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Standing Committee on Social Policy

Improving Dementia Care
in Ontario Act, 2024

1st Session
43rd Parliament

Monday 2 December 2024

Comité permanent de la politique sociale

Loi de 2024 sur l'amélioration
des soins aux personnes
atteintes de démence en Ontario

1^{re} session
43^e législature

Lundi 2 décembre 2024

Chair: Christine Hogarth
Clerk: Lesley Flores

Présidente : Christine Hogarth
Greffière : Lesley Flores

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
SOCIAL POLICYCOMITÉ PERMANENT DE
LA POLITIQUE SOCIALE

Monday 2 December 2024

Lundi 2 décembre 2024

The committee met at 1300 in committee room 2.

The Clerk of the Committee (Ms. Lesley Flores): Good afternoon, honourable members. It is my duty to call upon you to elect a Chair. Are there any nominations?

Ms. Aislinn Clancy: I nominate Lise.

The Clerk of the Committee (Ms. Lesley Flores): Does the member accept the nomination?

MPP Lise Vaugeois: No. Sorry.

The Clerk of the Committee (Ms. Lesley Flores): Okay. Are there any further nominations? MPP Smith.

Ms. Laura Smith: I nominate MPP Tyler Allsopp.

The Clerk of the Committee (Ms. Lesley Flores): Does the member accept the nomination?

Mr. Tyler Allsopp: Absolutely.

The Clerk of the Committee (Ms. Lesley Flores): Okay. Mr. Allsopp has been nominated. Are there any further nominations? Seeing none, Mr. Allsopp, you will be the Acting Chair.

IMPROVING DEMENTIA CARE
IN ONTARIO ACT, 2024LOI DE 2024 SUR L'AMÉLIORATION
DES SOINS AUX PERSONNES ATTEINTES
DE DÉMENCE EN ONTARIO

Consideration of the following bill:

Bill 121, An Act to enact the Improving Dementia Care in Ontario Act, 2024 / Projet de loi 121, Loi édictant la Loi de 2024 sur l'amélioration des soins aux personnes atteintes de démence en Ontario.

The Acting Chair (Mr. Tyler Allsopp): Well, good afternoon, everyone. The Standing Committee on Social Policy will now come to order.

We're here to conduct clause-by-clause consideration of Bill 121, An Act to enact the Improving Dementia Care in Ontario Act, 2023. We are joined today by staff from Hansard and broadcast and recording, and by Bradley Warden from the office of legislative counsel to assist us with our work should we have any questions.

The proposed amendments, which have been filed with the Clerk, have been distributed to the members electronically and in hard copy. Are there any questions before we proceed? Seeing none, let's begin.

Before we begin clause-by-clause consideration of Bill 121, I will allow members to make comments to the bill as a whole. Afterwards, debate on the bill will be limited to the specific item under consideration. As always, please

wait to be recognized by the Chair before speaking. All questions and comments should be made through the Chair.

Committee members, pursuant to standing order 83, are there any brief comments or questions on the bill as a whole? Seeing none, we will now begin clause-by-clause consideration of Bill 121.

Section 1: We have a proposed amendment, motion number 1, moved by—thank you, MPP Taylor.

Miss Monique Taylor: I move that subsection 1(2) of the bill be amended by adding “primary care,” after “provided thorough”—

MPP Lise Vaugeois: “Through.”

Miss Monique Taylor: Okay, hold on. Let's do this again. We're going to start from the beginning, Chair.

The Acting Chair (Mr. Tyler Allsopp): MPP Taylor.

Miss Monique Taylor: I'm ready now. It was a fast lunch, running and moving.

I move that subsection 1(2) of the bill be amended by adding “primary care,” after “provided through” in the portion before clause (a).

The Acting Chair (Mr. Tyler Allsopp): Any debate? I recognize MPP Smith.

Ms. Laura Smith: Through you, Chair: While we appreciate this amendment, we recommend voting against this. As mentioned during consideration of this bill, we'll continue engaging with numerous health system partners to support improved access to dementia care.

If passed, our government will work collaboratively with experts to ensure the successful implementation of Bill 121 and continue to improve dementia care across this province. We're creating a comprehensive health care system that addresses the needs of people living with dementia, their care providers and families, and we'll continue to engage with the health system partners, in addition to people with lived experience, to improve service delivery, reduce gaps, and create a system that is both flexible and responsive to individual patients' needs. Therefore, we will be voting against this amendment.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? MPP Clancy.

Ms. Aislinn Clancy: To me, this seems like a bizarre omission in the bill. Primary care is really the bedrock, the foundation of what our health care system is meant to achieve.

We talked to memory clinics. They are primary health care teams. Dr. Ingram talked about building capacity

among primary health care providers. To me, this is the first point of contact when people start having concerns about memory, and to omit it from the list, it seems like an oversight that is easily rectified at this moment in time to make the bill better.

We support the bill. We love it; it's great. This just seems like a common-sense addition to what exists at the moment that does no harm, and it indeed actually strengthens the bill and recognizes primary care's important place in our health care system as a foundation and at the front lines, I think.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, I'll call the question.

Miss Monique Taylor: Recorded vote.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Leardi, Pang, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The amendment is lost.

We'll move on to section 1, motion number 2. Any debate?

Interjection.

The Acting Chair (Mr. Tyler Allsopp): Oh, sorry; it needs to be moved. Do I have a mover? MPP Vaugeois.

MPP Lise Vaugeois: Would you like me to read it?

The Acting Chair (Mr. Tyler Allsopp): Please.

MPP Lise Vaugeois: I move that clauses 1(2)(d) to (g) of the bill be struck out and the following substituted:

"(d) identifies measures that reflect the dementia care experience in Ontario, including measures related to,

"(i) supply and availability of services, including clinical services, home care services, community support services, palliative care services and other services,

"(ii) access to and utilization of the services referred to in subclause (i),

"(iii) wait times for dementia care services,

"(iv) quality and effectiveness of dementia care services,

"(v) the experiences of individuals living with dementia and their care partners with dementia care services,

"(vi) dementia education programs within universities,

"(vii) research and innovation in dementia care;"

The Acting Chair (Mr. Tyler Allsopp): You did not read clause (e). Was that to be included as well?

MPP Lise Vaugeois: Sorry.

"(e) promotes emotion-based care;"

The Acting Chair (Mr. Tyler Allsopp): Wonderful. Thank you very much.

Any further debate on the item? I recognize MPP Smith.

Ms. Laura Smith: While we appreciate this amendment, we recommend voting against it.

In line with these efforts, Bill 121 builds on the province's ongoing commitment to improving dementia care

and support. If passed, it will elevate the measures and accessibility of support available, as well as research and common data elements on dementia, to facilitate equitable and consistent access to dementia care across Ontario. This is to guarantee that professionals facilitating programs such as the aforementioned are competently trained in a consistent standard across Ontario that best fits the needs of specific patient populations. Therefore, we will be voting against this amendment.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? MPP Clancy.

