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Chair

Mr. Bryan May

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

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• (0850)

[English]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call the meeting to order.

Good morning, everyone. Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, September 18, 2018, the committee is resuming its study of supporting families after the loss of a child. Today the committee will hear from department officials.

With us from the Department of Employment and Social Development are Michael MacPhee, director general, employment insurance program and services oversight, transformation and integrated service management branch, and Rutha Astravas, director, special benefits, employment insurance policy, skills and employment branch.

As well, from Statistics Canada, we have Ron Gravel, acting director of the health statistics division, and Valérie Gaston, the chief of vital statistics, health statistics division.

Welcome, and thank you to all for being here this morning on this wonderful fall weather day.

We'll begin with opening remarks.

Michael or Rutha, the next seven minutes are all yours.

Ms. Rutha Astravas (Director, Special Benefits, Employment Insurance Policy, Skills and Employment, Department of Employment and Social Development): Mr. Chair and members of the committee, thank you and good morning.

[Translation]

My name is Rutha Astravas.

[English]

I'm the director of special benefits for employment insurance policy at the Department of Employment and Social Development. As you said, joining me is Mike MacPhee, my colleague from Service Canada.

[Translation]

I am thankful for the opportunity to appear again before the committee to address this very important issue and build on previous discussions.

[English]

I sympathize with Canadians who lose an infant child to sudden or unexpected causes, including in the case of sudden infant death syndrome, or SIDS. It is hard to imagine the suffering families experience when they lose a child suddenly or unexpectedly, yet some share their deeply personal experiences at this committee.

We've paid close attention to these hearings focusing on supporting families after the loss of a child and we're thankful for the evidence shared by families; non-governmental organizations, including support networks across Canada; and Canadian and international researchers. We've shared the concerns and suggestions with our service delivery counterparts.

In particular, we acknowledge the challenges that parents must face in grieving the loss of their child and maintaining their emotional and physical well-being while trying to return to work. It's tragic to consider that in 2014 alone, there were approximately 1,800 total infant deaths and 3,200 stillbirths, according to Statistics Canada.

[Translation]

During a previous committee appearance, we presented an overview of employment insurance benefits that could support parents who lost their child, as well as recent changes to make the EI program more flexible and inclusive for maternity, parental and caregiving benefits.

[English]

We explained that EI maternity benefits continue to be payable in the tragic event that a child passes away, because they're paid in relation to the mother's recovery from pregnancy and childbirth. We also explained that parental benefits payments end in the week of the death of the child, as care for the child is no longer required. We heard concerns about that policy, which is reflected in the Employment Insurance Act.

We also highlighted that the sickness benefit provides income support to claimants who are unable to work due to illness or injury, including incapacity due to emotional or psychological distress that a parent may suffer following the death of a child.

While there are no EI benefits specifically to cover a period of bereavement, grieving parents are eligible to receive up to 15 weeks of EI sickness benefits provided they obtain a medical note. The note must be signed by a medical practitioner and indicate the period during which the claimant is unable to work. This is separate from existing unpaid bereavement leave under federal, provincial or territorial labour codes or employer-paid leaves.

Other supports are available to parents and families through federal initiatives promoting public health of Canadian workers, parents and children; information campaigns and research regarding SIDS, infant health and safety; occupational health and safety programs for workers overall; and during pregnancy and nursing.

[Translation]

We heard from witnesses about the importance of easy-to-find information of what to do when a family member dies and making the reporting process simpler and less intrusive.

[English]

Service Canada is the main point of contact to report a death to the federal government, or that a death occurred in the territories or outside of Canada. On its website, you can find information on what to do in the event of the loss of a family member. Families residing in one of the provinces also need to notify the province where they reside.

We've heard how traumatic the loss of a child may be for families. We also know that it takes a variety of supports to respond to their needs. That may include community supports and grief counselling, as well as government programs. As we've described, the EI program provides a range of supports to qualifying workers, and changes have been made to make them more flexible.

With that, I look forward to your questions on the program and its delivery, as well as any suggestions for improvement.

Thank you.

The Chair: Thank you very much.

Now, from Statistics Canada, we will hear Ron Gravel, acting director, health statistics division, and Valérie Gaston, chief of vital statistics, health statistics division.

You have seven minutes, please.

[Translation]

Mr. Ron Gravel (Acting Director, Health Statistics Division, Statistics Canada): Thank you, Mr. Chair.

Good morning, my name is Ron Gravel, I am the director of the health statistics division at Statistics Canada, and I am here with my colleague, Valérie Gaston, chief of vital statistics.

I would like to thank the committee for inviting us to appear today in the context of your study of support to families after the loss of a child.

[English]

The following presentation will provide information on youth mortality in Canada and will focus on infant deaths.

We'll start by providing some context to explain how the presentation evolved.

Statistics Canada currently holds information on home care, caregiving and care receiving for long-term health conditions. Unfortunately, after careful review, we can confirm that these data holdings do not contain information in response to the committee's request for information on support to parents after the loss of a child. These holdings also do not contain enough information on the profile of the children, in regard to the conditions, to support this request.

However, Statistics Canada does have data on stillbirths and deaths of children in Canada. We will highlight some of the information available on these deaths.

The key messages for the presentation today are these: Deaths of infants less than one year old represent more than half of all youth deaths—that is, of all people 19 years old and under. Neonates less than one day old represent more than half of all infant deaths. The total number of stillbirths—that is, fetal deaths—has increased over the last 25 years.

On slide 3, I'm showcasing a decentralized system of civil registration and vital statistics, just to give you the context. Canada's national vital statistics system is based on co-operation and collaboration among the 13 provincial and territorial vital statistics registries and the federal government, represented by Statistics Canada.

● (0855)

[Translation]

Civil registration of births, deaths, still births and marriages are the responsibility of the provinces and territories. Each provincial and territorial registrar operates under its own provincial or territorial vital statistics act. The collection and dissemination of national vital statistics are the responsibility of Canada's central statistical agency. Statistics Canada is legislated under the federal Statistics Act.

