



Legislative Assembly of Ontario

First Session, 41st Parliament

Assemblée législative de l'Ontario

Première session, 41^e législature

Official Report of Debates (Hansard)

Monday 30 November 2015

Journal des débats (Hansard)

Lundi 30 novembre 2015

Standing Committee on Social Policy

Protecting Employees'
Tips Act, 2015

Provincial Advocate
for Children and Youth
Amendment Act, 2015

Pregnancy and Infant Loss
Awareness, Research
and Care Act, 2015

Comité permanent de la politique sociale

Loi de 2015 sur la protection
du pourboire des employés

Loi de 2015 modifiant la Loi
sur l'intervenant provincial
en faveur des enfants et des jeunes

Loi de 2015 sur la sensibilisation
au deuil périnatal, la recherche
sur ce genre de deuil et l'aide
aux personnes vivant un tel deuil

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 416-325-3708.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 416-325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
SOCIAL POLICYCOMITÉ PERMANENT DE
LA POLITIQUE SOCIALE

Monday 30 November 2015

Lundi 30 novembre 2015

The committee met at 1401 in room 151.

The Chair (Mr. Peter Tabuns): Good afternoon, everyone. The Standing Committee on Social Policy will now come to order. We're here for public hearings on Bill 12, Bill 33, Bill 117 and Bill 141.

SUBCOMMITTEE REPORT

The Chair (Mr. Peter Tabuns): First on the agenda is the report of the subcommittee on committee business. I understand, Ms. Martow, you're going to be reading the report into the record.

Mrs. Gila Martow: Certainly. Your subcommittee on committee business met on Friday, November 27, 2015, to consider the method of proceeding on the order of the House dated Thursday, November 26, 2015, in relation to the following bills:

—Bill 12, An Act to amend the Employment Standards Act, 2000 with respect to tips and other gratuities;

—Bill 33, An Act to reduce the abuse of fentanyl patches;

—Bill 117, An Act to amend the Provincial Advocate for Children and Youth Act, 2007 with respect to notices of critical injury or death; and

—Bill 141, An Act to require research to be undertaken and programs to be developed for pregnancy loss and infant death and to proclaim October 15 as Pregnancy and Infant Loss Awareness Day, and recommends the following:

(1) That the committee Clerk, in consultation with the Chair, post information regarding public hearings on the Legislative Assembly website and the Ontario parliamentary channel.

(2) That the public hearings be scheduled as follows:

—Bill 12 from 2 p.m. to 3 p.m.;

—Bill 33 from 3 p.m. to 4 p.m.;

—Bill 117 from 4 p.m. to 5 p.m.; and

—Bill 141 from 5 p.m. to 6 p.m.

(3) That witnesses be scheduled to appear before the committee on a first-come, first-served basis.

(4) That each witness receive up to five minutes for their presentation followed by nine minutes for questions from committee members.

(5) That the deadline for requests to appear be 1 p.m. on Monday, November 30, 2015.

(6) That the deadline for written submissions be 6 p.m. on Monday, November 30, 2015.

(7) That the committee recess from 6 p.m. to 6:45 p.m. on Tuesday, December 1, 2015, if required.

(8) That the committee Clerk, in consultation with the Chair, be authorized prior to the adoption of the subcommittee report to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Martow. Any discussion? There being none, are the members ready to vote? Shall the subcommittee report be adopted? All those in favour? All those opposed? It is carried.

PROTECTING EMPLOYEES'
TIPS ACT, 2015LOI DE 2015 SUR LA PROTECTION
DU POURBOIRE DES EMPLOYÉS

Consideration of the following bill:

Bill 12, An Act to amend the Employment Standards Act, 2000 with respect to tips and other gratuities / *Projet de loi 12, Loi modifiant la Loi de 2000 sur les normes d'emploi en ce qui concerne les pourboires et autres gratifications.*

The Chair (Mr. Peter Tabuns): We now move to public hearings on Bill 12. Each presenter will have up to five minutes for their presentation, followed by up to nine minutes of questions from committee members which will be divided equally among the three parties. We will start the rotation with the official opposition.