Ms. Aislinn Clancy: I really like when the government puts forward action that will improve care. My critique is that if it's only kind of generic well-being, and we don't have measurements and highlight some important ways that we measure the success of the bill and we get further inputs—if we don't discuss the inputs and we just talk to our friends at the golf course, then we're not talking about making changes based on real data.

My partner is a data scientist. I believe heavily that we can do a lot of good by looking at good data about how it's working. If we don't have to ask anybody, "How is this going for you?", how are we really to know?

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To me, a lot of these parameters—it's not about changing the direction of the bill, getting in the way of it; it's about putting good guardrails in place to make sure that when we want to go in a certain direction, we don't go off course by not having good oversight.

When I think about wait times, if it's not on our radar, it might not happen. I think sometimes we think, "Oh, it might just happen by accident or by magic." I don't think things happen by accident or by magic. I think if we put it out there in writing, as part of the bill, it's concrete, it's direct and it only works to ensure that this bill is truly successful, going forward.

When you think about research and innovation, the reason we're here—we talk to so many innovators who are coming up with new technology. This is a conversation that should be ongoing, and we just need to codify it in the bill. I think it makes sense.

I wish that there was a bit more openness and flexibility from the government. We put a lot of energy and time into putting forward good amendments, just to work together in collaboration to make this bill better. I appreciate that we're all here today to have a discussion. I wish that we could find ways to collaborate to make this bill stronger.

I do support this, because I think by monitoring quality and effectiveness, by monitoring wait times, by looking at the resources in the community, by ensuring that we educate people about dementia across all sectors, not just PSWs—talking to research and innovators is just good practice, and I think when we put it in writing, it makes it happen all the better.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Vaugeois.

MPP Lise Vaugeois: I'm a little puzzled at the resistance. The amendments don't do anything to undermine the bill itself. In fact, they support the bill and simply spell out

aspects of services, aspects of research and so on. It's just a strengthening of the bill, not an undermining of it, so I don't actually understand why there's resistance to these very practical amendments.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are we ready to vote?

Miss Monique Taylor: Recorded vote, please, Chair.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Pang, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We will go to motion 3.

Miss Monique Taylor: I move that subsection 1(2) of the bill be amended by adding the following clause:

“(f.1) identifies measures to facilitate timely access to dementia care;”

The Acting Chair (Mr. Tyler Allsopp): Wonderful. Debate? Yes, MPP Clancy.

Ms. Aislinn Clancy: To me, that was the theme that came up in all the delegations. I believe almost every single delegate that came forward was concerned about how quickly either they or their loved one accessed treatment. I know one of the stats that stood out was that it starts 20 years before you actually see a big impact on your life, and we heard about how much benefit comes from an early diagnosis. You can quit smoking, or start biking to work, or be active and eat vegetables and maybe less red meat so that you have good health care, drinking less alcohol so that you can have better outcomes in your life. That was the number one treatment of dementia that I heard of: early diagnosis and lifestyle changes. It's cheap, it makes a lot of sense and it improves the outcomes.

So to me, “timely” is one word, and it is the most important word we saw the whole time through the committee. It is a mockery to delegates when we don't do one word and take one consideration to amend the bill, to ensure we are thinking and mindful of timely access to diagnosis. To me, this is the utmost respect we can have for our experts, for our folks with lived experience: to cast a really wide net and ensure that folks all across the province have this on their radar, because we're looking at a silver tsunami, and to me, we're going to end up buckling and falling under the weight of it if we aren't doing more to prevent the really complex outcomes that we are probably anticipating now.

The Acting Chair (Mr. Tyler Allsopp): For further debate, I recognize MPP Smith.

Ms. Laura Smith: We recommend voting against this, because consultations with dementia care providers, other affected ministries, the federal government and any person or entities shall consider information and feedback from those consultations, as well as previous consultations, in

the development of a framework in a timely manner prior to the recommendations. This is going to guarantee that professionals facilitating the programs are competently trained in a consistent standard across Ontario that best fits the needs of specific patient populations. Therefore, we will be voting against this amendment.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Taylor.

Miss Monique Taylor: As already said by MPP Clancy, we have an aging population that we have known was coming for many years, and without the proper resources in place we are seeing backlogs in our communities. We see seniors who are going without care currently. We see seniors who are not able to get care when they need it. That is because we've already allowed the fact of seniors—to further the dementia process before early detection.

Putting in this simple, minor change to ensure we have early detection will keep our aging population healthier longer. With the crisis that we're seeing in our health care system with the lack of doctors; with what we see for wait times for hospitals; with what we see with seniors being kicked out of hospitals or being charged on a daily basis without going to a home of their choice, so the wait-list in homes is completely out of control and not meeting the needs of our aging population—by ensuring we have this timely access to early detection, we'll truly help with the backlog that we're seeing for generations to come. So I will definitely be supporting this motion and I hope that government members have changed their mind and will do the same.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Vaugeois.

MPP Lise Vaugeois: I just want to underline the necessity for timely access. I think MPP Clancy explained that quite well, as did MPP Taylor. It actually ties with the first amendment that was turned down, that primary care is actually the first place. If we're looking at timely access, then we want to be sure that the primary care providers have been educated, received the training they need and have the tools that they need, because that is going to be the equivalent of timely access. So, again, leaving timely access out—why? Surely we want timely access.

I'll leave it at that.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are members ready to vote?

Ms. Aislinn Clancy: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Pang, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We'll move on to motion number 4. I need a mover.

MPP Lise Vaugeois: Can I move that we put aside 4 and go to 4.1?

The Acting Chair (Mr. Tyler Allsopp): Motion 4 has been withdrawn and we'll move to motion 4.1. I need a mover for 4.1.

MPP Lise Vaugeois: Shall I read the motion?

The Acting Chair (Mr. Tyler Allsopp): Yes. I recognize MPP Vaugeois.

MPP Lise Vaugeois: I move that subsection 1(2) of the bill be amended by adding the following clause:

“(h.1) provides for the creation of an advisory board to be known as the ‘Advisory Indigenous Circle on Dementia Care’ that,

“(i) is to be comprised of Indigenous experts, traditional healers, elders, knowledge keepers, caregivers and persons with dementia; and

“(ii) will be consulted with in the development of any reports under this section.”

The Acting Chair (Mr. Tyler Allsopp): The motion is moved. Debate? I recognize MPP Smith.

Ms. Laura Smith: We recommend voting against this. While we appreciate this amendment, in line with the efforts of Bill 121, which builds on the province's ongoing commitment to improving dementia care and support, if passed, it will elevate the measures and accessibility of support available, as well as research and common data elements on dementia to facilitate equitable and consistent access to dementia care across Ontario. This is to guarantee that the professionals facilitating programs such as the aforementioned are competently trained in a consistent standard across Ontario that best fits the needs of the specific patient populations. Therefore, we will be voting against this amendment.

