know your years of experience will certainly benefit the committee. We're very happy to have you here.

Secondly, I'd like to thank all the witnesses here today, not only for appearing before the committee, but for your dedication to what has been a challenging last couple of years and for your commitment to the most vulnerable who need care. Along with the members of this committee, I am truly grateful for the dedication and sacrifices you and your members make for so many Canadians and their families. Thank you very much for that.

As we begin this study, we are still emerging from the pandemic environment. One of my colleagues on the committee talked about the media stories that appeared at the commencement of the pandemic and the critical stress that put on long-term care facilities and long-term care workers.

My first question is for Ms. Hall.

I would like your opinion as to why we were so woefully unprepared for such a tragedy that hit us.

Thank you.

Ms. Jodi Hall: I think several factors feed into that. There's been chronic, long-standing underfunding of long-term care across the country, I'd say, at all levels. That certainly created a circumstance where we see an overall weakness.

At the very beginning of the pandemic, homes initially had very limited access to PPE. That was a key challenge at the start.

There was also a delay in receiving specific guidance from the Public Health Agency of Canada for long-term care home operations with the pandemic. A tremendous amount of information was moving from multiple sources. Having timely, scientific-based evidence and information was critical.

There are also the more big-picture questions about the age of the infrastructure we have in long-term care homes across the country. There are many examples of infrastructure that was built decades ago. They were designed for a different generation and a different time. Trying to implement modern infection control and prevention practices became an incredible challenge for some, with the size of hallways, shared dining spaces and even ventilation systems. A number of critical factors played into all of those circumstances.

Certainly the vaccine has been a tremendous advantage and a game-changer for many across the country. Homes are still experiencing outbreaks, but the severity is less. We certainly appreciate the government's efforts in getting vaccines to long-term care residents as quickly as possible.

● (1225)

Mrs. Stephanie Kusie: Thank you very much, Ms. Hall.

Mr. DaSilva, you talked extensively about the ideas of respect and dignity being central, obviously not just for humanity, but for attracting and retaining support workers.

You mentioned both the importance of the title and the necessity of the framework. I was hoping you could perhaps provide more context as to what “respect and dignity” mean to you and your organization, and how they can be tied to the attraction and retention of support workers.

Mr. Ian DaSilva: That is a primary element of what we're trying to do as the Canadian Support Workers Association: It's to put essentially a fence around that title. Right now, in Canada, there are a number of different titles that can describe the work of the duties that a PSW or a community care aide or whoever perform across Canada.

Within each province, however, the provinces can simply create new titles to redefine that role at their leisure. Right now, we're dealing with.... This sounds like economics, but it's essentially an opportunity-and-cost question. If you have the opportunity to become a PSW and enter health care or not, [*Technical difficulty—Editor*] investment of time and money, why would you make it into a field like health care for PSWs when that title is not guaranteed? On your first day of work, your boss can say, “Well, I don't want to pay you that much money, so I'm going to pay a dollar an hour less to someone I found in the parking lot who I'm just going to give in-house training to.” That's happening again and again and has been happening for a decade, constantly eroding the value that these people feel on a day-to-day basis.

The senior members of their team and their directors of care can easily tell them, and tell them regularly, “You don't have to be listened to because you can be replaced on a thought.” This is not applied to nurses. This is not applied to doctors or to any other profession except frontline health care workers.

It is impossible to attract people. That's why it's no longer worth the opportunity cost to go into health care versus not going into health care. Until we can actually put a fence around it and guarantee any sort of investment around the title of “personal support worker” in Canada, we can keep dumping money into this and it will continually filter away, because it's a bottomless pit.

Like Ms. Silas and Ms. Stewart were saying, it's a question of what the conditions of employment are. Well, the conditions for a PSW are horrible. They're not allowed to have respect. Their unions may or may not speak for them, because they [*Technical difficulty—Editor*]. They have no professional association that they're mandated to join, and again, they can be terminated on a thought.

Once you can end that process, embed that title and create a baseline, that's what we need in this province and in this country for our patients and for everybody. We don't have that right now.

● (1230)

The Chair: Thank you, Mr. DaSilva and Madam Kusie.

Now we'll go to Mr. Long for six minutes.