ONTARIO RESTAURANT HOTEL
AND MOTEL ASSOCIATION

The Chair (Mr. Peter Tabuns): Our first presenter: Ontario Restaurant Hotel and Motel Association. If you would have a seat, introduce yourself for Hansard and please begin.

Mr. Tony Elenis: Good afternoon, Chair and committee members. I am Tony Elenis, president and CEO of the Ontario Restaurant Hotel and Motel Association, known as ORHMA. Today, I am here on behalf of approximately 11,000 ORHMA members to address Bill 12, An Act to amend the Employment Standards Act, 2000 with respect to tips and other gratuities.

ORHMA does not support more red tape; however, we have been active and instrumental in obtaining changes

to the legislation and we support the intent of Bill 12. Over the past year and half, the ORHMA, together with the Minister of Labour, the Honourable Kevin Flynn, and Arthur Potts, MPP, the author of this private member's bill, have discussed and mitigated policy costs for our members.

A common practice in many establishments, including restaurants and hotels, is that tips and gratuities may be pooled and shared by a variety of employees. Once these gratuities become part of the controlled tip pool as defined by the Canada Revenue Agency, they are subject to payroll taxes and remitted by the employer.

In the hotel community, gratuities are part of negotiation during collective bargaining or, in a non-union environment, gratuities becomes part of the wage and benefit discussion during the employment process.

ORHMA supports the provisions of Bill 12 that recognize and allow for the continuation of tip pooling to support those that are part of the service delivery that leads to the guest experience.

ORHMA is recommending, where tips and gratuities are charged on a credit card and the employer must pay the credit card company a percentage or merchant fee on each sale, that the employer pays the employee the tip less the merchant fee cost of the gratuity tip component of the bill. For example, where a credit card company charges an employer 3% on sales charged to its credit service, the employer pays the tipped employee 97% of the tips.

The ORHMA strongly recommends that the government enable this process through a regulation as part of Bill 12.

The ORHMA supports the intent of the legislation and looks forward to working with government to ensure smooth implementation of the bill for both our employees and customers.

Thank you for your time and consideration.

The Chair (Mr. Peter Tabuns): Thank you very much, sir.

The first questions go to the official opposition. Ms. Martow.

Mrs. Gila Martow: Thank you very much for coming in, and thank you very much for your presentation.

I think that if the public realized that the staff had to pay a percentage back to the employer because of the charges on credit cards, they might push themselves to leave a cash tip. So I think that maybe a bit of public awareness is in order, because I think it's complicated for the employer. It's a lot of paperwork for them, don't you think, to have to pay back—it's almost like they're going to want to charge a service fee. How would the employee know if the company is paying 1.9% or 2.9% to the credit card company?

Mr. Tony Elenis: It does need education and awareness. I think that should have been there right at the beginning when this private member's bill—back two or three years ago—was initiated.

Mrs. Gila Martow: Are you hoping that tip pooling—you think it's a positive experience to pool their tips, or do you think it's sometimes unfair?

Mr. Tony Elenis: I think it's very positive. There's more than one person that is behind the service and, of course, as I said earlier, the guest experience. There are many people who work very hard in a restaurant to contribute to that guest satisfaction.

Mrs. Gila Martow: Okay. Well, thank you for coming in. No further questions.

The Chair (Mr. Peter Tabuns): Okay. Thank you.

To the third party: Mr. Singh.

Mr. Jagmeet Singh: Thank you so much for being here today. I understand that you've just spoken a bit about how pooling has been successful. How would this change to the law impact the industry in a negative way? Would it really impact the industry in a negative way?

Mr. Tony Elenis: I think the intent of the bill, as it's going through—it will be welcomed by the industry, and it will protect those that are doing a fair job. Those that are not should not be doing it anyway.

Mr. Jagmeet Singh: Perfect. So you're in support then of this—

Mr. Tony Elenis: Absolutely.

Mr. Jagmeet Singh: Okay. Is there anything else that you can recommend, broadly speaking, that would benefit the service industry as well as the industry in general more that we could incorporate in this bill?