[English]

Ms. Valérie Gaston (Chief Vital Statistics, Health Statistics Division, Statistics Canada): I will take over from here.

The next slide we'll be looking at is a chart that identifies the breakdown of youth deaths in Canada by age group in 2016.

There were 267,000 deaths in 2016. Of these, 3,120 were youths aged between zero and 19 years. This represents 1% of all deaths.

As you can see by the larger section in light blue, 56% of all youth deaths occurred in infants. Children aged five to nine years, in grey, represent the smallest proportion of youth deaths, at 5%. The proportion of deaths occurring in each age group to overall youth deaths has remained consistent over the past 25 years.

[Translation]

This next slide describes the trend in youth deaths in Canada, since 1991 across the different age groups. Over the last 25 years, youth deaths have decreased across all age groups. Infant deaths contributed most to this overall decline with a reduction of 832 deaths.

[English]

I will now describe the differences in the youth mortality rate across the provinces and territories, and this is on slide 6.

In the table, red cells indicate rates above the Canadian average, yellow cells rate equal to the Canadian average, and green cells indicate rates below the Canadian average.

The variability in mortality rates is greatest in infants, with rates ranging between 3.5 in British Columbia and 17.7 in Nunavut. In the table, two provinces stand out due to trends in their youth mortality rates: Saskatchewan rates are above the Canadian average for each age group, while Quebec is the only jurisdiction where rates are equal to or below the Canadian average for each age group.

[Translation]

The next slide shows the trend in infant deaths, by age group, from 1991 to 2016.

Infant deaths—under one year—have decreased in all age groups with the exception of the under one day age group. The greatest drop in number of deaths occurred in infants one to 11 months old, from 935 in 1991 to 450 in 2016. Both the one to 11-month and one to six-day age groups experienced the greatest relative decreases of 51%.

[English]

The following chart shows the breakdown of infant deaths by age group, and here we are on slide number 8.

Overall, 1,741 infants died in 2016. Almost three-quarters of these deaths occurred in infants under one month and over half of all infant deaths occurred to neonates less than one day old.

Finally, the number of infant deaths tends to decrease with age, with the lowest number of deaths occurring in the six- to 11-month age group.

We'll now shift our focus to the leading causes of deaths in Canada. This is slide number 9. The following bar graph identifies the five leading causes of infant deaths in 2016. Most infant deaths are the result of congenital malformations—chromosomal abnormalities—followed by deaths due to short gestation and low birth weight.

Although sudden infant death syndrome is not part of the list of leading causes in 2016, it was part of the top five leading causes of death historically. As of 2012, this concept is no longer used by most certifiers in Canada. As a result, it is no longer possible to compile

the number of SIDS deaths occurring in Canada. The deaths once confirmed as SIDS can now be found in the unknown category.

● (0900)

[Translation]

There were 3,159 stillbirths in Canada in 2017, and less than one-third of those deaths occurred at a gestation of 28 weeks or more. Although the total number of stillbirths has been on the rise since 1991, the number of late fetal deaths at 28 weeks or more has actually decreased by 23%.

The last slide shows the stillbirth and perinatal death rates, which is the period of 28 weeks of gestation up to six days after birth.

The mortality is variable across the provinces and territories.

The Atlantic provinces have rates equal to or below the Canadian average, with the exception of Prince Edward Island where the perinatal mortality rate is above Canadian average.

Quebec and Alberta have rates below the Canadian average, while Ontario, Manitoba and the territories have rates above the Canadian average.

Though British Columbia has a perinatal mortality rate below the Canadian average, the stillbirth rate is the highest amongst the provinces.

Saskatchewan has a stillbirth rate below the Canadian average but its perinatal death rate is above the Canadian average.

[English]

This concludes the information we have to present to you today. We'd be happy to answer any questions you might have.

The Chair: Thank you very much.

First for questions is MP Barlow, please.

Mr. John Barlow (Foothills, CPC): Thank you very much, Mr. Chair.

Thank you to the department officials for being here with us today. Ms. Astravas, I believe you were here earlier, and I appreciate your taking the time.

First, I have a couple of questions on the Statistics Canada information. This is more because of my not knowing some of these things, but, Ms. Gaston, what was the reason for the SIDS definition to be changed to “unknown”? Was there a clinical change, or did the health sector cause that change? If there is no designation for SIDS, I'm wondering what the reason is to put it as unknown.

Ms. Valérie Gaston: SIDS, or sudden infant deaths, or sudden and unexpected deaths, would be investigated by the coroners and medical examiners. The definition of SIDS is essentially that after all the investigations—they've done an autopsy and looked at everything—they cannot conclude what the infant died of. Because it was a diagnostic of exclusion, it became a nomenclature. Giving it a title, a cause of death, as “SIDS” means it's unknown.

Those cases are still in the statistics. We can get them under the “unknown” category; they're just no longer headed as “SIDS”.

Mr. John Barlow: Right. They didn't want to give a title to a death for which they really didn't know the cause, so it was becoming, maybe, a bit easy just to say...I don't want to say “easy”, but SIDS was a misnomer because there really was no definitive cause of death that they could figure out, so “unknown” was a better term, I guess.

Ms. Valérie Gaston: That's how they felt. I can't really speak for them, but yes.

Mr. John Barlow: I'm sorry. I don't mean to be putting you on the spot. I was just curious. I hadn't heard that before. That does make some sense. I can see that.

I want to ask another question of Mr. Gravel or Ms. Gaston—I can't remember who was talking about it. You were talking about the decrease in the number of infant deaths over the years, from 1991 to 2016. I'm going to make the assumption that improvements in health care and technology have been a part of that, but is there any definitive data about why we've seen that steady decline, except in that one area where it's been more fluctuating, one year old or less?

• (0905)

Ms. Valérie Gaston: We didn't focus much on the older age groups, but there are a lot of decreases in accidents. As you were saying, some improvements in safety could account for some of the decreases we've seen.