Mr. Wayne Long (Saint John—Rothesay, Lib.): Thank you, Chair.

Good afternoon to my colleagues and good afternoon to our witnesses.

My questions will be for Ms. Hall.

Ms. Hall, thank you so much for the work you've done in my home province of New Brunswick on behalf of seniors. It's very much noted and appreciated.

I think it's important, before I ask you some questions, for me to briefly talk about what our government has done on behalf of seniors. Certainly, in going door to door in the past three elections now, we have heard from seniors about their needs. Our government has stepped up, whether it's the increase of 10% for the GIS that financially helped almost 900,000 seniors.... We enhanced the New Horizons for Seniors program by offering a lot of different programs to different non-profits, if you will, around New Brunswick, and across Canada.

Moving forward, we now are going to increase the OAS by 10% for seniors who are over 74 years of age. We issued a one-time payment of $500 in August to OAS pensioners. We rolled back the age of eligibility from 67 to 65, and we're committed as a government to increasing the GIS by $500 for single seniors and $750 for couples. Last but not least, one that's certainly very meaningful to me and to my mom was the increase in the exemption that allowed seniors to earn up to $5,000 with no reduction of benefits, and then a partial exemption for the next $10,000. Those things are extremely relevant to helping seniors.

With respect to long-term care, Ms. Hall, you touched on it in your answer to Ms. Kusie, but I wanted to [*Technical difficulty—Editor*]. I mean, look, we all recognize as the federal government that jurisdiction is a major issue when it comes to the federal government's involvement in health care matters.

I know you hear that often. How do you think the federal government can help provinces and territories [*Technical difficulty—Editor*] infection prevention in long-term care facilities and with staffing shortages in the labour market?

Thank you.

Ms. Jodi Hall: Thank you, Mr. Long, for your comments and for your question.

There are a number of examples, as you've outlined, where this government has made investments for seniors. I know you are continuing to do work to better define abuse. That has some very important legal implications. The funding that was offered for long-term care homes through the safe long-term care fund was absolutely needed and appreciated through the last few years of the pandemic.

Specifically to how the federal and provincial governments work together, it's imperative that this jurisdictional question not become a barrier that stops action, but becomes one that opens engagement. When I talk about a pan-Canadian health human resources strategy, and we see the work that the provinces are doing to recruit.... It's critically important work, but it becomes a situation of too many chefs in the kitchen; we're all bumping into each other and, perhaps unintentionally, recruiting care providers and health human resources experts from various provinces, as opposed to helping to develop the workforce.

There's a great opportunity to develop the domestic workforce capacity that we have. There are many opportunities, whether it is marketing the profession and working on that together or, specifically, working to recruit men to the profession. I've noted that 90% of our workforce are women. There are some really interesting examples that were launched by the government in the U.K. to recruit men into care, which had great success.

As we look to the example of how the safe long-term care fund was structured, and perhaps even to the example of how child care funding is being offered across the country, there are ways in which the federal and provincial governments can collaborate to address some of those key challenges. Of course, the long-term care sector would be very pleased to be part of those discussions and support as well.

● (1235)

Mr. Wayne Long: Thanks for that answer.

I want to drill a down a bit on staffing shortages. We saw, through the COVID-19 pandemic, the desperate [*Technical difficulty—Editor*] long-term care facilities found themselves in. It was deplorable.

We've all heard about the role that staffing shortages played in the tragedy, but can you explain to us the direct impact that understaffing has on seniors in these homes?

Ms. Jodi Hall: We've had long-standing issues with staffing shortages across the country. That's not new. However, it became exacerbated during the pandemic, when we saw examples.... One of the strategies used in the provinces was that staff could not be shared across different employers. That is something that impacted workforce numbers. The emotional impact took its toll on some individuals through the pandemic outbreaks and resulted in some who had to leave and others who were assigned to work from home because of exposure concerns.

When we think about the impact on residents, there were other services and a lot of the elements that we might add for activities that enhance quality of life. We use volunteers for support in many ways, and they were not able to enter the home. [*Technical difficulty—Editor*] designated support person or essential caregiver role was very important in shoring up those efforts.

The impact of social isolation was something we were all gravely concerned about. We used technology as a way to connect residents with families to the best of our ability, but it was an incredibly challenging situation and there were outstanding implications.