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The Acting Chair (Mr. Tyler Allsopp): Thank you very much, MPP Smith.

Further debate? I recognize MPP Vaugeois.

MPP Lise Vaugeois: I think that it's really, really important to recognize that Indigenous perspectives are not necessarily the same; that those voices need to be at the table and need to be part of any discussions about dementia care, particularly within their own communities. It's very easy for those voices to actually disappear in the larger mix.

As part of the process of reconciliation and actually bringing those voices forward, it's not enough to say, “Okay, under the however-large population we have in Ontario, we're going to take a percentage of that population. That's going to be representative on this committee.” If you don't elevate those Indigenous voices, they will be lost. They bring a special concern as people who have been oppressed by the Canadian state, and for that reason, they really need to be present.

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Vaugeois.

Further debate? MPP Clancy.

Ms. Aislinn Clancy: It wasn't that long ago when in Quebec, for example, a woman was videotaped, and it showed a real bias in the health care system, an anti-

Indigenous bias in some of the ways they were treated. I think if you look at the calls to truth and reconciliation, they want to be equals at the decision-making tables, and we know that that often doesn't happen.

Equity is a very important part of this bill. We know that diversity is our strength in Ontario, correct? So we shouldn't just hope for that; we should put it explicitly in there, especially in something such as health care. We know that an Indigenous world view on health care is so important, and I worry that if we don't—we didn't see them as delegates, for example. Did they feel included and invited to participate in our committee as delegates? I didn't see them here. I didn't see PSWs here, who are explicitly mentioned in the bill. There are lots of folks' voices that were missing, and tending to be the most marginal.

Who did we hear? We saw privileged voices: folks who have income, folks who could take the day off work, folks who are generally white, folks who are generally affluent and of a certain age. We didn't see these voices represented even in the committee delegations, so it makes it challenging to trust that that's going to be really thoughtful in the actual execution of this act, when we didn't see that fully represented in the work leading up to this moment.

When we talk about “informed consent,” I think it's important that folks are part of the conversation as equals, and this would put that explicitly as one of the guiding principles.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are members ready to vote?

Ms. Aislinn Clancy: Recorded vote.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Pang, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We'll move on to motion 5. I need a mover. MPP Vaugeois.

MPP Lise Vaugeois: I move to withdraw 5.

The Acting Chair (Mr. Tyler Allsopp): Withdrawn.

We'll move on to motion 5.1. Do we have a mover for 5.1? MPP Vaugeois.

MPP Lise Vaugeois: I move that clause 1(2)(i) of the bill be amended by adding “quality standards relevant to dementia care, including” after “reviews”.

It's a little confusing.

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Vaugeois.

Is there any debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Pang, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We'll move on to motion number 6. Do we have a mover for motion 6? MPP Clancy.

Ms. Aislinn Clancy: I move that subsection 1(2) of the bill be amended by adding the following clause:

“(i.1) identifies improved supports for dementia caregivers;”

The Acting Chair (Mr. Tyler Allsopp): Any debate? MPP Clancy.

Ms. Aislinn Clancy: We heard time and again during our delegations the impact of dementia on the caregivers for their loved ones. I think not mentioning caregivers throughout this whole bill ignores a big stakeholder and partner in this work.

We hear the health impacts, the financial impacts, the emotional impacts of caring for a loved one with dementia on those caregivers. I think by not mentioning them at all in the bill, not recognizing the contributions they make and not considering how this bill could work towards providing them with support—it's important, so we need to add them in. I think we need to consider them as equal partners in this work alongside health care professionals, alongside citizens, funders, researchers etc. These caregivers are living this day in and day out. I think this small amendment recognizes the work they do every day to ensure that their loved one can live comfortably.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We'll move onto motion 7. Do we have a mover for motion 7? Motion moved by MPP Clancy.

Ms. Aislinn Clancy: I move that clause 1(2)(j) of the bill be struck out and the following substituted:

“(j) takes into consideration and supports the needs of specific patient populations, including women, francophones, 2SLGBTQIA+ persons, Indigenous persons, persons living in northern and remote communities, racialized populations and persons diagnosed with early onset Alzheimer's dementia; and”

The Acting Chair (Mr. Tyler Allsopp): Any debate? MPP Clancy.

Ms. Aislinn Clancy: I just hear time and again from the not-for-profits in my community how sometimes when they age they face a new set of barriers. If we think of implicit bias or microaggressions or just oversights, every group that I talk to—I just talked to a woman; she wants to start a retirement home that's Afrocentric, because elderly people end up not having anyone who knows how to take care of their hair, and then they age in a way that's not dignified. And a lot of homophobia and transphobia faces the queer community when they enter long-term care or they're getting treatment.

So this explicitly puts out there that we are intentional in ensuring that everybody across Ontario—again, diversity is our strength—is considered when we're rolling out health care. You end up with a double vulnerability, because you're part of a marginalized community and now you're aging and you have complex health care needs. So it's just a way to explicitly state folks who have been marginalized in the past in long-term care and in the past in seniors' care—to make sure that we are thinking of them when we do this work.

The Acting Chair (Mr. Tyler Allsopp): Further debate? MPP Vaugeois.

1330

MPP Lise Vaugeois: We have a similar motion coming up, but I do want to emphasize the importance of actually naming groups that are easily excluded. So I am going to support this, and I'm also going to support ours. But again, it's so easy, when there is kind of a dominant narrative, to not notice who is not there, whose voice has been absent. That is well documented. We don't see who we don't expect to see, and for that reason, it is really, really important that people be named, that that space be created to pay attention to those voices and the specifics of care that are going to be different.

I can tell you, as somebody from the LGBTQ community, that there's a lot of fear about what happens when we wind up aging, when we wind up in some kind of home where our lives might not be accepted. For example, lots of the care in our region is provided by Catholic homes. Can I exist there? Do people who have been on the margins of acceptability—I'm going to call it that, or experiencing oppression. When we don't name those, then they're easily forgotten, and that is the reason that I think it's important.

The Acting Chair (Mr. Tyler Allsopp): Any further debate on this motion? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We'll move on to motion 8. Do we have a mover for motion 8?

MPP Lise Vaugeois: Motion 8 is withdrawn, please.

The Acting Chair (Mr. Tyler Allsopp): Motion 8 is withdrawn.

Motion 8.1: Do we have a mover for 8.1?

MPP Lise Vaugeois: I move that clause 1(2)(j) of the bill be amended by striking out “women, francophone and those diagnosed with early onset Alzheimer’s dementia” and substituting “Indigenous Peoples, including First Nation, Inuit and Metis peoples, women, francophones, newcomers, individuals requiring culturally appropriate care, those diagnosed with early onset Alzheimer’s dementia, individuals living with dementia who live alone and the care partners of people living with dementia.”