Mr. John Barlow: On the definition of stillborn, does that include a late-term miscarriage? I think that the wording you had was “under one day”. Does under one day include pre-birth? Would a late-term miscarriage be included in that, or would that be something entirely different?

Ms. Valérie Gaston: It becomes very complex, because there are all these different terms for different periods. On the last slide, we talked about the perinatal mortality rate, and perinatal would include late-term stillborns after 28 weeks and also live births up to six days.

Mr. John Barlow: Okay.

On that last slide we see that there has been a trend downward, except for those that were one day or less. Is there a reason we're seeing that increase? That was on page 10.

Ms. Valérie Gaston: The increase is on slide 10?

Mr. John Barlow: Yes. It says, “The total number of stillbirths has increased since 1991”. Do we have a direction on why that would be?

Ms. Valérie Gaston: I would prefer suggesting that colleagues at the Public Health Agency answer those questions. We don't have the background or expertise in that field to really offer an answer.

Mr. John Barlow: Sure. I appreciate that. If you're not sure, I don't expect you to take a wild guess. That's okay. We're here to try to get some information, and that's totally fine.

For Service Canada, Mr. MacPhee and Ms. Astravas, I know you may have heard some of these questions when you were here before, but I'm not sure we got to all of them.

One of the things that we've certainly heard over and over again from the stakeholders is the need for a one-door-in resource, either a website or a dedicated phone line. Is this something that Service Canada has discussed before? Is this a possibility?

It seems to be that one real common denominator that we've heard from stakeholders: when they are dealing with this is that there's a lot of confusion about where to go to access programs. We've certainly heard the stories of people having to go to the bank and repay EI and things like that. Is there a possibility to have a one-stop shop, for lack of a better description, or a dedicated phone line or website for infant death and bereavement?

The Chair: Give a brief answer, please.

Mr. John Barlow: Thanks, Mr. Chair.

Mr. Michael MacPhee (Director General, Employment Insurance Program and Services Oversight, Transformation and Integrated Service Management Branch, Department of Employment and Social Development): It certainly does form part of the larger work that we are undertaking at Service Canada as it relates to modernizing the way we deliver services and moving away from a siloed service delivery model, program by program, to a more coordinated or one-stop-shop approach, as you have suggested.

To this point, it's certainly within the medium-term plans around how we more effectively reduce the burden on clients—all clients, for that matter—and facilitate their access to the programs and engagement with the department.

Mr. John Barlow: Thank you.

The Chair: Mr. Morrissey is next.

Mr. Robert Morrissey (Egmont, Lib.): Thank you, Chair.

I want to pursue the question raised by my colleague Mr. Barlow. In all the hearings to date and with the witnesses who appeared, there were what I term three themes that came out.

There was financial distress at a difficult time in a person's life. The big thing that government should be concerned about was the insensitive structure that people had to navigate, with no one particular door to go to. EI was part of it, and Service Canada, and there were a number of the child benefits in those, and each case is slightly different. They are not the same.

I have experienced this in my constituency. Even if I focus on employment insurance, it is not simple. It's cumbersome at a very difficult time.

How is Service Canada going to deal with this? It's been identified that there should be one dedicated line, for instance, with people who are trained on dealing with individuals who are suffering in this case, and it can be different from region to region. That's been a big issue that's been brought to this committee, and it's an issue that, quite frankly, should be resolved by government, and it should have been resolved by now.

Could you comment on that briefly? There is a patchwork of delivery. It's not simple to navigate. I've seen, in looking at your comments, wonderful statistics that it takes this much time, on average, to get here or to get there and everywhere, but that's not the real world. It is a cumbersome, insensitive system to navigate.

If I look at the testimony that was given here this morning, it is that bereavement is not allowed, but if you get the doctor to say you may not be feeling good or something, we will put you on that. Bereavement should be part of the system that triggers EI benefits for sickness, and this does occur in a way: People are told that if they say this or that, they're not eligible, so they should simply get the doctor to say that they're not feeling well or that they're under stress.

We shouldn't be forcing people to provide information that is totally inaccurate.

● (0910)

Ms. Rutha Astravas: I can start with responding to a number of different issues you have raised.

I think it's important to note that the EI program is a very large program, and we have designed benefits for.... Really, when we talk about the special benefits, there are two types of cases. One is for the recovery of the worker, for him or her, so it's for maternity or sickness. Then we have a second set, the more recent special benefits, which are about caregiving, meaning parental benefits, family caregiver benefits, compassionate care benefits.

It's that second category that ceases when the person you are caring for dies. We have heard from stakeholders about the need for bereavement leave, both here at this committee and also in the context of compassionate care benefits. In fact, we heard from—

Mr. Robert Morrissey: Sorry; just one moment.

What would be the cost of expanding it to bereavement as its own separate category?

Ms. Rutha Astravas: I'm sorry that I cannot answer that question, but what I can say is that when you do talk about the challenges of navigating the system, we do provide as much information as we can on our websites, as well as in guides to claimants about what they need to do while on claim, and we do ask them to contact Service Canada as soon as possible if their circumstances change.

Just adding to your comment about how things are designed and what we try to do, we do always take concerns of claimants and Canadians seriously, but at committees like this we can't comment on what kinds of decisions were made on specific cases or how that was done.

What we can say, though, is that when it comes down to the sickness benefit, we don't ask the cause of the illness. The medical certificate simply states when you expect to return to work. I just want to put that on the record.

Mr. Robert Morrissey: Yes, and I appreciate where the policy comes from, but really a lot of what I heard is simply justification for the status quo. That does not sit well with the people who have been speaking here.

How much time do I have left?

The Chair: You have less than a minute.

Mr. Robert Morrissey: It's interesting when I read about this particular program, the Canadian benefit for parents of young victims of crime. It was not referenced a lot, that I recall, with any witnesses who came in, but it has been suggested that it could be a model for parents who have lost a child. Could you explain a bit about this particular program?

Ms. Rutha Astravas: The parents of young victims of crime benefit is a grant. It is not part of the employment insurance program. It's a separate benefit administered by Service Canada.