Mr. Tony Elenis: Well, in this bill—I believe we've worked on this for a long time. We feel that it has all the signals that it needs—all the messaging that it needs. The industry, as many of you know, is in razor-thin margins, with 1% to 2%, and they need all the support they can get. The credit card fees are astronomically high in this country. I know that is being dealt with at the federal level, but it's a lot of money not to leave on the table and for employers to pay the CRA.

Mr. Jagmeet Singh: Okay. So credit card fees is one major area where you think there could be some reform that might help out the industry.

Mr. Tony Elenis: Yes.

Mr. Jagmeet Singh: Any other areas that you think, broadly speaking, could benefit?

Mr. Tony Elenis: Not in this specific bill, in the intent of it.

Mr. Jagmeet Singh: Okay. And, in general, have you heard complaints about this issue around tips not being distributed in a fair manner? Is that something that has come up, in your experience?

Mr. Tony Elenis: Well, we've heard so many different thoughts, and it depends what school of thought you have. But at the end of the day, I think, generally, it is a fair system to have a mix to support all those who support that service delivery.

1410

Mr. Jagmeet Singh: Excellent. Thank you very much for being here. I have no further questions.

The Chair (Mr. Peter Tabuns): To the government: Mr. Potts.

Mr. Arthur Potts: Thank you, Mr. Elenis, for coming down, and thank you for the work that your industry has

done with us in order to try to get the terms of this correct.

I'm particularly interested in the fact that, from an association perspective, you represent restaurants. I know that in the 11,000 restaurants you represent, there will be some who won't be very happy about this, and I want to commend you for the leadership you've taken. Maybe you could speak to how you see this affecting the vast majority of owners who do it the right way.

Mr. Tony Elenis: First of all, integrity and fairness should be part of any business. Those who do not have good practice standards—especially with employees, who are the biggest asset in a business, especially ours—should be applied punitive actions on it.

I believe that, for the most part, the industry will welcome this bill, as it is intended to do, and that it will be able to be something fair. It's as simple as that. I think communication and education, as was pointed out earlier, needs to be topped along with it, but it's a fair regulation.

Mr. Arthur Potts: I've talked to a lot of the large chain owners, who have, as a part of policy—it's very clear that the benefit of the tip goes to those who participate in the service, and that's what it's intended for. I think that's the clarity we're bringing.

I'm also interested in your piece on the collective bargaining process. Do you think we've got the balance right here? I mean, collective bargaining is sacrosanct. People come together, they get a deal, and the deal includes wages, it includes working conditions—a whole bunch of aspects. You're satisfied if we're leaving the terms and conditions up to the bargaining parties?

Mr. Tony Elenis: Right. There's a negotiation that takes place on both sides, employees and employers, and there's an agreement there.

Mr. Arthur Potts: That's fantastic. I think I'm good there. Thank you.

The Chair (Mr. Peter Tabuns): Thank you, sir.

Mr. Tony Elenis: Thank you.

RESTAURANTS CANADA

The Chair (Mr. Peter Tabuns): Our next presentation: Restaurants Canada. As you've observed, you have up to five minutes to speak, with three minutes per caucus for questions. If you'd introduce yourself for Hansard.

Mr. Jamie Rilett: My name's Jamie Rilett. I'm vice-president in Ontario for Restaurants Canada.

Many of my comments will be the same as Tony's, so I won't dwell on them. I'll try to make it really quick.

As with Tony, we have met with Mr. Potts and worked on this quite a bit. We've met with the Ministry of Labour on the previous iterations of this bill. The changes that they helped facilitate were, we felt, necessary and were appreciated. So we're supportive of most of what's in the bill.

The premise of the bill does take us aback sometimes. It seems that this government wants to constantly attack this industry and act like all we want to do is take

advantage of people. But we appreciate the changes that have been made, and we concur with the bill as it stands now.

One thing that's happening in this industry is that the whole issue of tipping is being looked at. While this doesn't affect the bill directly, some restaurants are looking towards a no-tipping policy and some are looking at different ways of sharing tips. It's all complicated by the CRA, which limits the ability of restaurateurs to enter tip-pooling systems. Any time that the management or ownership are involved in a tip-pooling system, it's considered a controlled tip, so then both the employer and the employee lose because then source deductions have to be placed on that tip.

