HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

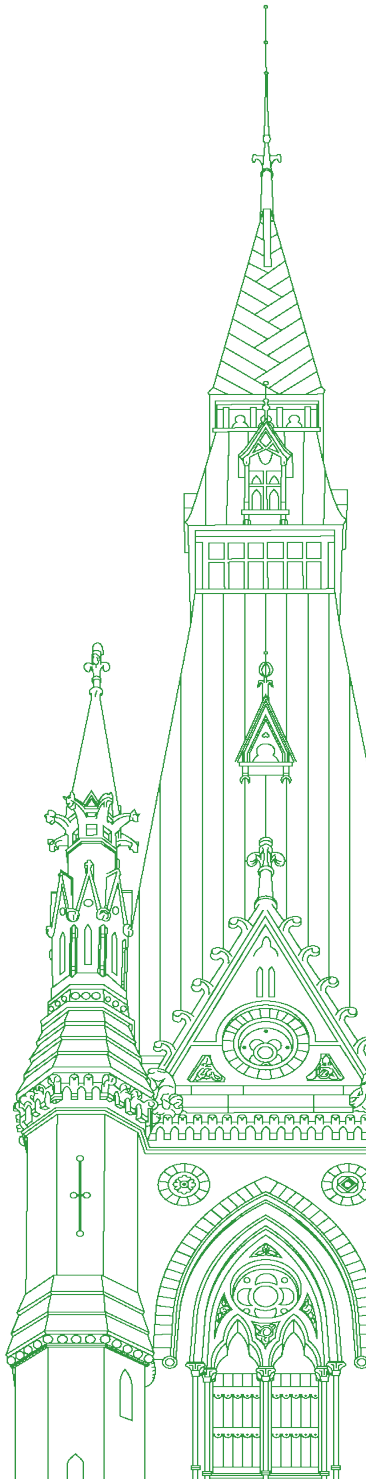
44th PARLIAMENT, 1st SESSION

Standing Committee on the Status of Women

EVIDENCE

NUMBER 036

Monday, October 31, 2022



Chair: Mrs. Karen Vecchio

Standing Committee on the Status of Women

Monday, October 31, 2022

● (1100)

[*English*]

The Chair (Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC)): Good morning, everyone. Welcome to meeting number 36 of the House of Commons Standing Committee on the Status of Women.

Pursuant to Standing Order 108(2) and the motion adopted on Tuesday, February 1, the committee will resume its study of the mental health of young women and girls.

Today's meeting is taking place in a hybrid format pursuant to the House Order of June 23, 2022. Members are attending in person in the room and remotely using the Zoom application.

I would like to make a few comments for the benefit of the witnesses and members. Please wait until I recognize you by name before speaking. For those participating by video conference, click on the microphone icon to activate your mike, and please mute yourself when you are not speaking. For interpretation for those on Zoom, you have the choice at the bottom of your screen of either the floor, English or French. For those in the room, you can use the earpiece and select the desired channel.

All comments should be addressed through the Chair. For members in the room, if you wish to speak, please raise your hand. For members on Zoom, please use the "raise hand" function. The clerk and I will manage the speaking order as best we can, and we appreciate your patience and understanding in this regard.

In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection testing in advance.

Before we get to everything, there is a motion that I need to have passed this morning. It's regarding our group from Armenia. Do we have agreement from the committee to cover the costs of hospitality, including the purchase of a gift to be provided at the informal meeting with the Armenian delegation on Tuesday, October 25, 2022? I'm looking for a motion in agreement on this.

Thank you, Andréanne.

Do we have full agreement on this?

(Motion agreed to)

The Chair: That's fantastic.

I would like to also provide this trigger warning. This is a difficult study. We will be discussing experiences related to mental health. This may be triggering for viewers, members or staff with similar experiences. If you feel distressed or if you need help, please advise the clerk.

As you know, today there has been a change of notice. Today's meeting will go until 12:15. We'll try to make sure everything is nice and compact.

Today we have some incredible witnesses. I would like to welcome Gabrielle Fayant from the Assembly of Seven Generations. We also have, from Covenant House, Chelsea Minhas, who is online; from the DisAbled Women's Network of Canada, Tamara Angeline Medford-Williams and Sonia Alimi; and from Dnaagdawenmag Binnoojiiyag Child and Family Services, Amber Crowe.

We will pass the floor over for five minutes to each organization and provide you that time. The first five minutes will go to Gabrielle.

Gabrielle, you have the floor for five minutes.

Ms. Gabrielle Fayant (Co-Founder and Helper, Assembly of Seven Generations): [*Witness spoke in Michif Cree as follows:*]

Tân'si Gabrielle nisihkâson, Packechawanis ochi niya,

[*Michif Cree text translated as follows:*]

Hello, my name is Gabrielle and I am from Packechawanis.

[*English*]

Hi, everyone. My name is Gabrielle Fayant. I'm the co-founder and a helper with the Assembly of Seven Generations.

I do want to also add a trigger warning. The realities of indigenous women and girls are very harsh. I wanted to put that out there.

I am the *câpân* of a great-grandmother who survived sexual violence and multiple forms of gender-based violence. I'm the granddaughter of a woman who was a product of sexual violence. I am the niece of an auntie who was murdered. I'm half-sister to a young woman who was stalked and murdered. I'm a friend of a woman whose remains were found in a condemned building in Ottawa. I am a community member to six indigenous women who died by suicide or were murdered in the last two months in the city of Ottawa.

I want it to be clear that the endemic gender-based violence and extreme overrepresentation of sexual violence and death experienced by indigenous women, girls and two-spirit folks are not isolated and stem back several generations. It's not just me who experiences this. Unfortunately, this is something that many indigenous women have in our families and within our communities.

This violence is directly linked to the systemic injustices within Canadian governments, which are at times intentional or willful blindness, but ultimately target those with the least privilege in this society.

Along with the threat of MMIWG2s+, indigenous women, girls and two-spirit folks continue to suffer from the intergenerational impacts of genocide via residential schools, from being overrepresented in the child welfare system, from being heavily targeted by police brutality and from being overrepresented in the criminal justice system, to name a few. These injustices are the biggest threat to the well-being of indigenous peoples. It would be an understatement to say that the mental health and well-being of indigenous women and girls is in a dire state.

Indigenous communities know the solutions to support and improve the lives of the youth that they work with. However, services for indigenous youth are also extremely underfunded or not funded at all, extremely limited, and often do not offer an intersectional approach to the multi-layered needs of indigenous peoples. We've seen large investments from governments to indigenous initiatives under the name of reconciliation. However, most are not in response to the calls to action that survivors made and, furthermore, are not getting to the ground where they are needed most.