Mr. Robert Morrissey: Is it a one-time payment, but administered by Service Canada?

Ms. Rutha Astravas: It's a one-time occurrence based on an event that is due to a probable criminal cause. However, it's a weekly benefit.

Mr. Robert Morrissey: Where does the funding come from for the \$6,500?

Is my time up?

● (0915)

The Chair: Your time's up. I'm sorry.

Mr. Robert Morrissey: I'd like to know where that \$6,500 payment comes from within government.

Ms. Rutha Astravas: It is a grant.

Mr. Robert Morrissey: Is it from Service Canada?

Ms. Rutha Astravas: It's a voted grant, and it's paid via Service Canada directly to individuals on a weekly basis.

The Chair: Thank you.

Madame Sansoucy is next, please.

[*Translation*]

Ms. Brigitte Sansoucy (Saint-Hyacinthe—Bagot, NDP): Thank you, Mr. Chair.

My thanks to the officials from Statistics Canada. Those are important data, which must absolutely be part of our report.

Ms. Astravas, I was really pleased to hear that you followed our committee's hearings very closely. Like us, you have therefore learned about the needs of bereaved parents. The experts confirmed how appropriate it is to consider the time those parents need to grieve.

In your conclusion, you pointed out the challenge in that the whole range of support programs is intended for eligible workers. That is the problem we have to address as a committee. All bereaved parents need the support. However, from what I have heard, the current employment insurance program is not the best program for bereaved parents. It is aimed at the 40% of eligible workers. We also see that it is an average, given that eligible women, who are all inevitably affected by the loss of a child, make up only 35%.

A number of witnesses said that the process at Service Canada was designed more for people who have lost their jobs. Bereaved parents had to submit their applications two or three times because they were deemed ineligible. The applications of other parents were rejected. Some said that lining up at Service Canada with people who have lost their jobs was difficult for them, as all those people are not in the same situation as theirs. Other witnesses, women, told us that they were not eligible for employment insurance after their maternity leave.

You showed us what you are offering, but given those challenges, are you considering creating other programs, outside the EI framework, to ensure that 100% of parents who are grieving and need support are eligible for benefits?

Ms. Rutha Astravas: Thank you. I think you touched on a number of ideas in your question.

Ms. Brigitte Sansoucy: Yes.

Ms. Rutha Astravas: First, I would like to talk about eligibility. We talked about it at our last appearance here. There are several ways to look at the coverage of the employment insurance program for workers and to calculate the number of weeks of benefits. Last week, Statistics Canada released the Employment Insurance Coverage Survey, which contains more information on the issue.

In terms of the programs administered by employment insurance or otherwise, there is always the possibility of creating new programs. However, I am not in a position to comment on this since I work at Employment and Social Development Canada in the area of employment insurance.

Ms. Brigitte Sansoucy: I understand that, but you are still part of the department. The mission of the employment insurance fund is clear. It is intended for people who have lost their jobs, and it provides training. In my opinion, the more we dip into the fund, the more we make it stray from its primary mission.

Although you work in employment insurance, I would like to know whether you have the impression that your department agrees that healthcare needs are becoming greater and greater. That's not the topic of our study, but the fact remains that one in two Canadians is at risk of developing cancer. Even in the event of illness, it will not always be possible to dip into the employment insurance fund.

Several witnesses talked to us about the number of weeks. At the last session, a psychologist even said that no less than 15 to 20 weeks were needed. She talked about a flexible bereavement

leave benefit program, since the shock associated with bereavement does not always show up immediately; it sometimes shows up a few weeks later.

Have you come up with any recommendations on the specific number of weeks required? Basically, bereavement falls under a specific type of sick leave.

• (0920)

Ms. Rutha Astravas: We have no recommendations. We are here to answer technical questions, including how employment insurance works.

Ms. Brigitte Sansoucy: So I'm going to ask you about that.

Can you tell us how many people have claimed special benefits in the last five years because of the death of a child, which is the situation we are currently studying? Can you tell us how many weeks those parents used, how many families received the maximum of 15 weeks, and how many families would have needed more than 15 weeks?

Ms. Rutha Astravas: We don't know the reason for the sickness benefits. We also have no data on bereavement or the death of a child. As for maternity benefits, we also have no information on whether or not the child died because the benefits continue to be paid. Maternity benefits are intended for the mother. We do have statistics on the number of benefits paid and the maximum duration, but we do not know the reasons or the specific subcategories mentioned in your questions.

Ms. Brigitte Sansoucy: You can, however—

[*English*]

The Chair: Thank you.

[*Translation*]

Ms. Brigitte Sansoucy: —for the purposes of our report, send us data on how the 15 weeks are used.

Thank you.

I apologize for interrupting, Mr. Chair.

[*English*]

The Chair: Thank you very much.

MP Long, go ahead, please.

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

Good morning to our witnesses. Thank you for your testimony this morning.

First, Mr. MacPhee, can you talk to what, if any, sensitivity training Service Canada offers its employees, or any training it offers to deal with situations of people or parents who are obviously distraught and grieving?

I understand and respect the fact that the people who answer the phone at Service Canada take thousands upon thousands of calls, but through the testimony, we've heard that sometimes they were a little insensitive. Are there any programs that Service Canada offers?

Maybe Ms. Astravas can comment on that too.

Mr. MacPhee, is there anything that Service Canada offers to employees to be better equipped for that type of situation?

Mr. Michael MacPhee: There is training provided around client service and service delivery to all of our staff, regardless of whether they are at call centres in person or are processing staff, to sensitize them to these issues.

That said, these are not issues that we frequently have to deal with. The fact that they occur so rarely does mean that from time to time the staff may be caught off guard. We certainly do provide a training program specific to dealing with clients in all sorts of circumstances.

We also do have a quality-monitoring program, whereby we regularly listen to the engagements between staff and clients to ensure that the quality of the interactions is what we would want it to be.

Mr. Wayne Long: I understand that. I guess I'm just looking for ways and opportunities to improve.