It is a system that's constantly changing. We would welcome the opportunity to discuss this system with the government in their current consultations with the Ministry of Finance, looking at the way they deal with businesses—cash-heavy businesses, especially. But overall, we agree with how this bill has evolved over the years and we will support the bill.

The Chair (Mr. Peter Tabuns): Thank you very much. The first question is to the third party. Mr. Singh.

Mr. Jagmeet Singh: Thank you for being here and for your presentation.

First we'll touch on the bill: How widespread do you think this problem is around the issue of tipping and fair sharing of the tipping? Is that something that has come up often, in your understanding?

Mr. Jamie Rilett: It never comes up, to tell you the truth. The only issue that we've heard about it from is through previous iterations of this bill. It has never come through my desk. I'm not saying it doesn't happen; it's just never been an issue that has been brought to our attention.

Mr. Jagmeet Singh: Okay. And there may be various reasons for it not getting to your desk. It might be the fact that folks that are facing this don't feel comfortable to bring it up to the point where it would get to your desk, I guess.

Mr. Jamie Rilett: I can't say. I would never want to assume something is happening, but I can't say it's not happening, is I guess what I'm saying.

Mr. Jagmeet Singh: Okay, fair enough.

You indicated something around the way the industry in general is being treated by the government. Could you just expand on that?

Mr. Jamie Rilett: Yes. It just seems, through menu labelling, through bills like this, through tax policies, they see our business as a cash cow, but yet there's never any indication of ways that they can help us.

Our industry is one of the lowest returns on investment of any industry, but we do provide very good jobs for first-time employees, and we were the number one new-job employer last year. So even though they're not often considered the best jobs, they are a foot in the door; they do get people started with their career. I would estimate that a lot of people in this room started in restaurants.

Mr. Jagmeet Singh: Okay.

Sorry. How much time do I have left?

The Chair (Mr. Peter Tabuns): You've got about a minute and a half.

Mr. Jagmeet Singh: Okay, excellent.

What would be some strategies that would assist the industry, broadly speaking?

Mr. Jamie Rilett: Well, I think that a lot of the apprenticeship programs specifically leave us out of the programs. These are jobs that are highly skilled—chefs, line chefs, sous-chefs, pastry chefs. There are a lot of skilled jobs in the restaurant industry, and many of the apprenticeship programs specifically leave us out of the programs.

We do have a problem getting staff, especially in the back-of-house system. I think it shows just how much tipping can add to a salary. We rarely ever have trouble getting front-of-house staff; it's the back-of-house staff that is harder to get. That's why you get into tip-sharing pools and you get into things like the management participating in sharing the tips, because not everybody will do it voluntarily.

Mr. Jagmeet Singh: Okay. With respect to this bill, are there any things that you think could be added to make this bill more effective for perhaps the servers, or the industry in general?

Mr. Jamie Rilett: I agree with Mr. Elenis's amendment to allow for the credit card charges to be included. Other than that, no. I think we worked with the Ministry of Labour pretty closely—

The Chair (Mr. Peter Tabuns): I'm sorry to say, but your time is up.

Mr. Jagmeet Singh: Sure. Thank you.

The Chair (Mr. Peter Tabuns): Now we go to the government. Mr. Potts?

Mr. Arthur Potts: Thanks, Mr. Rilett, for coming down. Again, I reiterate: I appreciate the support. I appreciate the interaction that we've been able to have on this bill, trying to make sure we're getting it right, and the message is clear.

We talked a bit earlier about some of the major chains who have very clear policies where they don't do this. Maybe you could speak to the disadvantage that the major chains put themselves at, against a smaller operator who might be doing this, in that their margins would be padded by tips, whereas the larger chains have to get it on the basis of their prices.

Mr. Jamie Rilett: While I don't want to assume who might or might not be doing it, the larger chains have bigger margins, so perhaps the smaller operators, independent operators, feel that this is a major part of a bill that they need to keep afloat, and that's why sometimes they include management in the tip-sharing pool.

Often it's hard for smaller restaurants to get people to be chef managers, to be management. You usually would promote wait staff up to management. What we find is that a lot of wait staff don't want to go into management simply because they're making so much through the tip pool that they don't want to lose that money. That's one

of the reasons I think you see smaller independents. They have tighter margins, so you might see it more for that reason.