To speak to these points, I want to talk about the struggles we experience with our youth organization, Assembly of Seven Generations. A7G is an indigenous-led non-profit located here in the traditional territory of the Algonquin peoples, specifically in Ottawa.

Every week, we serve 20 to 30 indigenous youth through a weekly drop-in. We do crisis interventions, suicide interventions, mental health supports, homelessness interventions, system navigation and street patrols to locate missing indigenous girls. We also do workshops, special events and activities from beading circles to feasts, round dances and land-based activities.

We do all of this with no core funding, no staff or salary capacity, no benefits, no time off, no secured facility and no land base to operate from. The caseload grows and grows to the point where we've had to close our door to new youth.

Over the last few years, we've been organizing with other indigenous youth groups, collectives and organizations across the country. We now have proof that these experiences are systemic. Over 10 indigenous youth groups have shared their stories with us from across Canada. Every group we talk to had an eerily similar experience with a lack of funding, lack of capacity and resources, and an overwhelming need to be a safety net for youth who fall between the cracks within the current systems that are in place.

Youth leaders are struggling to keep up with the demand to continue to hold things together because they know that if they're not there, they're the last resort for young people in their communities. Despite having funding or not, they have to keep doing the work.

Furthermore, the young people leading these life-saving groups and organizations are all indigenous women and girls themselves.

● (1105)

I do not have all the solutions for these enormous systemic problems, but I do know that community-based supports for young people, as outlined in TRC call to action 66, do work. However, we cannot continue to do this work on microgrants and unsustainable funding. It's leading to severe burnout, and without these youth groups in place, people are dying—and that's not an exaggeration at all. We've seen it within the last two months just here in Ottawa.

Meegwetch.

The Chair: Gabrielle, thank you so much for your testimony.

I'm now going to turn it over to Chelsea Minhas from Covenant House. She is online.

Go ahead, Chelsea.

Ms. Chelsea Minhas (Director, Clinical Services and Complex Care, Covenant House Vancouver): Good morning.

I would like to acknowledge the previous speaker and thank her for her words.

I know that you're all doing such amazing work out there.

My name is Chelsea Minhas, and I am the director of clinical services and complex care at Covenant House Vancouver.

I'm very grateful to be joining you today from the traditional lands of the Katzie, Kwantlen, Matsqui and Semiahmoo first nations.

Covenant House Vancouver was established in 1997 and is a leading expert dedicated to serving homeless and at-risk youth in the city of Vancouver and surrounding areas. We have values rooted in unconditional love and absolute respect. We offer a continuum of services using evidence-based theories and practices that ensure that we care for the whole person—mind, body, and spirit.

Our team creates individualized case plans with young people, each of which is tailored to meet the specific needs of youth using a one-size, fits-one approach. Our continuum currently includes street outreach, a drop-in centre, and a crisis program with over 60 beds, a supportive housing program that will expand to 44 beds in late spring. We are also in the process of opening stabilization beds and a low-barrier shelter.

We are also developing a specialized training and support system for trafficked and exploited youth with the support of WAGE Canada. We serve approximately 1,000 unique youth between the ages of 16 and 24 per year, and approximately 30% of those young people identify as LGBTQ, and approximately 30% of our young people identify as indigenous. Approximately 35% of our young people served identify as female, and 11% identify as trans and gender diverse.

There are many unique needs of the female identified population. Women and girls are a part of the hidden homeless population who are at an increased risk of such things as exploitation and trafficking. They are often overlooked in the statistics extrapolated from typical homeless counts. Women and girls are three times as likely to harm themselves and be hospitalized for self-harm behaviours.

More than half of Canadian youth and nearly two-thirds of young women feel that their anxiety, depression and stress levels are higher now than they ever have been before. Women and girls are often left behind in many areas of medicine, and mental health is no different. Many treatments are designed with men in mind and do not meet the unique needs of young women and girls.

The mental health of women and girls is often minimized by gendered language such as over-emotional and dramatic, and this is especially prevalent in the adolescent population where it's often minimized to be written off as over-hormonal teen girls. Women experience higher rates of intimate partner and gendered violence, sexual trauma and coercion, which has significant mental health impacts.

At Covenant House we have seen a substantial increase in the number of young women reporting sexual violence. At this time we have also seen an increase in the number of young women seeking shelter in our buildings. Our beds are full, and we are turning away young women for the first time in our 25-year history. We need support to open more beds and services for these young women.

Not only does being homeless and at risk of being homeless contribute to mental health, but it also impacts one's journey to wellness. It is very difficult to address and engage one's mental health when you are in a fight-or-flight response or trying to get your very basic needs met.

Twenty per cent of the Canadian homeless population is aged 13 to 24, and 35,000 to 45,000 youth experience homelessness every year in this country.

The overdose crisis is impacting young women as well. We are losing women and girls, and we must do better. We cannot ignore the intersection of mental health and substance use.

There are things we can do, and here are some of our recommendations: Invest in complex care housing as a part of a system of care and housing continuum of care that combines housing and support services under one roof. In the case of young people, there needs to be an expertise in adolescent development inside these organizations. An adult system cannot simply be put onto youth.

● (1110)

Multiple studies have shown that investing in complex care housing reduces other taxpayer-funded expenses relating to social services, health care, legal issues and shelters.

We are also asking that the parliamentary committees undertake a study to investigate and make recommendations on the challenges and systemic barriers facing youth at risk of becoming homeless.

We also recommend that 20% of all funding for housing goes towards youth up to the age of 30.

● (1115)

The Chair: Chelsea, we're going to have to come back to you for the remainder of your recommendations, but thank you so much. We will get back to you for sure.

We're now going to turn it over to the DisAbled Women's Network of Canada. In the room, we have Tamara and Sonia to share the five minutes.

You have the floor.

Ms. Tamara Angeline Medford-Williams (Director, Black Community Initiatives, DisAbled Women's Network of Canada): Thank you.

First, we want to applaud all of the speakers for their bravery in talking about a topic that impacts many of us.

The DisAbled Women's Network of Canada is a feminist, cross-disability human rights organization that works to address systems of oppression using an intersectional lens with a focus on disability. We are located on the unceded Kanien'kéha Nation's territory of Tiohtià:ke in Montreal.

According to Statistics Canada, 24% of young women and girls living in Canada currently have a disability and are a critically underprivileged and disadvantaged group that faces intersecting oppression such as disproportionate rates in poverty, violence, discrimination and incarceration, all of which creates a catalyst of mental health issues.

According to a recent study, disability correlated with mental illness and was closely associated with psychiatric disorders such as schizophrenia, anxiety, depression and a plethora of other mental and behavioural disorders.

The study concluded that individuals with disabilities experience increased instances of mental health issues with greater difficulties in the areas of self-care, interpersonal relationships, work functioning, communication and understanding.