An MP and an MP's office deal with all kinds of situations from people coming in. In the case of parents who are grieving, do you see an opportunity for more specific training for Service Canada employees to deal with those specific situations? You also mentioned that you monitor calls. What are you finding out about that?

Mr. Michael MacPhee: I certainly see that there is always an opportunity for us to improve the way that we engage our clients. It's important for us not to have a single brushstroke by which we try to interact with all of them. We need to ensure that our staff are sensitive to the specific needs of our clients.

It's definitely a piece of work that we want to take away and explore further to determine how we can...not isolate, but more effectively target these smaller groups within that large volume of inquiries.

• (0925)

Mr. Wayne Long: Could there be a separate number, maybe?

Mr. Michael MacPhee: We need to determine some sort of mechanism whereby we can ensure that we effectively manage those interactions and reduce the burden on the clients.

Mr. Wayne Long: Okay.

Have you heard feedback before that maybe Service Canada wasn't as sensitive...? Is this new to you, or is this something you've been aware of?

Mr. Michael MacPhee: When you're in the service industry—

Mr. Wayne Long: Yes.

Mr. Michael MacPhee: —you certainly always hear their feedback, both positive and negative. For me to say that I'd never heard that would....

Mr. Wayne Long: Thank you.

Ms. Astravas, we've heard some testimony in the past about the definition of “grief” found on Service Canada's website. We heard it in the last meeting, and the one prior.

One researcher who appeared was particularly concerned that as it stands now it contributes to the medicalization of grief and may have the unintended consequence of creating a hierarchy of types of grief.

Can you provide us with some background on how the definition for “grief” was created?

Ms. Rutha Astravas: I'm not aware of a specific definition of grief. Certainly within the Employment Insurance Act and regulations, we do not refer to any kind of bereavement or grief.

Mr. Wayne Long: Is there nothing on the website?

Ms. Rutha Astravas: I personally am not aware of it.

Mr. Wayne Long: We've also heard some concern from witnesses than an EI-based support system for those who suffer the loss of an infant would risk excluding those in precarious employment situations.

In your view, is it possible to create an EI-based bereavement benefit program that is truly universal?

Ms. Rutha Astravas: The employment insurance program is paid for by contributions from employers and workers. It does have eligibility and qualifying criteria that are common to all the different EI types of benefits, both regular benefits and special benefits. It is therefore not universal, because you need to qualify when you make an application.

Mr. Wayne Long: Okay. Thank you.

The Chair: We have MP Sangha, please.

Mr. Ramesh Sangha (Brampton Centre, Lib.): Thank you, Mr. Chair.

We have heard from many witnesses. Some say that 15 weeks isn't enough; some say it should be 12 weeks. Different types of bereavement benefits are suggested. We know it's going to be linked with EI.

How feasible would such a program be? Is it feasible that 12 weeks could be possible?

Ms. Rutha Astravas: If I understand your question, you're asking if it's possible to create a new benefit and how you would determine how long it would be.

Mr. Ramesh Sangha: Yes, please.

Ms. Rutha Astravas: That is something that would have to be proposed and studied separately. I personally cannot comment on that. I don't have the information to make that kind of determination.

Mr. Ramesh Sangha: Is it possible to have it, or do you suggest that it's not possible, that 12 weeks can't be granted? Do you think it is feasible?

Ms. Rutha Astravas: I think the testimonies we heard at this committee have been really important to building our knowledge base on these various issues. However, I can't comment about creating a new benefit.

Mr. Ramesh Sangha: Okay.

Administratively, one person has to apply for that benefit. Are there different types of applications? Are there forms that he has to fill out? Is it going to be very cumbersome, or is it going to be very easy for him to make a claim?

Ms. Rutha Astravas: If you're referring to employment insurance benefits, they all have a common base of applying for employment insurance. Then each benefit type has specific additional requirements.

In our earlier comments, we talked about the sickness benefit. You need a medical certificate to be signed that has certain parameters. This is separate from the medical certificate required, let's say, for the compassionate care benefit. It's a different EI benefit, but even just to apply for EI, there's a common set of requirements.

● (0930)

Mr. Ramesh Sangha: Will this be a separate branch, or will it be among the EI people? Will those who are dealing with EI be dealing with this one?

Ms. Rutha Astravas: I'm sorry; I don't understand your question.

Mr. Ramesh Sangha: Will there be a separate set of people dealing with the bereavement benefits, or will the same EI benefit people be dealing with this?

Ms. Rutha Astravas: First of all, I'm not commenting on creating a new benefit altogether, but just saying that all EI benefits have a common website, call centre and processing centres, because they're all part of the EI program.

Mr. Ramesh Sangha: Again, regarding the cost of this, you told us the last time that you cannot comment on that. Does the existing EI contribution system support these benefits?

Ms. Rutha Astravas: We've explained what benefits currently exist. I'm sorry, but I'm not really sure what you are asking.

Mr. Ramesh Sangha: This new type of benefit, the bereavement benefit, will be provided to the people who are entitled to it. Do you think this contribution EI is already giving to people...? Is there the same set contribution amount for people who will be claiming, or will extra money be allotted to that?

Ms. Rutha Astravas: If the recommendation were to create a brand new benefit, it would have to have its own terms and conditions and establish what would be offered. Otherwise, we're looking at—and maybe this is what you're also thinking about—leaves under the Canada Labour Code, which is a separate piece of legislation. We have unpaid leaves. There are many more types of leaves than there are EI benefits. A bereavement leave currently exists under the federal labour code, and bereavement leaves exist under provincial and territorial labour codes as well. That's separate from the EI program.

Mr. Ramesh Sangha: Thank you very much.

The Chair: Mrs. Falk is next, please.

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Thank you all for being here today.

I have a couple of questions. I want to go back to my colleague John Barlow and to Stats Canada, because I'm a little confused with the concept of not using the term SIDS anymore, since 2012.