1420

Mr. Arthur Potts: I'm also interested that in your piece you talk about source deductions and the CRA. I know there has been some change, maybe, in the way that they're dealing with monies that are held overnight as part of a tip-pooling arrangement. I think there's an expectation that servers and people receiving tips are declaring that as income, and I guess with the source-deduction approach that's a fait accompli now if, in fact, they're holding it. Is CRA making that ruling? What can you say about that?

Mr. Jamie Rilett: The only change is the CRA has been a little more clear about getting that information into the hands of restaurateurs. That's a long-standing position. But yes, if it's a controlled tip that has source deductions, all that income is reported to CRA, so it's better for them. They're making more. They're also getting their full income taxes on that.

I guess if CRA wanted to make changes, that's an area they could look at, because I think if there weren't source deductions on tips at all, then people would be more willing to control that. But any time there are source deductions—

The Chair (Mr. Peter Tabuns): I'm sorry to say, but you're out of time. We have to go to the official opposition: Ms. Martow.

Mrs. Gila Martow: Thank you very much. I'm very interested in how restaurants are going to show employees what percentage they pay, because it can vary. A big account will negotiate a smaller percentage to Visa or MasterCard. It used to be that MasterCard was much lower than Visa, but not so much these days.

I'm concerned that the industry will negotiate some kind of—I guess a deal is the best way to put it, where the large restaurant chain will say, "Instead of charging us 2%, charge us 3% and then give us cash back somehow, in some other point system"—negotiate something. I'm just wondering: How will employees actually know what percentage their employer is paying to a credit card company?

Mr. Jamie Rilett: I don't share your negative view of what small businesses would do, but to answer that: I don't know. This is all very new to us. It's something we would have rather not gotten into because we do believe that any time you add more red tape, it just confuses everything. Most would argue to keep red tape for small businesses as low as possible.

I guess as we move forward it will be up to the restaurants, if they choose to keep that money that they have to pay, to figure out how to show it, because Visa, MasterCard and American Express all have different rates, so they'd have to figure out how to show their employees what that is. Some may choose not to do it, simply because it would just be easier not to try. But if it's significant money, some may choose to do it.

Mrs. Gila Martow: As you said, it's a very small profit margin sometimes in the restaurant business, so if

it's costing you 2% and you're not taking back the 2%, it can add up.

Would you advise the government to consider implementing it across the board, saying, "Per year, we know that the average Visa or the average MasterCard or the average American Express is so much percentage points, and that's all that you can deduct"? Would you like them to just mandate it?

Mr. Jamie Rilett: It would all depend. Some restaurants are almost all cash and some are almost all credit card, so I guess it would also depend on the restaurant. I wouldn't want to complicate—

Mrs. Gila Martow: They're only going to take it back for a credit card.

Mr. Jamie Rilett: Sorry?

Mrs. Gila Martow: They're only going to take it off for credit card charges.

Mr. Jamie Rilett: I know, but I just wouldn't want to complicate this bill any more than it already is.

Mrs. Gila Martow: So that's what you're concerned with: It's a lot of red tape and extra work.

Mr. Jamie Rilett: Everything, yes. The more you complicate the bill, the more you make it harder on the person at the end of the day who's trying to get home and close off the accounts.

The Chair (Mr. Peter Tabuns): I'm afraid your time is up. We have to go to the next presenter. Thank you very much.

Mr. Jamie Rilett: Thanks for your time, Chair.

BURLINGTON RESTAURANT ASSOCIATION

The Chair (Mr. Peter Tabuns): Next presenter: the Burlington Restaurant Association. As you've heard, you have five minutes to present and up to three minutes per caucus for questions. If you'd introduce yourselves for Hansard.

Mr. Sean Baird: Thank you, Mr. Chair and members of committee. My name is Sean Baird. I am an executive member of the Burlington Restaurant Association. We refer to it as BRA. The first thing that I'd like to do is echo Tony's position. We agree with it wholeheartedly. I've been involved with this bill since 2011. The connotations: I think we're at a point—I wouldn't say 100%, but definitely in the high 90s of what we've worked on with the servers, employers and the consumer side of the business.