The Acting Chair (Mr. Tyler Allsopp): Debate? Seeing none, are members ready to vote?

Ms. Aislinn Clancy: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

Motion 9, moved by MPP Clancy.

Ms. Aislinn Clancy: I move that clause 1(2)(k) of the bill be amended by adding “nursing associations, personal support worker associations” after “Ontario health teams”.

The Acting Chair (Mr. Tyler Allsopp): Debate?

Ms. Aislinn Clancy: This bill explicitly states that you want to increase the capacity of personal support workers in the delivery of dementia care, so you’re hoping to change the training of personal support workers in order to provide better dementia care to patients, yet they are not considered in consultation in the bill.

To me, as a social worker as I was, or a settlement worker, when folks don’t know—not that Ontario Health Teams don’t know what PSWs do, but it’s very different to be considered in the conversation when it’s the work that you do everyday. You have really granular experience on the job: front-line, day-to-day anecdotes of the trends and the complexities of the job that can’t be spoken about by somebody who’s at arms length. So I think it’s important that we include those workers in the execution of the bill.

Also, we know that PSWs are racialized women, by and large, so they’re folks who are often living below the poverty line. They don’t get a living wage. They’re often racialized, sometimes immigrant women, and so their voice is so missing from society; it’s incredible. And here we have a bill that is explicitly naming PSWs as a partner organization, yet they’re not partner enough to be consid-

ered in the unraveling or the execution—I hate the word “execution”—the implementation of the bill.

So we need to consider nurses. We need to consider PSWs, because Ontario health teams don’t always have those folks on there. And maybe there’s an Ontario health team and there are folks who don’t function in an Ontario health team. So this is an easy win, where we can make sure we’re not excluding health care professionals who are the ones who can give us, I think, some of the best input out there.

The Acting Chair (Mr. Tyler Allsopp): Further debate? MPP Taylor.

Miss Monique Taylor: We will also be supporting this clause. It only makes sense to be including PSW voices in the work that they do each and every day. They are front and centre. They are in our communities. They are the ones who are caring for our aging population with dementia, and yet they have been left out of the bill, but will be expected to execute it at the end of the day, when it comes to patient care in our communities.

Once again, we have a very aging population. That is happening very quickly, and we are not ready. We are not at the four hours of hands-on care that our communities have been promised, and we have a very busy lifestyle for so many families who are feeling guilty as they’re in that sandwich of trying to care for their children and caring for aging parents.

Without ensuring that we have the hands-on everyday care, front-line workers’ and personal supports’ voices included in this legislation, we’re going to once again have to see the government come back with further changes to a bill to make up for their lack of willingness to make changes the opposition brings forward—and not just the opposition, but members of the community who bring these ideas forward. Their voices will be left out again. The government will be scrambling, trying to reverse legislation and catch up on legislation that could have been done right the first time.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Vaugeois.

MPP Lise Vaugeois: This letter (k) reads right now, “leverages the expertise and capacities of other key partners,” but if you read through, we’ve got ministry, ministry, ministry, large organizations and so on, but we don’t have the people on the ground who do the work. That’s a mistake that’s been made so many times: not listening to the people who actually do the work. They’re often the least-paid, most vulnerable, most susceptible to injury, most susceptible to not having the tools or even, I want to say, the hygienic materials that are needed to care for people.

Working with people who have dementia is not easy. It’s challenging, and I think that we need to have those voices, voices of PSWs, voices of nurses, the voices of people who actually are working with those patients, those people with dementia. They need to be named in this bill. It’s really critical.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

Motion 10: Do I have a mover? Moved by MPP Clancy.

Ms. Aislinn Clancy: I move that subsection 1(3) of the bill be amended by adding “people living with dementia and their care partners” after “dementia care providers”.

The Acting Chair (Mr. Tyler Allsopp): Debate? MPP Clancy.

Ms. Aislinn Clancy: Our delegates were people who provided care to their loved ones. We know that folks living with dementia—this is all about them, so let’s talk to them. Let’s see how it’s going. How great would that be, if somebody asked MPPs—like, when we’re getting our new renovation done on this place, who do they ask? They ask the MPPs, who use the building, to say, “What do you want? What do you want to see? How’s it going? Do you want a sauna? Do you want free bike parking? Electric vehicle chargers?” They got to ask us what we wanted to see in their renovation of this building. Why? Because we use the service. We are the ones using this building—and the staff, I hope, were included in this consultation as well. To not talk to the people who are living this every day, I think, is really a disrespect to those folks.

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It’s quite a serious thing to face a dementia diagnosis. I think whenever we hear folks on the news, or the Alzheimer Society, they always have those voices as a priority in the work that they do. I think we’d be remiss to not follow their lead and take a best-practice approach. That’s why I really believe that it’s not just about the health care providers; it’s the people who receive the care and their loved ones who are providing all of the support who ought to be included and prioritized in the conversation and the work.

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Clancy.

Further debate? MPP Vaugeois.

MPP Lise Vaugeois: I agree with this motion. The reason I think it’s important is because we don’t always appreciate that when people have a dementia diagnosis, it’s not like from one day to the next. It’s a progression. That’s something I’ve learned myself in visiting people at the Alzheimer Society or in social occasions, where people have come up to me and they’ve said, “Hi, I have Alzheimer’s, but I’m still doing this, and I’m doing this,” and so on.

We need those voices to be there because they’re the ones, actually, with the lived experience. They haven’t

necessarily lost their capacity to contribute to our knowledge and understanding of what care looks like, and of course their caregivers, who are negotiating these changes in real time. So I would like to support this.

The Acting Chair (Mr. Tyler Allsopp): Further debate? Seeing none, are all members ready to vote?

Miss Monique Taylor: Recorded vote.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

We’ll move to motion 11. Do I have a mover? MPP Clancy.

Ms. Aislinn Clancy: I move that subsection 1(7) of the bill be struck out and the following substituted:

“Report re state of dementia care in Ontario

“(7) The Minister of Health shall prepare a report on the state of dementia care in Ontario, which must include measurable targets for improving dementia care in Ontario, and shall lay the report before the assembly in a timely manner after laying the report referred to in subsection (5) before the assembly.”

The Acting Chair (Mr. Tyler Allsopp): Debate? I recognize MPP Clancy.

Ms. Aislinn Clancy: I always say all the time in this place: measure twice, cut once. This bill doesn’t have any measurements in it. It doesn’t even say “measure.” It doesn’t say “data.” It doesn’t say “targets.” So how are we to know how we’re doing?

I think it’s okay to give ourselves a grade. Let’s be honest and transparent about how it’s going. Are we going to measure how long people wait? We could throw dollars around; we know that happens every day—million this, billion that, trillion this, hundred thousand that. But when we’re thinking of people’s lives, we want to know how we’re doing, and all we’re saying is let’s be accountable. Let’s be transparent. These are taxpayer dollars, and we want to be sure that they’re being spent in a way that improves people’s lives. If we’re throwing money at something and we can’t measure that it’s actually doing any better, we should know that and ask ourselves how we could do better.