I'm a mother of two. I had my first child in 2013, and SIDS was definitely a term that was used by nurses and doctors. From what I understand, sudden infant death syndrome means you wake up and your child is dead. That's what it is.

I'm confused about why it's going into an unknown category if SIDS is an unknown. We know that we don't know the cause of it. I'm trying to understand why there's that gap.

Mr. Ron Gravel: Essentially, the decision is based on what we refer to as the National Association of Medical Examiners. It's strictly an administrative-based definition. The SIDS concept, obviously, still exists.

As we move into the world of administrative data, as I mentioned earlier, we are consuming the information from the registries. It's a recommendation that came from the National Association of Medical Examiners. These changes were made to the coding at the registry level, and we receive this information. It's absolutely not to undermine the reality of SIDS; it's a conceptual definition that was actually made at some point there.

Mrs. Rosemarie Falk: It's just confusing to me, I guess, as a mom with young kids. I understand that SIDS can happen from age zero to four. Having a child die in the middle of the night, with no explained reason.... I just don't get it. It just seems like an unknown. SIDS is SIDS. It's unknown, the cause of that.

● (0935)

Mr. Ron Gravel: According to our understanding, the fact is that the explanation for SIDS is unknown. That's the reason it was being moved to an already existing category, which is called "unknown". When they go through the investigation, they're trying to rule out different causes. SIDS is one, essentially, where there's no other explanation. Under those circumstances, because it was considered unknown in the context of the timelines of children's ages and so on, and the circumstances, it was felt that it should be moved to the general category of "unknown".

Mrs. Rosemarie Falk: Okay, thank you.

My next question is for Service Canada.

We had heard lots of testimony about language, about the language on the websites being unacceptable. It's very cold, harsh, not compassionate, not empathetic. I'm wondering if there is any openness to addressing that gap in the language on the website.

Mr. Michael MacPhee: Certainly there is. As a matter of fact, it's one project that we have just recently undertaken, in terms of doing a comprehensive review of all of our public-facing content. We want to ensure that it's more client-centric in nature and that it really is framed with an appreciation for the circumstances someone may be in. Therefore, it needs to be more intuitive, more focused on a client's needs, and more readable and understandable. We are actually undertaking work on that now and doing consultations to ensure it's properly framed.

Mrs. Rosemarie Falk: Okay, thank you.

I also want to follow up on a question that my colleague Mr. Long had asked.

Regarding the sensitivity training, is that mandatory training for every single employee who works at Service Canada?

Mr. Michael MacPhee: It's a portion of the initial onboarding training that does take place, yes.

Mrs. Rosemarie Falk: Every employee would receive—

Mr. Michael MacPhee: Every public-facing employee would receive this training.

Mrs. Rosemarie Falk: Okay.

I don't know if I interjected this into my own thoughts when I was listening, but had you mentioned that sometimes calls are recorded for service quality?

Mr. Michael MacPhee: No, calls are not recorded at this time.

Mrs. Rosemarie Falk: How do you monitor how the staff are treating clients?

Mr. Michael MacPhee: It's what we call silent monitoring. Another individual listens in on a call as it is actually happening.

Mrs. Rosemarie Falk: Okay, so what happens in a situation when a Service Canada representative treats a client inappropriately, insensitively or that type of thing? What would be the process?

Mr. Michael MacPhee: Feedback would be provided to the individual to ensure that they understand their role, their functions, and the way they should be engaging. Follow-ups would be done to ensure that there were no further issues.

Mrs. Rosemarie Falk: Is there ever training? Do people ever need to go for extra training, sensitivity training?

Mr. Michael MacPhee: I think there's always a value in refreshing these sorts of things. It's very easy for people to receive the training, but with everything else going on at a given time, you might require a refresh to ensure you're fully focused on all of your functions.

Mrs. Rosemarie Falk: Would Service Canada be willing to have their employees retrained every five years or whatnot, as a refresher course?

Mr. Michael MacPhee: It's certainly something that we can take away and look at as part of our larger service excellence program.

Mrs. Rosemarie Falk: Okay. Awesome. Thank you.

The Chair: Thank you.

MP Morrissey is next, please, for six minutes.

Mr. Robert Morrissey: Thank you, Mr. Chair.

I'd like to go back to part of the questioning this morning. We focused on the point of first access, which is the call-in number. Do you think it would be feasible for Service Canada to have a separate portal, a separate call-in number, to deal with bereavement issues?

Mr. Michael MacPhee: It's certainly something that we can look at. We'd want to make sure that we were designing it in such a way that it truly facilitated things, because you want to make sure you have that balance between that deep program knowledge and the specific skill set that you're speaking about in terms of dealing with these specific clients. Certainly it's something we intend to take away and look at.

● (0940)

Mr. Robert Morrissey: It's not out of the realm of possibility, then. Would it be a reasonable position for Service Canada to undertake to have a separate response centre so that if an individual were going through the bereavement process and they had a loss, they would call this centre, and it could provide information on what type of benefits they might be eligible for?

A lot of the time, people are not aware of what benefits they're entitled to, even within the limited scope that we have currently. It could give them this in a free and open process and guide them through the process without having to go through that, because you are correct that call centres are dealing with a host of issues and that bereavement would be thankfully only a small part of the EI system.

That was a consistent theme, so that's why I posed the question. Would it be a reasonable service for Service Canada to explore?

Mr. Michael MacPhee: Yes. Just to close on that, certainly as we look forward in the way we deliver services writ large, we certainly want to make sure that we are capable of offering a more tailored service. That would include these types of circumstances, so that we are more effectively facilitating the process for those individuals.

Mr. Robert Morrissey: The chair is not paying attention, so I get more time.

You might not be able to answer this, but I'd like to go back to the topic of the young victims of crime. It references the 35-week benefit. Is the \$6,500 broken down over a 35-week period? Are both of you knowledgeable on this particular program that's administered by Service Canada?

Mr. Michael MacPhee: I'm trying to do the quick math in my head.

We've made recent changes to it.

Mr. Robert Morrissey: You've made changes. What are those changes?