Another aspect of young women's and girls' identities that are paramount to their mental health is race and the prevalence of race-based trauma, which is defined as an “emotional or physical pain or the threat of emotional or physical pain stemming from...discrimination...harassment” or aversive hostility.

In Canada, 35% of Black and indigenous women and girls live with a disability, and empirical evidence has drawn a connection between racism and substandard mental health. Systemic inequalities also impact the way certain marginalized communities access resources and social supports. For instance, Black children and youth in Canada face disproportionate challenges in accessing mental health care.

A recent study that was aimed to measure the relationship of perceived discrimination with other mental health outcomes such as depression, suicide attempts and alcoholism among indigenous individuals found that discrimination was correlated with higher alcohol use and suicide attempts, and protective factors such as involvement in traditional activities disappeared when respondents had suffered from high levels of perceived discrimination.

This creates a basis where mental health issues are further compounded by the psychological stress of systemic racism. Overall, this is particularly concerning if the medical assistance in dying is being extended to individuals with mental health disabilities, and may be extending to youth in the future.

[*Translation*]

Ms. Sonia Alimi (Senior Research Associate, DisAbled Women's Network of Canada): Ms. Medford-Williams, thank you for sharing that data. It helps us to be more alert with respect to the imbrication of racism, ableism, other systems of oppression, and the topic at hand today.

To expand on this analysis a bit and enter into more detailed statistics, we have to keep in mind that the most common disability among young people is tied to mental health. According to data gathered by Statistics Canada in 2017, this impairment affected roughly 60% of more than half a million young people with a disability 15 to 24. Young women are overrepresented in that number. Out of a total of 325,670 young people, 213,000 were young women, representing 65% of the sample. That is a lot.

I will not go back over everything that has been said, but I would like to mention something with respect to race and disability. In 2010, the Aboriginal Healing Foundation noted in a report that “a third of all deaths among Aboriginal youth are attributable to suicide”. What is more, a recent U.S. study from 2018 shows that racism has the greatest impact on the health of young black children, whose suicide rate is the highest of all young children.

In 2020, we ran a project with Nelly Bassily at the DisAbled Women's Network of Canada. We focused on the social problems encountered by young girls with disabilities and we paid particular attention to invisible disabilities, including mental disabilities.

There are two problems that I would like to highlight because they rarely receive much attention when this subject is studied.

First, when children are incarcerated, they can develop a mental disability that will have repercussions on their mental health. The Canadian Council for Refugees condemns the presence of children at detention and retention centres. It states that during the year 2018-19, Canada detained more than 118 children. An open letter signed by more than 2,000 professionals indicates that these detention conditions have adverse consequences to the children's health, especially their mental health.

Second, when we talk about mental health, especially in girls, we are also talking about self-esteem and body image. That is another problem that needs to be addressed. I could provide more details during the period for questions.

Thank you for listening.

● (1120)

[*English*]

The Chair: Thank you so much—including for seeing my wild arms going, Sonia.

We'll now move it over to Amber Crowe, who is online.

Amber, you have five minutes.

Ms. Amber Crowe (Executive Director, Dnaagdawenmag Binnoojiiyag Child and Family Services): Thank you.

Good morning. My name is Amber Crowe. I'm the executive director of Dnaagdawenmag Binnoojiiyag Child and Family Services. I am anishinaabekwe from Alderville First Nation.

I would like to say thank you to the previous speakers. It's my humble honour and privilege to also be here today to speak on behalf of indigenous—first nations, Inuit and Métis—women and girls, whose voices often go unheard.

Colonization and the forced assimilation of our people into Canadian society has negatively impacted, and continues to negatively impact, our people, communities and nations. Our women and girls often experience greater negative impacts due to western views of gender roles and the sexualization of women. Overrepresentation in child welfare is rampant across the country. In Canada, an indigenous or first nations child is 17 times more likely to be placed in formal, out-of-home care, which leads to significant mental health issues for both children and mothers. Indigenous people have nearly four times the risk of experiencing severe trauma than the non-indigenous population, and these traumas contribute to their overrepresentation and involvement in the child welfare system.

There are many reasons why indigenous women and girls experience severe trauma. We can look at adverse childhood experiences, which, according to a 2021 study, are reported to be higher among indigenous populations compared with non-indigenous.... Higher adverse childhood experience scores for indigenous participants were associated with increased rates of suicidality and psychological distresses.

What I would like to draw your attention to, today, is something called “protective factors”. For indigenous women and girls, cultural identity, belonging and connectedness are protective factors that can reduce the impact of those negative experiences and traumas. Protective factors are particularly important for our women and girls, because our identities are put into question and stolen. We have experienced this throughout our history—the residential school system and loss of status in the Indian Act. This has impacted many generations.

The loss of identity makes it nearly impossible to belong. As human beings, we are hard-wired for belonging. As indigenous peoples, interconnectedness and interrelations are the reasons for our being. Knowing and understanding who we are in the world helps us move through it and connect with others. When we don't have it, we struggle to belong and suffer.

Indigenous women are approximately three times more likely than non-indigenous women to be victims of violent crime. When these women have children, which most do...this also contributes to their overrepresentation in the child welfare system. More than six in 10 indigenous women have experienced physical or sexual assault in their lifetime, while almost half of indigenous women have experienced sexual assault. At 42%, indigenous women are more likely than non-indigenous women, at 27%, to have been physically or sexually abused by an adult during childhood and to have experienced harsh parenting by a parent or guardian. Indigenous women are more than twice as likely to report having not very much or no confidence in the police compared with non-indigenous women.

Indigenous women are almost six times more likely than non-indigenous women to have been under the legal responsibility of the government. About eight in 10 indigenous women who were under the legal responsibility of the government have experienced lifetime violent victimization. Involvement in the child welfare system leads to lifetimes of violence, victimization and mental health issues; being under the legal responsibility of the government is associated with greater likelihood of lifetime violent victimization—about 81% of indigenous women who were under the legal responsibility of the government have experienced lifetime violent victimization.

Individuals whose parents attended residential schools are at increased risk for greater depressive symptoms, suicide, post-traumatic stress disorder and general psychological distress. For example, studies found that involvement in spiritual activities and having a sense of cultural identity and connectedness were associated with positive mental health outcomes, despite adverse childhood experiences. These are some of the protective factors.

● (1125)

Furthermore, studies have shown that children's involvement with the child welfare system, particularly if they were removed from their mothers, results in significant impacts to their mental, emotional and spiritual well-being.

According to the Native Women's Association of Canada, indigenous women make up only 4% of the Canadian population.

The Chair: Thank you so much for that, Amber. We'll make sure we get more of this information as we get into the questions and answers.