So all it is it’s advising to have a measurable target. What is it? Aim for the moon, land in the stars, right? Let’s be ambitious. Let’s spell out what we want to see. How is this going to look? How do we want to see things improved? And then we can judge ourselves based on that vision.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Smith.

Ms. Laura Smith: I recommend voting against this motion, because while we agree that a report on the state

of dementia care will be produced or should be produced and published, this would be provided to the assembly as part of the bill. The bill would involve developing a provincial framework designed to improve access to dementia care, including research and common data elements on dementia care. This would also include consultations. So this motion and this process seem like a duplication of resources and, therefore, we will be voting against this amendment.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Taylor.

Miss Monique Taylor: My understanding, as per what the government just stated, is that the minister will table a report with comments, dialogue, but no facts, no measurements. If we're not including measurements in the task report and saying that the minister must provide measurable information and targets, then we're just really getting a report of what the governments wants to say their state of reality is.

The members opposite have to be cognizant of the fact that they're not going to be government forever. There will come a day when there is another party in government. They can all look up now and be like, "What do you mean?", but the reality is, no party will be government forever. Ensuring that we have facts and checks and measures against all parties, for all governments, to ensure that the best possible outcome is about the people we are considering at the moment—at this point, it's dementia care for our aging population, our seniors in this community.

Everybody should want to have those measurements, that factual data, to ensure that when it's our time to be taken care of—that's right; shake your head—the measures are in place and there's actual facts and figures, to ensure that the proper resources are there to be able to handle a very quickly aging population.

The Acting Chair (Mr. Tyler Allsopp): Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

Motion number 12: Do we have a mover?

Miss Monique Taylor: Remove 12, Chair.

The Acting Chair (Mr. Tyler Allsopp): Thank you very much. Motion 12 has been withdrawn.

Motion 12.1: Do we have a mover? MPP Taylor.

Miss Monique Taylor: I move that subsection 1(7) of the bill be amended by striking out "shall prepare a report" and substituting "shall consult with dementia care providers, persons living with dementia and their care partners,

other affected ministries, the federal government and ... other persons or entities and shall use their feedback to repair the report."

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Taylor. Would you be able to just reread the last lines, starting with "any"?

Miss Monique Taylor: "Any other persons or entities and shall use their feedback to prepare a report."

The Acting Chair (Mr. Tyler Allsopp): Thank you very much.

Debate? MPP Taylor.

Miss Monique Taylor: This definitely goes in line with measurement and the lack thereof. While the government will be preparing a report, we want to ensure that all persons affected within the system are there and that their voices are heard: not just hand-picked by the government to shape the report that they want to table, but an actual account of what our community looks like and is feeling at the time—probably different than what we're feeling today—and what the needs of the future are.

Once again, there will be another government in place. It's very likely. And even if it's the same government, it won't be the same people, likely, who are sitting at this table today. Everybody should want to ensure that measures put forward reflect all governments ahead of time and not just what the current government thinks will benefit them today.

I encourage members opposite from the government to vote for this amendment, to ensure that everyone who is affected by dementia—which will be a great number; as per the Alzheimer Society of Canada, in Ontario, we're now looking at more than 315,000 people, and still estimated to triple by 2050. We're not even going to be around, right? So we need to make sure that governments of the future have the tools in place now, instead of the government just refusing to accept any amendments put forward by any opposition member. Let's do things right for a change and actually ensure that we have a system in place that's going to meet the needs in 2050.

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The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Smith.

Ms. Laura Smith: This private member's bill is not the only tributary in the solution or the proposals for dementia care. Just this morning, the Ontario government introduced legislation that, if passed, will better connect seniors and their caregivers to complex care needs, including enhanced dementia supports as well as increased access to community and social programs that help seniors stay active and healthy in their communities.

It's not "one river gets to the ocean" at this point in time. There are multiple tributaries on this journey. So we recommend to vote against this, because it will not be the end all and be all. There's more to come.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Vaugeois.

MPP Lise Vaugeois: I think that this act was intended to set the framework. What the amendment is asking for is a fulsome report; it's spelling out the range of voices that

ought to be included in a report. And leaving it out, then it doesn't matter if other tributaries are coming in if the reports are not required to include all of the data, all of the experiences from the affected people.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Clancy.

Ms. Aislinn Clancy: I appreciate that it is sitting in the Ministry of Health, but one of the things that I've noticed in the time on this committee is that we have a seniors and accessibility ministry, we have a long-term-care ministry, and so too often we land something in one bucket, and it's in isolation and it's severed from a lot of other partners.

When I want to know how I'm doing at work, if you just ask me how I'm doing at work, if I'm being judged on that and I have to be public about it, I might not want to be vulnerable about my strengths and challenges. If you just ask someone whose job is on the line how they're doing, they're going to say, "Everything is awesome. I'm the best"—maybe; I don't know.

When we think of how business operates, we do a three-sixty evaluation. You ask your boss. You ask a customer. You ask an employee. You ask people who are all around you how it's going, how it's working. So to me, this just adds those layers in, so we actually get a clear picture, an honest and transparent picture, about how the legislation is going, and we've included all those voices in the report.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are the members ready to vote?

Miss Monique Taylor: Recorded, Chair, please.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): The motion is lost.

Motion 13: Do we have a mover? MPP Clancy.

Ms. Aislinn Clancy: I move that section 1 of the bill be amended by adding the following subsections:

"Annual report on targets

"(9) On every year after the report referred to in subsection (7) is laid before the assembly, the Minister of Health shall prepare a report assessing how well the measurable targets described in the report have been achieved.

"Publication

"(10) The minister shall publish the report referred to in subsection (9) on a government of Ontario website, in a timely manner after the report is laid before the assembly."

The Acting Chair (Mr. Tyler Allsopp): Debate?

Ms. Aislinn Clancy: It's all about accountability and transparency, right? I know with Highway 413, we put in a clause saying, "I don't have to share the report," because what are we trying to hide? I believe that the work is going to be great. I think you'll have a lot to brag about. I think

it's great, if we're going to use people's tax dollars to do something, that we tell them how it went and we make that public. I think that shows true integrity, shows a lot of courage and so on.

I just think—let's figure out what our vision is. What do we want to measure? You measure what you value, and you change what you measure. So if we value timely care, early diagnosis, more individuals in health care who are trained to recognize the signs of dementia—if we value those things, we'll measure them, and if we measure them, we can change them.

And then just accountability: I think a good, healthy democracy is going to be honest with the public on how we spend their dollars.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Smith.

Ms. Laura Smith: While we agree a report on the state of dementia care should be produced and published, that would be provided to the assembly as part of this bill. The bill would involve developing a provincial framework that would work to improve access to dementia care, including research and common data elements on dementia.