Mr. Michael MacPhee: It was to increase the rate to \$450.

Mr. Robert Morrissey: Then it's a weekly benefit, administered by Service Canada. It does not necessarily come out of the EI fund.

Mr. Michael MacPhee: It does not.

Mr. Robert Morrissey: Therefore, it's out of general revenue. That's interesting.

What are the eligibility criteria?

Ms. Rutha Astravas: It is a grant for parents whose child is missing or has died as a result of a probable Criminal Code offence, looking at abductions, murders, and so on. I can't comment further. It is a separate grant and it is administered—

Mr. Robert Morrissey: How long has it been in place?

Ms. Rutha Astravas: It was originally launched in around 2013. It has been around, but recent changes to that grant were made this fall.

Mr. Robert Morrissey: How simplified is the process? It looks as though it might be a model you could look at for the loss of a child in other circumstances.

Who introduces the family member to this particular program? How do they become aware of it?

Ms. Rutha Astravas: There is information on that grant on the departmental website, as well as links from Justice Canada on different victim services. I'm aware that the department has done engagement with different community supports, with different levels of government, to make them aware of the grant and the corresponding leave that is offered.

Mr. Robert Morrissey: I was not aware of that until I read the briefing notes. I'm not sure if any of the committee members might have been. However, it's an interesting model to look at.

You're not aware of the eligibility criteria. It's simply the loss of a child.

Ms. Rutha Astravas: I don't want to err on this, because it is a separate grant, and more information is available—

Mr. Robert Morrissey: Could you get the information back to the committee on the eligibility criteria?

Ms. Rutha Astravas: We could follow up on that.

Mr. Robert Morrissey: I would like to know a little more specifically how the information is processed to the parent, if you could provide that to the committee.

Chair, how is my time?

The Chair: You have 30 seconds.

Mr. Robert Morrissey: You might not have this at Statistics Canada, but would you have a statistic on how long bereaved parents take before returning to work? Would this be information that StatsCan might have?

• (0945)

Mr. Ron Gravel: That is not under the responsibility of my health statistics program, but I could look into it and get back to you guys.

Mr. Robert Morrissey: Could you answer that question, and at the same time, in your experience, tell us if bereaved family members return to doing the same job or type of work as they did before?

The other part I would like to know, if you could provide it to the committee, is what effect the death of a child has on the long-term labour force attachment of the parent.

Mr. Ron Gravel: Okay.

The Chair: Thank you.

Go ahead, MP Richards. You have five minutes.

Mr. Blake Richards (Banff—Airdrie, CPC): Great.

Has Service Canada or the Department of Employment and Social Development done any research on implementing anything that's being done in this study or through the motion that preceded the study? Has any research been done at all?

Ms. Rutha Astravas: The simple answer is no. We are coming to this committee to learn and also to present what is currently available.

Mr. Blake Richards: Okay. Was any briefing note provided to the minister about this that you are aware of?

Ms. Rutha Astravas: As part of the motions process, there is a position paper prepared that analyzes the text of the motion.

Mr. Blake Richards: Is there anything in the background work that was done for that, that could be provided to this committee?

Ms. Rutha Astravas: I'm not aware of what is or isn't provided to parliamentarians, but I will ask departmental officials to look into that.

Mr. Blake Richards: Okay. If you could please check into that and provide through our clerk anything that can be provided to this committee for our information, it would be appreciated. Thank you.

The information we were provided this morning indicated that 1,741 children under the age of one passed away in 2016. Could you tell me whether Service Canada has had any experience in dealing with those people, and how many of those people would Service Canada have dealt with, in particular with regard to having benefits either cancelled or changed?

Mr. Michael MacPhee: We wouldn't have any of that information available at this point in time. We'd have to look back through the information that we do have available.

Mr. Blake Richards: I'm a little frustrated by that, because the ongoing theme this morning for most of the questions that have been asked is that there isn't an answer for them. You knew you were coming here. You could probably anticipate the types of questions we would ask. I would have thought you would have done some preparation and been able to answer some of our questions. Frankly, I do find that a bit frustrating.

I would ask that you go back and please provide the information on that to our committee through the clerk. It should be available to you. Please, could you endeavour to get that back to this committee as well? That would be appreciated.

Let me turn to the young victims of crime grant. It was discussed a bit earlier. My understanding is that there is actually a specialized phone line or website, or maybe both, for people who are experiencing that unfortunate circumstance. Is that accurate? Is that true? Is that something that is available?

Mr. Michael MacPhee: It is treated as a separate grant and is managed through a different group of resources, both from a processing perspective and from a call perspective.

Mr. Blake Richards: Okay, so people do have a special dedicated line that they can call in that circumstance.

Mr. Michael MacPhee: I have to confirm whether it is a special dedicated line specifically for parents of young victims of crime or part of another service. We can confirm that.

Mr. Blake Richards: Okay, but there is something specific that they are directed to, whether it's dedicated only to that or whether it's part of something else. There is something specific.

I believe there is also a specific website or web page available to provide them with information as well.

Mr. Michael MacPhee: Yes, there is certainly web content available specific to the grant.

Mr. Blake Richards: How easy would it be to replicate that for parents in this situation of bereavement? Would that be something that could be done quite easily?

Mr. Michael MacPhee: As I mentioned earlier, it's certainly a piece of work that we have already undertaken. The difference here is the fact that with the parents of young victims of crime, the frame around that is a specific grant. In this context, you're talking about a specific group of individuals who are within a different program, but it's certainly a piece of work that, as I've said, we've started to work on.

• (0950)

Mr. Blake Richards: The other thing I wanted to touch on—and this has been mentioned already this morning—is the experience of dealing with Service Canada. We have heard about this a number of times from some of these parents. They describe it as a cold or clinical type of experience. For example, we heard a story of a mother who was told, “Your child ceases to exist, so therefore the benefits cease to exist.” You can imagine how it must feel to hear that as a parent. We even heard a bit of that language this morning.