We're going to start our rounds of questions. The first round is six minutes, and we will start with Michelle Ferreri.

Michelle, you have six minutes.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Thank you, Madam Chair.

Thank you to all of our witnesses.

There is important testimony from each one of you. I appreciate your all being here. This is sensitive subject matter that impacts all of us—our futures and kids.

I'm going to start, if you don't mind, with Chelsea from Covenant House.

Chelsea, I know you had a few more recommendations. I want to give you the floor so you can finish those recommendations.

Ms. Chelsea Minhas: Thank you so much.

As I said, we're looking at the recommendation of investing in complex care housing. We're requesting that a parliamentary committee undertake a study to investigate the recommendations on the challenges and systemic barriers facing youth who are at risk of becoming homeless, and that this study include youth aging out of the foster care system. As we know, those youth are at increased risk for, and report higher rates of, mental health distress. Take into consideration the long-term economic benefits of investing in youth and support services.

We're also requesting that the Government of Canada allocate 20% of all funding for housing towards youth up to the age of 30, and that a subset of said funding is allocated specifically for youth with complex care needs, up to the age of 24.

We know adolescents need wraparound supports. As I mentioned, it's not as simple as taking an adult system and putting it on top of an adolescent issue. There needs to be adequate programming that takes into consideration the complex and unique needs of adolescents.

We know every single small act we undertake to increase access to protective factors for youth.... When we're talking about prevention and mental health for young people, we're talking about protective factors such as education, sanitation, clean water, housing, employment and transportation. Empower young people and provide opportunities for them to access the supports they need, in their journey and transition to adulthood, in a healthy way that supports their mental health.

We know an investment in young people is an investment in prevention. If we can intervene in the right way at the right time, along the arc of a young person's life, the outcomes can have infinite ripples in our communities. Not only will these things impact the young person, they will also impact their friends, friend's families, aunties, uncles and future children. Investing in the mental health of young people is an investment in our future.

Ms. Michelle Ferreri: Thank you so much, Chelsea. I couldn't agree with you more.

What we have, right now, is a real conundrum. We have all-time inflation and an all-time affordability crisis. Everybody needs money and investment, but, if we intervene at crisis too much, we're not actually going into prevention. At the same time, there are all these people in the middle of a crisis. It is a very challenging situation—trying to help everyone. I often think about it.

Visualize walking through a field. You're a soldier, and you can only save two people, yet you have to save everyone.

How do we do that? How do we make the best federal policy decisions to ensure we have healthy adults? That's why I think this particular study is so critical...when we look at housing and youth.

I have one question. I don't know who wants to answer it.

We know the mental health of the mother is critical. I don't know whether you are all familiar with what, I think, is the number one book, right now. My daughter wanted me to read it this weekend, and whenever my daughter tells me to read a book, I say, “Okay", because it's obviously important to her. It's called *I'm Glad My Mom Died*, by Jennette McCurdy. I don't know whether you are all familiar with this book. It's very powerful.

I guess my question is.... I look at you, Gabrielle. You talk about acknowledgement followed by action.

How do we prevent the removal of the mother, who is not intentionally parenting traumatically or harmfully, because it's generational trauma? How do we take care of the mother and offer resources so she, herself, can heal and, in essence, not repeat the patterns she learned?

● (1130)

Ms. Gabrielle Fayant: Yes, that's a really important question.

A lot of services right now are crisis based, as you were just mentioning, and we need to move into prevention, into methods of prevention.

We've also done a lot of reports on children in care, and that's what children in care also ask for. They want preventative methods to keep families together before removing the child happens, which is the instant reaction: “There's a problem here, so let's remove the child.” There's no prevention in place.

All of these things that aren't being addressed keep getting pushed further and further back into the next generation, and all the problems are just so huge for us to tackle at this point, but we have to start somewhere. For me, it always go back to the work we do, and that's really around TRC call to action 66. It talks about “community-based youth” programming. There's no federal youth programming out there. It just doesn't exist. A lot of these young people have to grasp at micro grants to support large amounts of work, and the weight of all of this on our shoulders is just incredible. Sometimes I think it's a miracle that we're still pushing through, but we're so strong as young women.

Thank you for the question.

The Chair: Thanks so much, Gabrielle and Michelle.

I'm now going to turn it over for six minutes to Jenna Sudds.

Ms. Jenna Sudds (Kanata—Carleton, Lib.): Thank you very much, Chair.

Thank you to all of the witnesses for some very impactful testimony here today.

My first question is for Ms. Crowe. We've heard from many organizations for this study how important and effective culturally informed or culturally appropriate services are in particular for young women and girls. I know that you started to speak a bit about cultural identity and protective factors, so I'm wondering if you can expand upon some of the challenges that youths face and what treatments are being offered through your organization or in your community to support them.

Ms. Amber Crowe: Sure, and thank you for that question.

Just like the previous speaker said, you can't take an adult program, impose it on youth and have it work. It's the same for indigenous populations. You can't take a mainstream program and apply it to an indigenous population and expect it to work the same. The world views and the approaches need to be adjusted for the population to be served.

The land-based cultural and ceremonial supports and the identity-supporting pieces of the programming need to be there in order for programs to be effective for first nations, Métis and Inuit children, youth and families. I would say that at our organization we have experienced first-hand how much those pieces of our service model impact and have a positive outcome for the families we serve, especially in comparison to the mainstream services and programs they were accessing.

Because we are a new indigenous child well-being agency, very many of the almost 1,200 files we currently have open came to us from a mainstream agency, so we have a comparator between how they were being served before and how they're being served now. We have a number of services and positions within our organizations that mainstream child welfare does not have, and those pieces in particular, around culture and ceremony, protecting and nurturing their identity and having their identity as part of the service model, make an incredible difference.

● (1135)

Ms. Jenna Sudds: That's excellent. Thank you very much. That's very helpful testimony.

Next I'd like to go to Ms. Alimi.

Near the end of your testimony, you started on the topic of the challenges of self-confidence and body image and the contribution to mental health challenges for young women. I just wanted to give you the opportunity to finish that sentiment or to expand upon it.

[*Translation*]

Ms. Sonia Alimi: In our report, we observed the extent to which the low representation of girls and young women with disabilities contributes to aggravating their state, causing them to also have a mental disability.

For women and young girls who do not have a physical disability and who live in a patriarchal society with normative bodies, the way they understand their body and move about in society will be influenced by how others look at them, especially by the negative regard for certain bodies.

For any woman living in a patriarchal society, and for any woman in this room, this will undeniably have an effect on her mental health, the same way that in a racist or colonialist society, people who intersect different oppressions cannot be freed from the weight this has on their mental health.