I should also say that the government initiative just announced this morning is a Ministry of Health, Ministry of Long-Term Care and Ministry for Seniors and Accessibility combined effort. So there's a lot of work to come.

The Acting Chair (Mr. Tyler Allsopp): Thanks very much, MPP Smith.

Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare the motion lost.

Shall section 1 carry? All those in favour? All those opposed? Section 1 is carried.

We will move to section 2, motion 14. Do we have a mover for motion 14? MPP Vaugeois.

MPP Lise Vaugeois: I move that subsection 2(1) of the bill be amended by striking out "its 'personal support worker standard'" in the portion before clause (a) and substituting "its program standards for regulated health professionals and relevant social care professionals".

The Acting Chair (Mr. Tyler Allsopp): Thank you very much, MPP Vaugeois.

Debate? MPP Taylor.

Miss Monique Taylor: I think it's important that we're not just saying that we're going to review the personal support worker standard, but to also ensure that we're looking at all regulated health professionals and anyone relevant—social care workers, as it says in the motion. We

need to ensure that all professionals are being spoken to and that we have the standards for everyone, not just the personal support workers. You can't, once again, create all the rules, tell the personal support workers they're going to do all the work and then blame them when the system doesn't work at the end of the day. I think this measure protects them in that matter.

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Taylor.

Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): Thank you very much. I declare the motion lost.

Moving on to motion 15. Do we have a mover? MPP Vaugeois.

MPP Lise Vaugeois: I move that paragraph 2 of subsection 2(1) of the bill be amended by striking out "patients living with Alzheimer's disease and related dementias" and substituting "people living with Alzheimer's disease and related dementias and their care partners".

The Acting Chair (Mr. Tyler Allsopp): Debate? Yes, absolutely, MPP Vaugeois.

MPP Lise Vaugeois: It's a very simple change. There are two parts to it. Instead of referring to people with Alzheimer's as "patients," we are reminding ourselves that they are people, not objects. They are people.

It also, of course, includes "and their care partners" so that we are actually humanizing both ends of this particular statement.

The Acting Chair (Mr. Tyler Allsopp): Thank you, MPP Vaugeois.

Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare the motion lost.

Motion 16: Do we have a mover? MPP Taylor.

1400

Miss Monique Taylor: I move that paragraph 3 of subsection 2(1) of the bill be amended by adding "therapeutic" before "communication".

The Acting Chair (Mr. Tyler Allsopp): Debate? MPP Taylor.

Miss Monique Taylor: I think the amendment speaks for itself in ensuring that when we're providing care for people with dementia, there is a therapeutic aspect to the care. We should be providing therapy, not just communication. I think the motion speaks for itself, and we're hoping that the government will allow this one to pass.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Leardi.

Mr. Anthony Leardi: This is actually a rather simple bill. It directs the ministry to develop a framework for consultation and to carry out the consultation, then to report to the assembly, then to publish the report. For that reason, I don't believe the amendment is necessary.

The Acting Chair (Mr. Tyler Allsopp): Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare the motion lost.

Motion 17—

Miss Monique Taylor: Withdraw.

The Acting Chair (Mr. Tyler Allsopp): Withdrawn. Thank you very much.

Motion 17.1: Do we have a mover? Moved by MPP Vaugeois.

MPP Lise Vaugeois: I move that section 2 of the bill be amended by adding the following subsection:

"Same

"(1.1) For greater certainty, a review under subsection (1) shall include a review of program standards for health and social care providers, including registered nurses, registered practical nurses, nurse practitioners, physicians and social workers, who work with people living with dementia and their care partners."

The Acting Chair (Mr. Tyler Allsopp): Debate? MPP Vaugeois.

MPP Lise Vaugeois: Again, similar to other things that we've proposed, it's explicit in naming the people affected involved in care and the importance of ensuring that when consultations are taking place and program standards are being considered, and the scope of practice of those different care providers, they are all consulted and a part of that review.

The Acting Chair (Mr. Tyler Allsopp): Further debate? Seeing none, are members ready to vote?

Miss Monique Taylor: Recorded.

Ayes

Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare the motion lost.

Motion 18: Do we have a mover?

Miss Monique Taylor: Withdraw.

The Acting Chair (Mr. Tyler Allsopp): Withdrawn.

Motion 18.1: Do we have a mover? MPP Vaugeois.

MPP Lise Vaugeois: I move that section 2 of the bill be amended by adding the following subsection:

“Review of training and standards for nurses

“(4) In addition to the review required under subsection (1), every five years the ministry shall review the following with respect to dementia care,

“1. Education programs for registered nurses, registered practical nurses, and nurse practitioners.

“2. Nursing standards and practices.”

The Acting Chair (Mr. Tyler Allsopp): Debate? MPP Taylor.

Miss Monique Taylor: As dementia care continues to be something of great research in our communities and in our health care system, as we have an aging population, we have heard clearly from stakeholders that it only makes sense to ensure that the education programs will follow suit to our communities’ needs. The hope is to one day find a cure for dementia, and if we’re not working towards that goal, we are once again failing our constituents and the people of Ontario.

As things change, education needs to change, the way that our standards and practices need to change—the government continues to say that this is only a framework, but it is the very framework that will start the conversations to a dementia strategy in the province of Ontario. By ensuring that we get it right, by ensuring that there’s proper dialogue and legislation in place to set those standards is the framework towards a successful Alzheimer’s/dementia program in Ontario. Without these standards and practices and reviews to our education process, we are once again setting the future up for failure.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Smith.

Ms. Laura Smith: Through you, Chair: We recommend voting against this motion. While we agree a report to be produced by the Minister of Colleges and Universities shall review its personal support worker standard and that that would be provided to the assembly as part of the bill, this bill would involve developing a provincial framework designed to improve access to dementia care, including research and common data elements on dementia care.

I should add that, just this morning, all long-term-care homes are going to be required to have a dementia care program with an investment of \$9 million over three years, launching a program to train staff in emotional-based models of care that prioritize relationships, empathy and a culture of dignity and respect when caring for the residents living with dementia.

As mentioned earlier, this is a work in progress, and we’re very proud of the work that’s being done right now, but we do have to recommend that we vote against this motion at this time.

The Acting Chair (Mr. Tyler Allsopp): Further debate? MPP Taylor.

Miss Monique Taylor: I would just like to put it on record, Chair, that I think it’s concerning that there was an announcement this morning and that things are being fast-tracked—which is fantastic for the people of our communities. But when this standard and this framework are going to be fast-tracked, that the government didn’t see fit to listen to other voices other than the voices in their own heads, once again leaving out people in our communities—leaving out PSWs, leaving out the ability to collect data, leaving out the measurement aspect; all of the important things that should be necessary to build a good, strong framework to back up the money that they’ve just announced this morning—is really unfortunate.