The Chair: Mr. Long, your time has gone by.

Mr. Wayne Long: Ms. Hall, thank you very much for what you do.

The Chair: Thank you, Ms. Hall.

[*Translation*]

Ms. Chabot, you have six minutes.

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

I want to thank all the witnesses.

Ms. Hall, I'd like you to briefly tell us about yourself and your association's role in long-term care.

My question will focus on two of your recommendations. The first recommendation concerns immigration. According to your recommendations, thousands of qualified health care professionals would be willing to come to Canada if given the opportunity.

Could you elaborate on this?

[*English*]

Ms. Jodi Hall: The Canadian Association for Long Term Care is an organization that began as almost a networking group in 2002. Since that time we have grown and evolved to become an organization that represents a range of long-term care homes across the country.

We have a mixed membership base of many different types of long-term [*Technical difficulty—Editor*], and we're pleased to be able to share best practices, create knowledge translation and really do extensive support and engagement among those audiences. As well, of course, advocacy with the federal government is a key focus for the Canadian Association for Long Term Care.

I'm sorry. Could you repeat the second half of your question again, please?

[*Translation*]

Ms. Louise Chabot: Could you elaborate on your recommendation regarding immigration?

[*English*]

Ms. Jodi Hall: Thank you very much.

We have met with the Minister of Immigration and his team. We've looked at the EMPP program—the economic mobility pathways project—which targets skilled refugees to enable them to come to Canada. We believe there is a tremendous opportunity for expansion under that program to connect these skilled refugees with long-term care employers.

We've had conversations with Talent Beyond Boundaries and RefugePoint, and both of these humanitarian organizations do this assessment to identify these individuals who could be and are interested in coming to Canada. That's one example of where we feel there is a great opportunity.

I believe it's already been noted for the committee today, however, that there is more work to be done when it comes to recognizing the credentials of internationally educated nurses. We certainly understand the diligence that's taken to ensure that they are safe practitioners, but we would very much like to see those who are responsible for licensing and regulating the various levels of health care providers reconsider how we ensure that, as much as possible, the processes in Canada are as efficient and as much along the same timelines as are the processes in other countries. As I noted, this is a global competition. It's not just Canada that's trying to recruit these individuals, and it's critical that we look at this situation through this lens.

● (1240)

[*Translation*]

Ms. Louise Chabot: Thank you.

I have another question for you, Ms. Hall.

According to one of your recommendations, there must be better support for families and community volunteers, in particular. There's also the contribution of family caregivers or informal caregivers.

What have you seen? Are there ways to strengthen the role of these family caregivers?

[*English*]

Ms. Jodi Hall: The role of volunteers and essential caregivers—or natural caregivers—is so important. We've come to see them as key partners for us in long-term care homes.

I'll use an example from my own province, in which, just prior to the pandemic, it was documented that long-term care homes received 30,000 hours a month of volunteer time. The significance of this contribution to supporting the quality of life for residents is very noteworthy.

I would suggest that equipping employers to strengthen their engagement with the volunteers and essential caregivers is very important. It is sort of left to the homes to find a lot of resources and to offer them specific training and opportunities for engagement and community-based activities that really create a strong link between the residents and their local community, so looking at funding for activities that strengthen and educate these audiences is critical.

The Chair: Thank you, Madam Chabot.

We now go to Madam Zarrillo for six minutes.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

I'm going to ask some questions around data and data collection, but I want to start by saying thank you so much to the witnesses, and to express my gratitude to your members and also the workers. I've heard “respect and dignity” over and over again today, and I just want to share some respect and dignity to the workers and members.

I'm going to ask Madam Hall, Mr. DaSilva and then Madam Bisanz to respond.

On the respect and dignity aspect, traditional women's work, paid and unpaid, has long been undervalued, devalued and moving to exploitation, and I appreciate the fact that the witness testimony today will help change that. Going back to the data, around retention specifically, what kind of data should the federal government collect to highlight the reality of working conditions and gaps in compensation for PSWs and long-term care workers?