I'm not going to repeat everything that Tony talked about, because we're in agreement with it all. I just want to talk about the benefits across groups. I think the employee benefits are quite high. I think that you have to keep in mind that, of the 400,000 employees in Ontario in restaurants, approximately 70% of those employees would be non-tipped employees. They're going to benefit immediately from this bill. When we're talking about that high of a percentage, the tipped employees, the people who receive the tips, generally in a restaurant transaction, are a smaller percentage of the overall employees.

Another benefit that we see employees getting is that these, as far as we see, will be now insurable and pensionable earnings. I think that's an important part as well. These non-tipped and tipped employees, now with these defined wages, will see an immediate benefit not just in insurability but also in pensionability.

The employer benefits: We're going to get a better balance of wage parity. We struggle in this industry with the parity difference between what we refer to as the back-of-house and non-tipped employees and the tipped employees. We can see ranges somewhere of tipped employees making \$40 or \$50 an hour and non-tipped employees down at the minimum wage level. So this is going to present an opportunity. Why tip pools were implemented over the years was to create some parity between the employees because, as Tony stated, it's teams that deliver service experiences, not individuals. We want to make sure that those teams are compensated equally and there's great parity there.

We also predict that we'll start seeing some better training of front-of-house employees in this province and in Canada, somewhat like you see in Europe and places like that, where you've seen front-of-house training work its way into the college and trade school systems. Once a career is officially given a career status, like we saw in the back-of-house industry with chefs and all of that, we're going to start seeing that in the front-of-house—or at least that's our prediction.

From the employer's point of view, we're going to have some framework now. We're really excited to see that tips and gratuities are now going to have some status in employment standards and that we have a framework, and that these different models of how these tip pools run will, at least, be done in a regulatory environment, so that, from employer to employers, we will know that there's a level of fairness in between the competition side.

The last part which I would say is a consumer benefit would be the transparency. For consumers, there may be some confusion about where the money goes, where it doesn't and all those types of things. This bill—or, at least, a section—will allow a certain amount of transparency in touching upon how credit card fees are handled on tips and so on and so forth.

The reality is that we live in an electronic world right now, so I don't see an arduous aspect of this bill. There just isn't one. I was in IT for many years, and all these transactions—there's very little cash happening in this industry now. Debit, credit, everything else: This is all happening electronically at the POS level. There's not going to be an arduous aspect to maintaining this bill; in fact, it will be the opposite. To show an employee what they're actually paying on what would be referred to in credit cards as the overall rate will be very easy. The transparency—not only to the consumer, but to employees and employers—will be there.

Those are my submissions. Thank you, Mr. Chair.

The Chair (Mr. Peter Tabuns): Thank you very much. First questions go to the government: Ms. Naidoo-Harris.

Ms. Indira Naidoo-Harris: Thank you so much, Chair. I want to thank you, Mr. Baird, for coming in and speaking to us today.

It seems that you really support what this bill is trying to do and you think it's a good idea. Can you give me a sense of how you feel this bill will influence and possibly change the experience in a restaurant for employees, customers and management?

Mr. Sean Baird: I think, for management, what it's going to do is that it's going to allow us to maintain our human capital—again, the parity question. There's such a big disparity between some of the employees who are delivering the service as a team. It's just gotten to the point that it's colossally unfair. So from that perspective, it's going to be able to manage the career paths—I see lots of chefs who are well trained, but they want to jump to the front-of-house only because of the monetary side. They'll be able to stay in their passion. I think that is going to be a big part for the employers.

For the employees: Again, you're talking about the major percentage—65% or 70% of most staff that are non-tipped. Now they're going to be participating in that revenue stream, which has been there for well over 100 years, but it has now gotten to the point where it's so imbalanced. So that's where the employee is going to benefit.

The consumers are going to benefit from the fact that there's going to be more understanding. You're seeing it in the press now. You're seeing non-tipped models coming out and people increasing prices. You're seeing it North America-wide, in the States and here. So what it's going to do for consumers is it's going to give them a better understanding of what's happening.

Again, because we're all electronic, to be able to produce that on the bill and on the receipt and everything else is very, very simple.