Unfortunately, we do not have the privilege of being in bodies that are not impacted by social obstacles that obstruct our way of living and moving. To us women, living in a patriarchal society strongly influences our way of being in our body as well as our mental health.

[*English*]

Ms. Jenna Sudds: Thank you very much.

I believe I have just one minute left. Just quickly I'd like to go to Ms. Minhas. We've heard through the pandemic that home of course is not a safe place for everyone, sadly, and that 2SLGBTQI+ youth in particular can face additional challenges with acceptance at home, a situation that can often lead to homelessness.

Ms. Minhas, how prevalent is this situation in the community you're serving, and what types of supports are being offered to these youth?

The Chair: You have 30 seconds to respond.

Ms. Chelsea Minhas: I have 30 seconds. I could do a whole session on this.

About 30% of the young people we serve identify in that way and they do present with unique challenges. It is a form of trauma to be sent away from your home and to feel as though you are not worthy of anything. We do see increased violence in this population because these young people are putting themselves in situations that they really have no choice but to be in, and they are at increased risk for exploitation and so many things. That's it in 30 seconds.

The Chair: I'm sorry, and that was with an additional few seconds in there. I'm sorry about that.

Now we're going to pass it over to Andréanne.

Andréanne, we'll give you six minutes.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Thank you very much, Madam Chair.

Ladies, thank you for being here today. You remind us that the issue of mental health is truly complex and that we need to be working on it. You also remind us to think about prevention, not just healing. It is with that in mind that I will ask my first questions.

Ms. Minhas, in your preliminary remarks, you addressed the issue of housing. We see that things are not going to improve with inflation and that it is becoming increasingly difficult.

You talked about the link between the challenge of housing and people with mental health problems. I would like you to talk about the importance of transferring money for housing and the importance of making it as recurring as possible, to make it predictable for agencies and people. I would also like you to explain the connection between mental health and adequate housing.

● (1140)

[*English*]

Ms. Chelsea Minhas: Absolutely. There is definitely a link between housing and mental health. Not only does lack of housing impact mental health, but if you are struggling with your mental health, that can also oftentimes impact your ability to secure market housing for a variety of reasons, whether that is cost or lack of supports to help you maintain that housing.

So when it comes to mental health, what we really need is a system of complex-care housing, a continuum of housing that meets the diverse needs of those people who are living with mental health conditions, whether those are diagnosed or undiagnosed. What we know is that adolescence—the population we serve—is a time when mental health challenges often start to emerge. We need to be able to support these young people where they're at, using a continuum of options, whether that is fully supported housing where the units are staffed 24-7—sometimes it's more commonly known as mental-health housing—all the way to market housing where these young people choose to be but have supports available to them when they struggle or just someone to check in with. These are young people with growing, developing brains who are beginning their journey into adulthood, and we need to have options for them.

It's very difficult, especially in the market in Vancouver—where we're serving young people—where the rent rates are astronomical and the availability of units is so slim. We need an investment in housing. However, not only do we need an investment in housing, but also we need to ensure that a certain number of units are saved for young people and that there are buildings that are specific to adolescents.

What we know is that, when their units are just inside adult buildings, our young people don't feel safe. They're at higher risk of exploitation, specifically our young women. Some of them believe that the streets are safer than some of those adult buildings where they're being exploited behind closed doors, so making sure that we have youth-specific housing is extremely important.

[*Translation*]

Ms. Andréanne Larouche: There needs to be suitable housing, but also support from organizations.

In Quebec, we have beautiful social and community housing projects and organizations ask that money be set aside for them. We created an acquisition fund so that some of the funding devoted to housing is paid to the organizations. That way, they can create projects based on the needs of the community. That is extremely important.

You also addressed the issue of homelessness, which has repercussions on mental health. You made the link between these two things. It is important to invest in the fight against homelessness. The federal program Reaching Home, should get a recurring increase so that organizations working on homelessness can have predictability for the next few years.

Could you talk to us about the connection between homelessness and mental health and the importance of the Reaching Home program for helping the organizations?

[*English*]

Ms. Chelsea Minhas: What we find with most funding streams is that they do not adequately support the realistic operational costs of supporting these units, so they don't allow for adequate staffing levels. They do not account for the specific mental health supports that need to be on site.

With regard to community mental health, the wait-lists are astronomical, so we need to have those supports built right into these programs and the operational funding allotted to these projects through things like Reaching Home. They do not meet the operational costs. For an organization, a non-profit, to come up with the remainder of those funds, especially in times like this, can be very difficult.

What I would encourage you all to think about when you're planning these funding models is to make sure that the operational dollars are sufficient to actually run the wraparound supports that are required. The capital dollars are not enough. We can have tons of beautiful buildings, but if the supports within those buildings do not meet the unique needs of the populations residing in them, it will not work, so that's what I would encourage you to look at.

● (1145)

[*Translation*]

Ms. Andréanne Larouche: The financial community is being asked to ensure more predictability. There needs to be recurring investments in housing, homelessness, and even health. I say that because in Quebec, many organizations that work with these clients receive their funding from the health and social services department.

There needs to be assurances of recurring and predictable funding and a substantial increase in every transfer for housing, homelessness and health to allow the organizations to work on the ground in prevention in the area of mental health.

Thank you very much.

[*English*]

The Chair: Perfect. Thank you so much.

We'll now pass it over to Leah Gazan for six minutes.

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

I want to start by thanking all of the witnesses for their testimony and sharing.

My first question is for Gabrielle Fayant from Seven Generations.

You spoke about youth suicide.

In 2019, Greg Macdougall of the National Observer reported rates of suicide for first nations youth that were 6.2 times higher than the non-indigenous population in the same age range. He was talking about ages 15 to 24. For Inuit, the rate is 23.9 times higher. Rates of suicide among indigenous youth are being normalized.

You also spoke about murdered and missing indigenous women and girls, and the lack of action and the impacts it has. It's just part of the discussion for indigenous people who share this common history of violence.

In the face of this, I would argue that we see a lack of action to respond to this emergency. I'll give you a couple of examples. The federal government put down $724.1 million to address the calls for action in the national inquiry. In 2020, just a little over $12 million has been spent.

You spoke specifically in this session about call to action 66 in the TRC:

> We call upon the federal government to establish multi-year funding for community-based youth organizations to deliver programs on reconciliation, and establish a national network to share information and best practices.

On October 16, 2022, it's still in progress, yet we know high suicide rates continue.

I'm wondering how this kind of lackadaisical approach to this crisis is costing lives of young indigenous women and girls and diverse gender folks.

Ms. Gabrielle Fayant: Thanks for the question. I'll try to answer it as quickly as possible.