Are those kinds of situations, such as a mother being told she has to go into a bank to pay back benefits rather than do it online—that's apparently not something that is possible—the kinds of things you feel are acceptable? I understand that you've said there's monitoring and things like that, but what's actually done in those kinds of cases when something like that happens? What is done when an employee just continually can't seem to get this right? What's done about it?

The Chair: Just give a brief answer, please.

Mr. Michael MacPhee: I would frame all of it from the perspective that any time we receive feedback along these lines, feedback that the experience was less than optimal, we take that to heart, and certainly in the context—

Mr. Blake Richards: Do employees ever face consequences?

Mr. Michael MacPhee: Certainly they do.

Mr. Blake Richards: What would that look like?

Mr. Michael MacPhee: It could be a series of different things, depending upon the severity of the situation that took place.

The Chair: Thank you.

Mr. Blake Richards: Can you give us an example, or some idea of what that would look like? What exactly would that be—

Mr. Michael MacPhee: In a first instance, as I've indicated, increased monitoring would probably be taking place to ensure that they continue to deliver optimal service, but a series of training sessions takes place throughout the entire development of an individual, designed to equip them with the skills to deal with the public.

The Chair: Thank you very much.

Madam Sansoucy, you have the floor for three minutes, please.

[Translation]

Ms. Brigitte Sansoucy: Thank you, Mr. Chair.

Ms. Astravas, you didn't have time to answer my last question. I want to make sure that you are going to send us the information on the number of weeks of special benefits that people have used in the last five years, the number of people who have used the maximum of 15 weeks of benefits and the number of people who would have needed more than 15 weeks of benefits.

As my colleague Mr. Richards said, I hope you will not tell me that you are not the one I should be asking my next question.

I have great admiration for the work of the people at the Library of Parliament and for all the information provided to us. The document prepared for us refers to existing programs under Employment and Social Development Canada, including special benefits from employment insurance and the grant for young victims of crime.

The data provided has always been very reliable. Before I ask my question on another program, I must say that I am surprised that this list does not include the allowance—the name of which escapes me—to which you alluded in response to a question from my colleague Mr. Morrissey. I have a hard time understanding why it is not mentioned in the existing programs.

Ms. Rutha Astravas: The allowance for parents of young victims of crime refers to the same benefit.

Ms. Brigitte Sansoucy: Okay, I just wanted to check.

Earlier, we talked about eligibility. What is interesting about this program is that the eligibility criteria are broader. You must have earned at least \$6,500 in the previous calendar year, have a social insurance number and not have contributed to employment insurance.

Some witnesses told us that the program could simply be extended to all parents coping with the death of a child of a certain age, regardless of the cause of death. For Employment and Social Development Canada, would it be possible to extend the allowance so that more parents are eligible?

• (0955)

Ms. Rutha Astravas: Thank you for the question.

I deal with employment insurance and I cannot comment on that, but I will forward your questions to my colleagues who handle those issues.

Ms. Brigitte Sansoucy: Okay.

Mr. Chair, as my colleague Mr. Richards pointed out, the more the meeting moves forward, the more we see that Employment and Social Development Canada has misunderstood the scope of our motion. I find it unfortunate that Ms. Astravas is in a situation where she keeps having to say that it is not the responsibility of Employment and Social Development Canada and that she cannot answer. It is unfortunate that the department did not properly assess our needs for witnesses who could answer the questions related to our study.

I have another question.

[English]

The Chair: Just make it a very quick question, please.

[Translation]

Ms. Brigitte Sansoucy: At the first meeting, Andrew Brown, executive director of Employment Insurance Policy, said that there was an openness to the possibility of helping organizations that assist those who need special benefits and who turn to your department.

Since that meeting, has there been any progress on the possibility of helping those people?

Ms. Rutha Astravas: I will answer in English.

[*English*]

The employment insurance program for EI part I benefits pays benefits directly to individuals. It does not pay them to organizations. What you are suggesting sounds like something that is different from what we currently do, so we thank you for your suggestion.

[*Translation*]

Ms. Brigitte Sansoucy: Thank you.

[*English*]

The Chair: Thank you.

That takes us to the end of our second round. We do have the opportunity to go into drafting instructions. We're going to take advantage of that opportunity to do so. We will need to suspend briefly. Before—

Mr. Blake Richards: On a point of order, Mr. Chair, for the motion that I brought forward in Tuesday's meeting, my understanding of the response that we got.... I mean, I certainly welcome the opportunity to go to drafting instructions, because I do believe it should allow this committee the time to complete its report and table it before Christmas, but my understanding of the explanation we received at that time was that it was just not possible to go to drafting instructions within two days from the time, and so.... Now we're being told, well, gee, it is possible.

What actually is the problem here such that we can't have this report done when it was directed to be done by the motion that was passed unanimously by the House of Commons and within the time

frame in which we've seen other committees and this committee complete reports of the same nature? I'm really struggling to understand exactly what the problem is here in order to get this report done.

This seems to be one of the things that we were told was not possible, and it is. We're going to do it. Please explain to me, other than a desire not to do it, what the problem is here.

The Chair: As I mentioned at the last meeting, it's not an issue of desire, and I apologize if that was the impression.

Mr. Blake Richards: Well, it sure seems to be, Mr. Chair.

The Chair: The drafting instruction piece, which was scheduled for next Tuesday, was not necessarily the sticking point. There were a number of logistics, including translation, the size of the study and the fact that we had yet to actually finish meeting with all witnesses. We do have an opportunity right now to move to drafting instructions, and I would like to suspend so that we can do that right now.

Mr. Blake Richards: Mr. Chair, I appreciate that, and we more than welcome doing that, but I want to make it clear to everyone who is listening that those statements that have just been made are simply just not accurate. The facts do not bear them out, but we will certainly take that as a sign that there is not a will to do this, Mr. Chair. You can make all the excuses you want, but that is the fact.

The Chair: That is your opinion, sir.

Mr. Blake Richards: That is the fact.

The Chair: Thank you. We'll suspend.

[*Proceedings continue in camera*]

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