1430

Ms. Indira Naidoo-Harris: Just one more question: Do you see this bill strengthening the restaurant industry as it stands right now and being that positive change?

Mr. Sean Baird: Absolutely, at all levels, so from the human capital pool perspective; from the consumer perspective, there's going to be more transparency so there isn't going to be this grey area of what happens with this.

From the employers' side, they're going to be able to create private models that are going to work their way inside this framework. We're not going to have the government dictate, hopefully, our private model, but we're going to have to work inside a framework, and we're going to see some innovation happening in there, and that's what we want.

Ms. Indira Naidoo-Harris: Thank you so much, Mr. Baird.

The Chair (Mr. Peter Tabuns): Okay. I have Mr. Colle.

Mr. Mike Colle: I was just talking about this business going totally digital, and everything is now on Interac and everything.

I've got a shawarma place in my riding that has been robbed at gunpoint six times. The police tell me one of the reasons why it's robbed so often is because there's a big, fat sign in front of the cash register that says "Cash only." How do I get this person to realize that it's for their safety and the safety of the customers to get rid of that sign and start to take Interac and credit cards?

Mr. Sean Baird: That's a business decision. I think it's a foolish business decision on your constituent's part. The reality is, he's probably eliminating so much sales because he's not accepting electronic transactions.

The other thing that restaurateur probably doesn't understand is, all the shrink that he has to deal with is—

The Chair (Mr. Peter Tabuns): I'm sorry to say, but you're out of time, and I have to go to the next party.

Mr. Sean Baird: No problem.

The Chair (Mr. Peter Tabuns): To the official opposition: Ms. Martow.

Mrs. Gila Martow: There are restaurants out there that give a discount for cash, and I'm just sort of wondering how you feel about that in terms of your industry.

Mr. Sean Baird: I don't see the point of it. I think it's a completely counterproductive transaction. It doesn't make any sense. I think you're seeing an older model trying to transition to an electronic model. Just like we saw where you don't use DOS machines anymore, you saw a program that used to write code for DOS can write code for Windows. I think you're going to see that model just—and a way the banks have taken care of that for us with electronic transactions. So my opinion is that it's a foolish way of doing business.

Mrs. Gila Martow: Do you see any way to benefit, something you would like to see in the restaurant industry—that perhaps the restaurant industry can be benefitted by all this new technology?

Mr. Sean Baird: The benefits to streamlining—it takes administration down to less and less. If they embrace technology instead of fragmented systems, and they go to full-blown systems, then reconciliation is happening on the fly. The reality is, most margin created in this business is going to come from reduced administration costs and embracing electronic transactions. It's a given; we're not going the other way, right? We're going into tackling currencies like Bitcoin, for example. Those are going to become issues in the future as well.

Mrs. Gila Martow: What about electronic ordering: iPads at the table and that sort of thing?

Mr. Sean Baird: That's a service issue. Some people like it; some people don't. Again, the private sector is going to—supply and demand is going to determine what the consumer actually wants. We're a consumer-driven industry. If we don't give the customer what they want, then we're going to be out of business. Fundamentally, I think those types of things are going to come through, depending on what the consumer wants.

Mrs. Gila Martow: Do you want to see us move away from tipping and just have people on a good salary?

Mr. Sean Baird: I would like to move towards parity. Tips are going to happen. It's a 100-plus-year-old trad-

ition. I think it should not be on the side and off the balance sheet. I think it should be running through the balance sheet, and it should be reflected and totally transparent, not just to the employer and the employee but also the consumer.

Mrs. Gila Martow: Thank you very much.

The Chair (Mr. Peter Tabuns): Third party: Mr. Singh.

Mr. Jagmeet Singh: Thank you for being here, and thank you for your presentation. I understand that the bill, as it stands, is something you've worked on. You've been in association with your other colleagues, who have all spoken in favour, and so you're okay with the way the bill has been crafted to this point.

Mr. Sean Baird: Like I said, I think it's 97% there. The one thing we'd like to see is some framework around dealing with the commission that is associated with processing the tip itself. I think if the revenue's going to the employees, obviously the expense associated with getting that revenue to them should also be allowed to be associated with that.