Within our group of indigenous youth who we work with, the majority are women or two-spirit folks. Within how we do things in a community-based approach, we're able to take care of each other through peer-to-peer support and also what we call an auntie network.

That leaves me on call, though. I'm on call 24 hours, and I don't even have a full-time job to do this. Sometimes I have to respond to a suicide intervention crisis at three in the morning. I know that if I don't go, no one's going, so I have to go. That's the same experience of multiple youth groups across the country.

Then there are the youth who aren't a part of those community groups because of the lack of capacity. Those are the young people we're seeing pass away. Those are cousins of young people within our youth group who are having to deal with suicide, having to see their loved ones being murdered.

Ms. Leah Gazan: I have a question.

If the Prime Minister came out when the national inquiry was released and called the crisis of murdered and missing indigenous women and girls a genocide, do you think the lack of action is because governments have normalized genocide against indigenous peoples?

● (1150)

Ms. Gabrielle Fayant: I think so, 100%.

A lot of the conversations about the status of women and girls in Canada are about self-care and getting time off work, and vacation and equal pay. We're not even at the same conversation. We're not even talking about that. I haven't had a day off in 10 years. I'm dealing with a crisis every single day. We're talking literally about life-and-death situations at a grassroots level.

Ms. Leah Gazan: Thank you so much for that. I know you very well, and I know you work 24 hours a day every day. I've known you for a long time. Thank you for the work you do in trying to fight for a better world.

My next question is for Amber Crowe.

I come from the province of Manitoba. Currently in Manitoba, there are about 10,000 to 11,000 kids in care in any given year, and 90% of them indigenous families. We know that many kids who are taken out of care are often placed outside of the community. You spoke about the importance of identity and culture as being a shield or protector in the world, as safety to keep people's identity and culture safe.

One thing we often don't discuss is the impact on a mother when their kids are apprehended. We know that when their kids are apprehended from the home, it's not uncommon for the mother's mental health to further decline. Can you expand on that, please?

The Chair: We don't have time for that answer, but I will provide 30 seconds for it. It's not a lot, but I know that this is very important.

Please go ahead.

Ms. Amber Crowe: Sure.

As you noted, missing and murdered indigenous women and girls and the many studies with respect to child welfare and the overrepresentation of first nations, Métis and Inuit children and families all indicate that the removal of children from their mother has a significant impact on both the children and the mother's mental well-being. Some of the protection factors and some of the treatment factors and outcomes are best achieved when the services provided are indigenous-led and indigenous-designed and -delivered.

Thank you.

The Chair: Thanks so much, Amber. I'm sorry for having to cut you off.

We'll go into our second round, with five minutes for the Conservatives and the Liberals and two and a half minutes for the NDP and the Bloc.

I'll pass it over to Dominique Vien, who is online.

You have five minutes.

[*Translation*]

Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC): Thank you, Madam Chair.

I thank all the witnesses here today. Some of the comments are hard to hear. This exposes us to a painful reality, especially Ms. Fayant's testimony.

Ms. Minhas, thank you very much for your testimony. You take in young people. What do you notice in these people that you take in? You talk about beds and internal services. You also opened up more shelter beds. What are the most common mental health problems that you see in the people who use your centre?

[*English*]

Ms. Chelsea Minhas: Thank you for your question.

I would say that complex trauma is the most common thing we're seeing the young people who walk through our doors experience. They're coming from traumatic histories—

[*Translation*]

Mrs. Dominique Vien: Excuse me, Ms. Minhas.

Madam Chair, I am not getting any interpretation.

[*English*]

The Chair: Okay.

Chelsea, we'll see if the interpretation comes through now. Please continue.

● (1155)

Ms. Chelsea Minhas: Is there interpretation now? Okay.

What we see in our organization are really the impacts of complex trauma history. These are young people who are coming to us from homes that have rejected them or from homes where there is significant violence or substance use. These are young people who are aging out of the foster care system with no comprehensive plan. They've just fallen through the cracks. These are young people who have significant trauma histories related to exploitation and sexual violence.

The main thing we're seeing is trauma. That comes out for a lot of young people as anxiety or depression. We definitely see young people who are in our services with different forms of psychosis and different cluster B diagnoses. We see young people with all sorts of complex learning needs. I would say that a lot of it has to do with depression, anxiety, trauma and that sort of thing.

[*Translation*]

Mrs. Dominique Vien: Thank you for those observations.

You are a director of clinical services and you offer counselling sessions. The young people who arrive at your centre have a history. As you mentioned, they have experienced various problems and different situations that have led them to homelessness, for example.

What would you say to us about the type of work that needs to be done? Where do we intervene? Is it with the extended family, parents, school or the community? Where is the missing link? What would you like us to say about this in our report?

[*English*]

Ms. Chelsea Minhas: I think some of the upstream types of interventions we need to see include some of the things that previous witnesses have talked about—really investing in supports and interventions at the family level, not simply removing children but investing in and supporting the families and dealing with the poverty that these families experience, which can oftentimes lead to situations that can be interpreted as neglect or as not caring for their children. Sometimes they just do not have the means to do it. There is also supporting families, supporting women who are making choices to leave violent partners, and making sure that the choice to leave a violent partner does not result in being destitute and being homeless themselves and increasing family homelessness. We need to make sure that the women have support to leave violent partners when they need to and not be in a situation where in order to provide for their kids they sacrifice safety, which is then, of course, is traumatic to the children.

We need better supports in our schools. We cannot have months-long wait-lists for mental health supports in our school systems. People need to be available when those children need them the most. We need to increase access to mental health supports through our medical systems and our community, rather than their only being embedded. In our province, most child mental health supports are embedded in the ministry of children and families, which means that a lot of stigma can be attached to them.

[*Translation*]

Mrs. Dominique Vien: Madam Chair, how much time do I have left?

[*English*]

The Chair: You're running out of time, Dominique. I'm sorry about that. Thank you.

We're going to now pass it over to Marc Serré for five minutes.

[*Translation*]

Mr. Marc Serré (Nickel Belt, Lib.): Thank you, Madam Chair.

I thank all of our witnesses for their dedication and commitment. You face daily challenges and it is very important. We could have a completely separate study on the extent of problems among young indigenous girls and women.

Ms. Fayant and Ms. Crowe, I wonder if you could enrich our recommendations. Currently, the federal government is in bilateral negotiations with the provinces. I would like to hear your thoughts on the challenges being raised.

Your two organizations primarily help indigenous women. Covenant House Vancouver and DisAbled Women's Network Canada also help indigenous women, but their mandate goes beyond that.

What do you recommend to the federal government in its negotiations and its work with the provinces regarding organizations like yours and agencies that have the mandate to help people? There are indigenous people in urban centres and indigenous people on reserves. These are two different things. I would like your thoughts on that.