Ms. Jodi Hall: The absence of data in long-term care has been a key area of advocacy for the CALTC for some time. It's not only about resident clinical data. There are tools to collect that, but about 32% of long-term care homes do not have access to those tools. When it comes to workforce data, that is where there are really no consistent tools available. We can see in the draft national standards that have been brought forward that this is a key area of focus, but it puts the obligation on the employer to collect the data with tools that we don't have today. There would be a significant investment that would be required.

One thing we have noted is that there could be an opportunity through Statistics Canada to expand the current labour workforce survey that they do now, but in a way that would more specifically target the long-term care sector and bring the data to a disaggregate level so that it could be very specific. Right now, even if data was collected at the home level regarding the workforce, there is no body to report the data to in order to create a national analysis. Making sure that we have tools to collect the data, but also that we have a way to analyze and use it once it's done, are essential next steps.

● (1245)

Ms. Bonita Zarrillo: Thank you, and Mr. DaSilva.

Mr. Ian DaSilva: Data is a huge a problem for frontline health care. As we said, there is no title protection, so there's no corresponding professional college in which to accumulate or restore that data. It's very much a complete [*Technical difficulty—Editor*]. About a year ago, the Canadian Support Workers Association actually took it upon itself to invest money in developing a national competency and data measurement assessment tool that will work, and that works already, designed first to determine interprovincial competencies between provinces to allow for PSWs to move between provinces more easily. For example, PSWs can come to Ontario and work, and there's no problem with the Ontario PSW Association, but Ontario PSWs can't go out and work in other provinces. We want to end that, so we developed a tool already and we're happy to share it with the government, of course. The money has already been spent, so the tool exists. The tool will not only measure competencies but be an initial step to actually begin to gather some of these data points that we simply do not have access to.

It will require, from this committee, some endorsement of the idea that we need title protection, so that we can at least start creating mechanisms, as Ms. Hall was saying, to collect the information. Since this meeting began, just bear that in mind the number of terms we've used to define the personal support worker. We've called them community care assistants, personal care aids, community care aids; it goes on and on. We really need to settle on one title nationally, allow the provinces to start housing that data provincially, but then also use this interprovincial competency tool to conduit that data to a national level.

It's all there. It's ready to go. We're ready to use it. I hope that answers it. We also grandfather nurses in Ontario as well, to work as PSWs, and we've been doing that since 2019, so we have mechanisms in place to move IENs into this province. There's no problem, in Ontario at least.

Ms. Bonita Zarrillo: Thank you.

Madame Bisanz, I think we have just under a minute.

Ms. Christina Bisanz: I just have to echo that the challenge is around ensuring that in data collection we're very clear on how we define the roles. There is a lot of intermingling with regard to how we use such terms as personal support workers, home support workers and community support workers. To enable us to really reflect what the numbers are, and the statistics, it would have to be clearly defined. For example, we had a situation in the past where the Province of Ontario offered increased wages in short amounts, but it covered PSWs who did certain functions and not PSWs who did other functions.

If we're going to collect meaningful data—and I fully support the need for that—I think in our own workforce planning, we need to be aware of what the data tells us. It's important to underscore that we define the roles as opposed to defining the titles in collecting that data.

The Chair: Thank you, Ms. Bisanz.

Madam Zarrillo, your time is up.

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

Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC): Thanks, Chair.

I have a few questions, but my first questions will be to Mr. DaSilva and Ms. Hall. It's really around the challenges with PSWs and part-time versus full-time work.

I'm interested in your feedback on how we can solve this challenge. I recognize that this delves into some provincial jurisdiction as well, but there are so many PSWs having to take jobs in multiple long-term care homes in order to make do. What are some solutions to resolve this?

● (1250)

Mr. Ian DaSilva: Ms. Hall, do you mind if I go first? Thank you.

Essentially, the [*Technical difficulty—Editor*] that the dignity element is the key, and the dignity element is tied to that professional title. The reason we have seen a lot of these jobs go from full-time to part-time, and it is a member issue on a large scale for us right across Canada, is simply that employers have the flexibility to hire other titles to replace that personal support worker. They can do so at leisure. Because there's no regulatory or title protection around that, it's making the job of trying to secure full-time PSW work extremely hard.

Once you start establishing that you want to hire a PSW full time, you ask, what is a PSW? Who defines that? There's no college. There's nothing other than the Canadian Support Workers Association. The first role is that you need to standardize the title, and then you're going to see some ability to....