I wish the people in our communities who do the hard work, who do the heavy lifting, who actually are the hands-on, on-the-ground folks—I wish them the best of luck and say that they can count on New Democrats to ensure that we will continue to push for standards that we’ve included within the amendments today, because, first of all, our seniors deserve it, the seniors coming in years to come deserve it and I think the people who actually do the work on the ground deserve it.

They need to know that there are standards being met and that there are measurements being taken, so when they’re not able to keep the four hours of care, and when they are working for minimum wage and struggling to get from home to home to care for the next senior, to give respite and relief to caregivers who are burnt out due to the lack of thoughtfulness put into this initial framework—because I would be pretty sure, in the 14 years that I’ve been here and just the last six years under the Conservative government, that they move pretty quickly on things and then have to see themselves backtrack. I hope it isn’t the seniors of our community and the people who provide the care who are going to have to wear the brunt of their unwillingness to speak to other parties in this Legislature.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? I recognize MPP Wai.

Mrs. Daisy Wai: I just want to say that we from the government side have been listening to all the stakeholders all the time. It’s not just when we put forward a bill and then we ask for their information. We’ve been listening to them, and that’s why we’re the first ones who put forward the four hours of care for them.

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Also, the other thing is, the ministries they were mentioning—the Ministry of Health, the Ministry of Long-Term Care and Ministry for Seniors—we have been speaking and talking to each other, having meetings and understanding what the needs are from our stakeholders. That's why we put this forward.

As MPP Smith has said, this is just one of the things that we are putting forward in collaboration with all of the other bills that we already have. I just wanted to reassure them that this is a collaboration of a lot of things that we have already mentioned.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? MPP Vaugeois.

MPP Lise Vaugeois: One concern that I have is where PSWs have been in this work, in these consultations, because we know—and this was discussed when we discussed this bill the first time around, with recommendations from the Alzheimer Society and Ontario Dementia Care Alliance. People doing home care, doing long-term care in hospitals—there needs to be an equitable pay framework for people doing that kind of work. I hope to see that in some future bill that gets presented by this government, because that is one of the primary reasons that consistent care is not available.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? MPP Smith.

Ms. Laura Smith: I'm just going to round things up by saying that we worked very hard on this bill. It's two and a half years of our lives. The committee was actually oversubscribed, because that's the level of work that we put into it. We had countless opportunities with countless organizations—dozens of organizations—in the development of this bill.

This is a positive step forward for our government in dementia care. We want to keep moving forward with this, but we do have to recommend voting this particular issue down at this moment.

The Acting Chair (Mr. Tyler Allsopp): Further debate? I recognize MPP Taylor.

Miss Monique Taylor: MPP Smith's comments, stating how this bill was oversubscribed and how many people came here to speak to this bill, speak to the volumes of voices who wanted to add their voice to the committee process.

Within the Ontario Legislature and within legislation and how it's built, our bills are brought before us on first reading, bills are brought on second reading, and then the committee process allows the public, as well as opposition—the other side, regardless of where the bill comes from—to be able to bring forward solutions on how to strengthen the bill and to make the process better. So to see not one amendment, which are the voices of the same people who she said oversubscribed to the committee process, just doesn't back up what they had to say today.

We will be supporting this. We do know that the people in our communities are desperate for changes and for a dementia strategy. I just have to say that I hope that there's a way forward ensuring that all voices find their way to the

final steps of the dementia standards in the province of Ontario, and we can focus on what's best for Ontarians.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, are members ready to vote? All those in favour of 18.1?

Miss Monique Taylor: Can we have a recorded vote? I didn't know where we were. I'm sorry.

The Acting Chair (Mr. Tyler Allsopp): A recorded vote has been requested.

Ayes

Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare the motion lost.

Shall section 2 carry? All those in favour?

Mr. Anthony Leardi: Recorded vote, please.

Ayes

Bailey, Kanapathi, Leardi, Laura Smith, Taylor, Wai, Vaugeois.

The Acting Chair (Mr. Tyler Allsopp): I declare section 2 carried.

Section 3, commencement: Shall section 3 carry? No recorded vote? Fantastic. All those in favour? All those opposed? I declare the section carried.

Section 4: Shall section 4 carry? All those in favour? I declare section 4 carried.

Shall the title of the bill carry? All those in favour? All those opposed? I declare the title of the bill carried.

Shall Bill 121 carry? All those in favour?

Mr. Anthony Leardi: Recorded vote, please.

Ayes

Bailey, Kanapathi, Leardi, Laura Smith, Taylor, Wai, Vaugeois.

The Acting Chair (Mr. Tyler Allsopp): I declare that the bill has carried.

Shall I report the bill to the House? All those in favour? All those opposed? The report has carried. That concludes clause-by-clause consideration of Bill 121.

Is there any additional business? MPP Taylor.

Miss Monique Taylor: Thank you, Chair. I move that the committee conduct a study of the well-being of children and youth in Ontario on the following dates:

—Tuesday, December 3, 2024, from 9 a.m. until 10 a.m. and from 1 p.m. until 8 p.m.; and

—Monday, December 9, 2024, from 9 a.m. until 10 a.m. and from 1 p.m. until 6 p.m.; and

—Tuesday, December 10, 2024, from 9 a.m. until 10 a.m. and from 1 p.m. until 6 p.m.; and

—Monday, February 24, 2025, from 9 a.m. until 10 a.m. and from 1 p.m. until 6 p.m.; and

—That the Clerk of the Committee be authorized to immediately post notices regarding the study on the Ontario parliamentary channel and on the Legislative Assembly's website; and

That the deadline for requests to appear for hearings be 12 p.m. on Thursday, December 5, 2024; and

That the following people be invited to present on December 3, 2024, and each allotted 20 minutes to make an opening statement followed by two rounds of 7.5 minutes for the government members, two rounds of 7.5 minutes for the official opposition and two rounds of five minutes for the independent member of the committee:

—Hon. MPP Parsa, Minister of Children, Community and Social Services; and

—Hon. MPP Jones, Minister of Health; and

—Hon. MPP Tibollo, Associate Minister of Mental Health and Addictions; and

—Hon. MPP Dunlop, Minister of Education; and

—Hon. MPP Rickford, Minister of Indigenous Affairs and First Nations Economic Reconciliation; and

—Irwin Elman, former Child and Youth Advocate; and

—Diana Cooke, children and youth unit, Ombudsman of Ontario office; and

—Dr. Dirk Huyer, chief coroner; and

That all other witnesses who request to appear shall be scheduled on December 9 and December 10, 2024, in groups of three for each one-hour time slot, with each presenter allotted seven minutes to make an opening statement followed by 39 minutes of questioning for all three witnesses, divided into two rounds of 7.5 minutes for the government members, two rounds of 7.5 minutes for the official opposition members and two rounds of 4.5 minutes for the independent member of the committee; and

That the members of the subcommittee on committee business work to identify people with relevant lived experience, sector workers, and academic expertise in child development and welfare, mental health and youth justice; and

That those people be invited to present on February 24 and 25, 2025, in groups of three for each one-hour time slot, with each presenter allotted seven minutes to make an opening statement followed by 39 minutes of questioning for all three witnesses, divided into two rounds of 7.5 minutes for the government members, two rounds of 7.5 minutes for the official opposition members, and two rounds of 4.5 minutes for the independent member of the committee; and

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That witnesses appearing be permitted to participate in-person or participate remotely; however, a maximum of two individuals may appear in-person on behalf of an organization, and any additional representatives of that organization shall participate remotely; and

That the Clerk of the Committee shall provide a list of interested presenters to each subcommittee—

MPP Lise Vaugeois: Each member of the subcommittee.