Ms. Fayant, I invite you to start before moving on to Ms. Crowe.

● (1200)

Ms. Gabrielle Fayant: Thank you for your question.

[*English*]

I'll respond in English.

There are so many. I wouldn't even know where to start, but off the top of my head, I agree that there has to be a study specifically for indigenous women, girls and two-spirit folks. What happens a lot in these big studies is that we get left behind. If we're not addressing the needs of those who are at risk and most vulnerable, then we're not going to ever meet the mandate.

Something we experience as a grassroots youth group is that we have such a hard time accessing funds. The large organizations take the funds first because they have paid writers to apply for these things. The people reading them love what they're reading, but they don't also have connection to community. It's just this cycle that continues on, while there are people on the ground doing this work.

Another thing we observe in the creation of programs is that lack of connection to community and of an understanding of what's really happening on the ground.

In the last couple of months, I've been asked to attend several of these committees, but it's the first time in all of the years I've been working on these that I've actually been asked to come to these tables. The harder part, too, is that I can come here, but I don't have a full-time job to be here, whereas most of the folks who have presented all have full-time jobs or salaries and benefits to be in these positions talking about these issues. We can create the table for indigenous women to sit at, but the equity just isn't there. The restitution isn't there.

There has to be—

Mr. Marc Serré: Thank you. It's the time. Madame Chair is really hard with the time.

Ms. Gabrielle Fayant: Oh man, there are so many things.

Mr. Marc Serré: I appreciate it.

Amber Crowe, we have about a minute left.

Can you respond to that, please?

Ms. Amber Crowe: Sure.

I would call your attention to three places. Two of them already have come up. They are the recommendations and calls to action in the report on missing and murdered indigenous women and girls, as well as the truth and reconciliation reports. Those reports are amazing in terms of the recommendations they make.

The third place that I would ask you to look is the recommendations that just came out, not even a week ago, from the inquest in Ontario into the death of Devon Freeman. This was the death of a youth who was living in a group home and suffering with mental health and a number of other diagnoses.

The big thing from those recommendations is that the existing systems of care and the systems of services need to be more collaborative and more integrated with one another, so that whatever problems come up.... Problems don't come up in silos; they come up in clusters. The systems need to be able to address and treat them as such.

[*Translation*]

Mr. Marc Serré: Thank you.

[*English*]

The Chair: Perfect. Thank you so much.

I'm going to mess around with the time for the NDP and Bloc. I won't come back to a third round for you, but I'll provide an extra minute at this time. You'll both be getting three and a half minutes instead of two and a half minutes.

I'm going to pass the floor over to Andréanne for three and a half minutes.

[*Translation*]

Ms. Andréanne Larouche: Thank you very much, Madam Chair.

Again, thank you, witnesses. It is truly very interesting. Members of the committee are taking many notes.

Ms. Crowe, you mentioned the Indian Act in your opening speech. You focused a great deal—and you just mentioned it again—on the report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. You also talked about truth and reconciliation and especially call to action No. 66 on young people.

The report includes solutions. With respect to all these solutions, which we all know already, how important is political will and the means for implementing them?

Ms. Crowe, my question goes to you first, but I think that Ms. Fayant also has something to say afterward. I see her nodding her head.

● (1205)

[*English*]

Ms. Amber Crowe: Thank you.

Yes, I agree. Many reports over many decades have looked at some of the issues that we've talked about today. The recommendations and solutions exist already in many of those reports.

One thing I would recommend is triaging particular marginalized populations to the front of the line, so to speak, when services are required. That would be to help address some of the impacts of colonization and the socio-economic conditions experienced by those marginalized populations. If they were to be triaged into the services, it could prevent those crisis situations that were mentioned earlier.

[*Translation*]

Ms. Andréanne Larouche: Ms. Fayant, I saw you nodding your head.

Do you have any comments to add about reports we have already read and the Indian Act that may be connected to our study?

[*English*]

Ms. Gabrielle Fayant: I barely heard the translation. Could you repeat it?

[*Translation*]

Ms. Andréanne Larouche: I was inviting you to add something. I saw you nodding your head. I know that the Indian Act was addressed by Ms. Crowe. Do you see a connection between all these reports and our study on mental health?

[*English*]

Ms. Gabrielle Fayant: Yes, but not so much on the Indian Act. I didn't want to add too much about that. But your point about political will is so important.

We see it all the time. One of my biggest critiques of how reconciliation has been handled by the current Liberal government is that they go to three organizations, and then the burden lies on those three organizations. That's my really big critique.

We don't see that done with any other population. There aren't just three organizations for any other group of people; but for indigenous people, it's three organizations, and they'll deal with it. There have to be different approaches. These approaches are not addressing the needs of urban indigenous people at all. Things are getting harder, to be honest. As I mentioned in my remarks, in the last two months six indigenous women in this city alone have been murdered or committed suicide. That's alarming, and it's obvious that something's not working and it needs to change.

The Chair: Perfect. That was excellent.

Andréanne, we're just going to move forward.

I'm sorry, but the bells are going off.

I'm going to pass it over to Leah now.

Leah, you have three minutes.

Ms. Leah Gazan: Thank you so much.

Very quickly, I know that in the last set of questions, Chelsea Minhas from Covenant House mentioned that it's best to help families in the home at the beginning instead of apprehending kids out of it. The aftermath of that is quite significant.

My question is for Amber Crowe. In July 2020, in noting deaths of young people, Brittany Hobson from APTN said:

> According to statistics from Manitoba Advocate for Children and Youth Daphne Penrose's office, there have been 1,605 deaths in the last decade of youths ages 0 to 17.
>
> Of those, 590 are what Penrose calls “reviewable deaths” meaning the person had some contact with the child welfare system within the past year of their life.
>
> In total, 131 were classified as in government care at the time of their deaths.

This is alarming. We know that for kids going into care, especially young women and girls, it's been called a pipeline into MMIWG2S. We know that the impact on kids of being in care, through so many studies and reports, is detrimental to the mental health of children.

Do you agree that more funding resources need to be focused on keeping families together rather than continuing to prop up systems, including the child welfare system, that often have very poor outcomes?

● (1210)

Ms. Amber Crowe: Absolutely, resources need to go towards prevention and ongoing support, and changing the conditions of families that lead to child welfare involvement. I would say it's difficult or dangerous to make a correlation that involvement with child welfare is what leads to MMIWG or incarceration and all of the other things.

We know those outcomes are correlated with child welfare, but the causal relationship is not established. I would say that certainly prevention is important, as is supporting families to stay together or to be reunited. It's also very difficult for the child welfare system as it is currently constructed with respect to safety issues rather than the socio-economic, colonized conditions of the people being served.