That goes right across home care and long-term care. If you standardize that title, so that personal care is personal care right across the board, then in theory you should start seeing those part-time jobs go away. Right now there's no incentive—none—to hire full time.

Mr. Alex Ruff: Go ahead, Ms. Hall.

Ms. Jodi Hall: Thank you.

I would add that long-term care homes are 24-7 operations. Within that model, a certain number of staff members will always be required to be on a part-time or on-call basis. That is essential to the model.

I will note that in terms of the number of hours that are available to create full-time and part-time positions, that comes back to the hours of care. It's the hours of care in a home that really drive how much time a care provider spends at the bedside of a resident. Those hours then translate back into the number of positions you can create. With a 24-7 operation, the employer decides what they need in terms of full-time and part-time staff to keep the home running.

That's all part of that piece. We see that provincial governments are now taking steps to increase the hours of care and are establishing targets for that. Of course, it then comes back to what we're talking about here today, which is the staffing shortages. We can increase hours of care and we can make those resources available, but at the same time we need to be extremely diligent in continuing our efforts, with urgency, to increase the actual pool of people who are available to work in our homes and in all of long-term care.

Mr. Alex Ruff: Thanks, Ms. Hall.

My final question is for you, Ms. Bisanz. It's more about rural Canada and even the Arctic, to some extent, because there's a lack of long-term care homes, obviously, in the north. Specifically, what can the federal government do to support rural long-term care access and aging at home?

In particular, one of the challenges I'm hearing about from PSWs in my riding of Bruce—Grey—Owen Sound, which is the second-oldest demographic in Ontario, is that there are no workers. Another part of the reason, even if they can get work, is that there's no place for housing. If you're going to stay at home, there's no Internet access, etc.

Ms. Bisanz, can you expand a bit on the importance of housing and Internet access, and on how this all ties together for rural Canada and even the Arctic?

Ms. Christina Bisanz: That's a great question. First and foremost, I think we really need to recognize that [*Technical difficulty—Editor*] services are part of the continuum of care and must be reflected in our national health policy and delivery of health care.

The federal government should [*Technical difficulty—Editor*]. Canadians have overwhelmingly told us that their desire is to age in place, as you've indicated. Funding and policies need to mirror those wishes.

It's time the federal government committed to including community services in the Canada Health Act. Right now the only place Canadians are guaranteed health services is in hospital. As long as we have that paradigm in place, we'll continue to undervalue home care supports and community services, require [*Technical difficulty—Editor*] CHATS to operate on a shoestring and expect our workers to drive from client to client and not be fully compensated for the time it takes or for the cost of gas.

We have many examples of supports that are actually provided 24-7. Our assisted living program provides support to seniors who live in areas where personal support workers are co-located in buildings. In cases in which clients are living in the rural community, the PSWs will go out and do visits to them on both an unscheduled and a scheduled basis.

A lot of services are being provided that are unrecognized and undervalued. If we continue to do that, the resources necessary to serve the clients in those rural and northern communities are going to be lacking and they will continue to be underserved.

The housing—

● (1255)

The Chair: You may be able to finish that with the final questioner.

We go to Mr. Van Bynen for the final five minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

I want to thank all the witnesses for taking the time to give us the benefit of their perspective on delivering service at the grassroots level. In particular, Christina, you have a busy schedule, not only through CHATS, but also through being a councillor with the Town of Newmarket. I appreciate your taking the time to join us.

My question is for Ms. Bisanz.

I understand that one of the core aspects of the New Horizons for Seniors program is promoting volunteerism among seniors. Do you feel that the federal government has any role to play in increasing the organizational capacity of volunteer-based seniors-serving community groups? Are there any tools that could help address those gaps in the labour market?

Ms. Christina Bisanz: Thank you, Mr. Van Bynen, for [*Technical difficulty—Editor*].

First of all, I want to thank the federal government and the New Horizons program for having funded a number of initiatives that CHATS was able to deliver to increase support to our clients—to seniors and their caregivers. The value of those programs can't be understated. Funding was available through the pandemic to enable us, for example, to quickly switch from our in-person programming to offering virtual programming, Internet connections, tablets and literacy training to keep seniors connected through the time of the pandemic. We would not have had the resources had it not been for that special funding.