Miss Monique Taylor: Oh, sorry.

The Acting Chair (Mr. Tyler Allsopp): We can take it again from the top.

Miss Monique Taylor: That the Clerk of the Committee shall provide a list of all interested presenters to each member of the subcommittee on committee business and their designate as soon as possible following the deadline for requests to appear; and

That if all requests to appear cannot be accommodated, each member of the subcommittee on committee business or their designate may provide the Clerk of the Committee with a prioritized list of presenters to be scheduled, chosen from the list of all interested presenters for those respective hearings by 2 p.m. on Thursday, December 5, 2024; and

That the deadline for written submissions be 7 p.m. on Tuesday, February 25, 2025; and

That legislative research provide the committee members with a summary of oral presentations and written submissions as soon as possible following the written submission deadline; and

That the subcommittee on committee business be authorized to revise hearing dates and deadlines if necessary.

The Acting Chair (Mr. Tyler Allsopp): Thank you very much, MPP Taylor—

Mr. Anthony Leardi: Point of order.

The Acting Chair (Mr. Tyler Allsopp): Yes, MPP Leardi.

Mr. Anthony Leardi: The motion is out of scope of this bill, and it's also not on the agenda. The motion is out of order.

The Acting Chair (Mr. Tyler Allsopp): The ruling is that it is not out of order, due to standing order 113, and motions can be moved at this time. But thank you very much, MPP Leardi.

MPP Taylor has moved a motion. Is there any debate? MPP Taylor.

Miss Monique Taylor: We have, for the last few years—as long as I've been here in this Legislature; I'm in my 14th year—watched a decline in our children's system in every way. In the last six years, that has grown exponentially. We have seen staggering numbers of children and families who are falling through the cracks. We have seen children die, at alarming rates, who have been involved with the children's aid societies. We have, for the first time in history, seen children's aids with deficits. We see 73,000 children who are on wait-lists for autism services.

We have children who are sleeping in hotels, motels, Airbnbs. We've had a kid who's sleeping in a trailer in the back parking lot of a CAS office. We have a kid who has slept in the CAS office. We have kids who are in declining, decrepit for-profit homes that have seen deaths, that have seen kids being called "cash cows," that have seen abuse that is unimaginable. We have had children die who haven't been able to be identified for over a year because

the system wasn't keen enough and wasn't alert enough to be able to talk to each other to ensure that we knew where children were and if they were safe. This is the state of our children's system right across the province.

I know that each and every one of the members in this House, in the entire Legislature, hears from families: families who are relinquishing their children to children's aid societies, who are being moved six hours away and begging the minister to read a piece of paper that's been on their desk for over a year, so that they can see their children before Christmas; families who are good parents, but they just can't deal with the system that they're being provided, particularly in the north, with the lack of services.

We are in crisis. Our families and our kids are in crisis. We have kids who are sent home from school on a regular basis because we don't have enough adults and EAs and supports in the classroom to ensure those children's safety. We had a young boy die in a room by himself who was never supposed to be left alone. He was left alone, he fell asleep—completely against the rules—and had seizures and died, because we don't have enough adults in our school systems.

This is not the Ontario that anybody wants to live in. This is not the Ontario that anyone strives to come to the Ontario Legislature to be a leader in their community for. Our most valuable resource shouldn't be the minerals that they're pulling out of the north; it should be our children who we're pulling from our families. They're our most vulnerable resource. They're the ones who we should be sticking up for each and every day. They're the ones who should get the billions of dollars that are put into fantasy tunnels or into Therme spas. Those are pet projects; our kids are our kids.

Each and every one of us has either children of our own or nieces and nephews and children in our families, and we all have children in our communities. Why are we watching the percentage of children who are eating out of food banks, who are going to school hungry, grow? Who wants to live in that Ontario?

Why would we not put together a committee to ensure that we're looking at child well-being instead of child welfare? Why wouldn't we be looking to BC to see the example of their Don't Look Away report—I don't have it in front of me; I'm sorry—so that we can no longer look away, so that we have to look, so that we have to be responsible for our kids?

We're building ministries of auto theft instead of looking back down the future and the path of what is leading our kids into all this criminal activity. What is leading our kids into the mental health state that we're seeing them in? What is leading our children into drug addiction and mental health? It's the lack of services that we're provid-

ing them. It's the lack of fundamental safety nets that we are providing our family in the province of Ontario.

That's what this is about. This isn't about a gotcha moment against the government. This isn't about, "My voice is bigger than your voice." This is about experts from every part of our children's sector. Families, former kids in care, kids currently in care, advocates: Everybody in the child sector is coming together, saying, "Please, how do you work together to reform our children's system to ensure that we're offering our kids a better way forward?"

Because where we are right now—and the minister may be spending the billions of dollars. I can't dispute the billions of dollars that he says that we're spending, but if you're spending it and we're still seeing this state, where are we wrong? Why can't we work together? Why can't we pull Ontarians together, instead of divide, for the future of our kids? Our most valuable thing is our kids.

Now, I know the members are going to vote against this today, and I think it's really unfortunate. They've come here with their marching orders. I don't see the cellphones blowing up, saying, "Change your vote. Vote for it." That's not happening. And I'm not delusional to the fact of how this place works.

It's a collective voice that the kids of Ontario need, that our families are begging for, that every single system that serves our children in this province is begging for. If you're going to spend the billions of dollars that you're spending, let's do it right. Let's ensure that we have a brighter outcome and that we're not just continuing to put kids in a system that's going to fail them.

I just hope that those phones will start blowing up with the staff that are behind them and telling these members that they can vote for something good. Vote for our kids, for crying out loud.

That's all I've got.

The Acting Chair (Mr. Tyler Allsopp): Any further debate? Seeing none, I will now put the question.

Miss Monique Taylor: Recorded.

Ayes

Clancy, Taylor, Vaugeois.

Nays

Bailey, Kanapathi, Leardi, Pang, Laura Smith, Wai.

The Acting Chair (Mr. Tyler Allsopp): I declare that the motion is lost.

Is there any other business before this committee today? Seeing none, this committee now stands adjourned.

The committee adjourned at 1430.

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