Ms. Leah Gazan: Okay, thank you very much.

My last question is for the DisAbled Women's Network of Canada.

On your website you have the following data. It says that “women and children with disabilities are twice as likely to be victims of violence than non-disabled women, women and children with multiple disabilities experience even higher rates of violence.”

Can you speak to this information in relation to mental health and the overall feeling of safety and security in Canadian society?

The Chair: Unfortunately, your time is up.

We have you on the record, but because the time is so tight, we do not have time for a response.

We'll now go into our last round. I'm reducing this amount of time. We have eight minutes in total. We'll go three minutes to Anna, three minutes to Sonia online and two minutes to Anita.

Anna, go ahead. You have three minutes.

Mrs. Anna Roberts (King—Vaughan, CPC): Thank you, Madam Chair.

Thank you to all of the witnesses.

I have a question for anyone who would like to answer it.

What kind of supports are you getting? I would imagine that this would be emotional for you as well.

Ms. Gabrielle Fayant: I can answer that question.

Nothing. It's all just community.... It's all volunteer-based. Our auntie is our elder who is looking out for us. Beside that, there's really nothing.

It feels like we're constantly in survival mode and grief. That conversation about reconciliation, we just don't see it happening.

Mrs. Anna Roberts: Would anyone else like to answer that?

Ms. Chelsea Minhas: I can step in there.

I think it's so important to make sure that we're caring for the people who are working on our front lines. That would include investing in programs that our staff can access, clinical supports and investing in programs that allow for staff training around wellness and trauma stewardship.

This is a huge piece that is not talked about enough, and organizations and the government need to ensure that we're investing in that as part of the funding models. If we can't take care of our staff, we can't take care of people. If our staff are unwell, the people we're serving will not get the adequate support they need.

Mrs. Anna Roberts: I have another question, if anybody wants to answer it.

Each province has social workers. Is there communication with them? How do you work with them?

I've had some experience with social workers. Are they aware of your programs and vice versa?

Ms. Tamara Angeline Medford-Williams: I don't mind speaking to that.

At DAWN Canada we do a lot of work with partnering organizations; we're more like a network.

Knowing that we are more in the eyes of the government, what we do is that when we get funding, we always try to partner with organizations that are doing the frontline work or on the ground working closely and aligned with the issue and the target populations. We are affiliated with different social workers within the organizations that we are affiliated with.

I am currently doing my MSW. We have done various projects with other universities that have professors within the social work field. We really try to keep that connection going so there's always that cycle of information being fed back in. We are really giving an opportunity to people who are on the front lines to have a voice in the matter.

● (1215)

The Chair: Thank you so much.

We'll now go online to Sonia Sidhu.

Sonia, you have the floor for three minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Madam Chair.

Thank you to all the witnesses for being with us.

My question is for Ms. Minhas.

We heard, Ms. Minhas, that young women are among the most vulnerable to sexual violence. In 2018, Stats Canada noted that 61% of young women aged 15 to 24 have experienced unwanted sexual behaviour.

Do you think social media or online bullying affects the mental health of young women and girls in Canada?

Ms. Chelsea Minhas: Absolutely, I think it has a role to play.

I think it is important to make sure that there is education for our young people around the safe use of technology, because technology is important. We're using it here today, so we need to be well versed in how to use it. I think we need to teach young people about healthy relationships and consent—what's okay and what's not okay—and how to keep yourself safe in an online world. That is our reality.

Social media absolutely impacts young people today. It's our responsibility to make sure that social media is worked in to our services to keep people safe around consent, healthy relationships, boundaries and all of those sorts of things.

Ms. Sonia Sidhu: My next question is for the DisAbled Women's Network of Canada.

What role can the federal government play to decrease the stigma out there, stigma around people living with disabilities?

Ms. Tamara Angeline Medford-Williams: I'll just start by saying this: culturally responsive practices and also educating health and social services professionals on the intersectionality of mental health. As I mentioned, 35% of Black and indigenous young women and girls have disabilities. That's notwithstanding everything else Gabrielle and Amber mentioned.

You can imagine that, with all of these overlapping forms of oppression, it creates instances where individuals aren't able to navigate these systems on their own. Remove those barriers and educate not just the communities around us but also health officials and governments. Use anti-oppressive frameworks, and really have it implicated in policy, programming and legislation. That would automatically trickle down to everyday people as well, changing their perspectives and enlightening them to the realities that the population faces.

The Chair: You have 20 seconds.

Ms. Sonia Sidhu: I just want to say thank you for all of the work you have done on the ground.

Thanks.

The Chair: Awesome. Thank you so much.

For our last round of questions, we will have Anita for two minutes.

Ms. Anita Vandenbeld (Ottawa West—Nepean, Lib.): Thank you very much.

I only have two minutes, so I'll direct my question to Ms. Fayant because she is in Ottawa.

As an Ottawa MP, let me say thank you for the work that you're doing. I have an indigenous youth council in my constituency. I would very much welcome your voice—not that you have a lot of time for that—or others who you might recommend I hear from because it is very important for us to hear what's really happening on the ground. I am very alarmed to hear that, despite the billions of dollars, the work you're doing is completely unfunded and that you're volunteering seven days a week. It's not enough for us to say thank you. We need to do something.

One of the things that we've done with women's programming is create funds for people to hire people to write proposals so that they can get funding. A lot of the frontline organizations have the same issue. They don't have the bandwidth or the time to be able to even write a proposal for funding. Do you think that this is something that might be useful in terms of indigenous youth funding?

Ms. Gabrielle Fayant: Yes, 100%.

There is even a struggle there, too, because we're literally in the trenches. Finding someone that we could hire to write a proposal is even a hard thing to do with folks when we're right in it. However, it's definitely a step in the right direction.

I strongly encourage the women's department to look at different ways to fund, as well. For example, a lot of the youth groups that we work with stop applying for funds because of how challenging the funding process is. There's a lot to break down. It's not accessible. Then, you're kind of holding your breath, waiting for this funding to come in, and a lot of times it's a no because you don't know the right people or how the systems work. You're literally in the trenches trying to support people in survival mode.

● (1220)

The Chair: Perfect. Thank you so much.

Actually, Anita, your time is up. I know that it's not a lot of time for such incredible questions as we've had today, with amazing answers.

On behalf of the status of women committee, I would really like to thank all of you for coming here today and providing that. If there are briefs that you have not yet sent in, please feel free to do so. I love it when these ladies have more work to do. Thank you so much for today.

We are only going to be suspending until 12:25 so that we can start our next meeting. I'll remind everybody to be back in their seats by 12:25. We're all good, and we'll discuss more then, so—

Okay, we'll adjourn today's meeting, and restart at 12:25.