Moving forward, we know that we rely on volunteer support for a lot of the services we provide. Were it not for volunteers, we couldn't possibly reach and serve as many seniors and their caregivers as we do.

It's not the only solution. Often this funding is provided one time. We can set up a program but we need to be able to continue to operate it, especially once we've developed expectations among our clients that the program will be available to them. The question of capacity needs to be built into the way the program funding is structured, with a recognition that the ongoing operating costs must be factored in as well.

We know that volunteers are a very important resource to us. The pandemic showed us that when we had to appreciate that our volunteers—many of whom are seniors themselves—had to shutter for a long period of time. That resource wasn't available to us anymore, but the expectation and the need for the services to continue was still there.

From a capacity standpoint, we appreciate the one-time funding, but we also need to look at how we can sustain the resources and the capacity to continue to offer those services.

Mr. Tony Van Bynen: Thank you.

I noticed in your earlier comments your concern about the propensity for, or the prioritization of, institutional care for the elderly, as opposed to aging at home, which we intuitively know is more cost-efficient. We also know it's a more effective method of health care and a better quality of life.

Is there any evidence, or are there any studies you could submit to this committee, that could show the effectiveness of aging at home compared to institutional care?

● (1300)

Ms. Christina Bisanz: Yes. I would have to look into the specific studies, but I think there's a wealth of evidence that supports this. That's not to undermine the need for other forms of care, depending on the complexity of the individual, their access to caregiver support to help them stay in their home and, of course, their access to home and community services. Where they live, as the previous member indicated, has a huge bearing on their access to services and their ability to remain in the home.

We know, and the evidence supports this, that we can do better. If we look at jurisdictions outside of Canada—Denmark, for example—they demonstrate that home care support can keep people in their own homes much longer and in fact out [*Technical difficulty—Editor*] has been well established and well proven. I think we just need to shift our paradigm and shift the way in which we culturally view aging in our society and the importance of recognizing quality of life, choice, and the dignity of that choice for individuals, where possible.

The Chair: Thank you, Mr. Van Bynen and Madam Bisanz.

With that, we conclude our witness list for the second round. I want to thank the witnesses, Madam Hall, Madam Bisanz and Mr. DaSilva for their very good testimony.

While they're leaving, I need direction from the committee on two items. To the witnesses, thank you for your contribution and testimony today.

While we're doing that, Ms. Gladu referenced in her comments a previous committee report. She wants permission to have it circulated.

Do you want to speak, Ms. Gladu?

Ms. Marilyn Gladu: Thank you, Mr. Chair.

I was going to suggest that, with the committee's approval, the parliamentary analyst forward those reports to you for your consideration. It could inform the study. One was on unpaid work and the other was on working conditions in long-term care.

The Chair: I think they would find that very informative. That's something we'll be able to do. Thank you, Ms. Gladu.

I have a request. I need direction from the committee on one item of committee business.

Ms. Zarrillo, please go ahead.

Ms. Bonita Zarrillo: I just have one request, too. Mr. Van Bynen asked last time that any reports that are referenced in witness testimony come to the committee, but I wanted to ask specifically about the construction trade.

Today it was mentioned that the construction trade has a Canada-wide strategy. I'm wondering if that strategy could come to the committee as a template or an idea. I say that, too, because Ms. Nord from the Canadian Chamber of Commerce mentioned, in her last testimony, that she can tell us the age distribution of the construction workforce—how many women, indigenous people and new Canadians work in those trades—and she can break down those numbers by jurisdiction. I'd love to see that as a framework for what could come to health care and the care economy.

Thank you.

The Chair: Thank you, Ms. Zarrillo.

Our next meeting will be on Thursday. Minister Qualtrough will appear on two items: the main estimates and her mandate letter. The minister has requested to extend her opening comments from the normal timeline to up to maybe 10 minutes, given that she's speaking on two issues. She has also indicated to the chair that she would extend her time for committee members to question her.

I need direction from the committee. Is it agreeable that she prepare an opening statement of 10 minutes?

Some hon. members: Agreed.

The Chair: I see a consensus. Thank you, committee members.

I apologize. I forgot to officially welcome Ms. Gladu to the committee. Thank you for your participation today.

The meeting is adjourned.