But the second thing we're looking for is a clearer definition on the fact that tips and gratuities will now be defined as wages under the Employment Standards Act. That is the one ask that I have. It looks like it is in the act, but not to the clarity that we would like to see. We would rather see it happen at the legislative level than going into the court system and getting case law to support that particular situation.

Mr. Jagmeet Singh: Okay, that's helpful. I also just want to give a shout-out to Michael Prue, who brought up a similar bill. I'm sure he's very happy to see this bill now moving on to this stage.

You talked a lot about the change in the industry. I'm really interested in the direction you think that it's going. You mentioned streamlining and the benefits for the reduction of administrative costs through the direction that the industry is going: towards more reliance on digital techniques to run a business. Can you expand a bit more on that and the way you see the industry moving?

Mr. Sean Baird: Traditional margins are shrinking. Food costs are getting more expensive. I don't see in the near future the government letting go of the LCBO and that monopoly. So what happens is, we have to find margins in different areas. The number one area to find margin right now is streamlined management. That's across almost every single industry. Electronic aspects are a big part of that. What we're seeing is not only technology improving, but we're also seeing the user who is coming up, growing up on iPads and iPhones, also being a very quick user as well.

I think that most of the margin that the industry is going to find is going to be in those laborious administration costs. The service business is a hands-on business; it's tough to automate. So we'll always be serving, we'll always be bringing food or a drink to a table. There is a manuality. I can't see—I mean, I'm sure at some point in time it will be automated, but I can't see that in the near future.

So the increased margins that we're seeing are going to be streamlining processes and automation, specifically on the administration side.

Mr. Jagmeet Singh: You mentioned shrinkage and how shrinkage can be prevented by moving away from a cash system. Can you just talk a bit about that?

Mr. Sean Baird: The reality is—and let's use “shrink” as an overall, specifically at the point of sale—if an electronic transaction is moving straight from a consumer to a bank account, there is no opportunity for anybody in the middle to shrink that transaction—or less opportunity. I wouldn't say there's no opportunity; there's less opportunity.

When cash is coming through across a table, if there's a looseness at the point of sale, then there's a looseness right across the entire chain. If the transaction itself is tied electronically, then we're going to see shrink reduced overall there. In my personal opinion—

The Chair (Mr. Peter Tabuns): I'm sorry to say that you're out of time. Thank you very much for your presentation.

Mr. Sean Baird: Thank you very much.

MR. MICHAEL VOROBEJ

The Chair (Mr. Peter Tabuns): Our next presenter: Michael Vorobej. Sir, as you've seen, you have up to five minutes to present, with up to three minutes per caucus for questions. If you'd introduce yourself—and I apologize if I mangled your name.

Mr. Michael Vorobej: You did a pretty good job with my name. My name is Mike Vorobej. I'm a member of the Ottawa Servers Association, which is a small group of servers who came together in Ottawa and Toronto four years ago when we first became aware of this legislation.

I'm here today in Toronto on my own dime. It's costing me about \$300 in lost wages, hotel bills etc. to be here, but that's how strongly I feel about this. I have submitted a one-page document, which is my last paystub, for your consideration.

But first, I want to make two points just arising from what I've heard today so far. I wasn't privy to any discussions that occurred between any members of the House recently and the industry. So I want to beg the Legislature not to allow unions to give away tips to employers. If you look at my paystub, you'll see that after 16 years of employment and 20 years of union representation in my building, I make a \$1.30 over the minimum wage in this province. That's how great a job my union—and I won't mention their name. That's another issue for another day. So please do not give unions the ability to give away tips to employers.

Secondly, the voluntary tip pooling: I am part of a pool of 100 employees in my department. It's a big building and a big department. I'm happily sharing my gratuities with those other 100 banquet servers. This sharing concept, this voluntary concept, has to be as protected as the employees' health and safety committee. In other words, the employees have the right in any workplace to

elect their own occupational health and safety committee. That's clearly covered under the Occupational Health and Safety Act. This law must cover the distribution of employees' tips. It must be all employee-driven. Management cannot have a say, as a condition of work, that you must hand over your tips to so-and-so. If you're talking about cash tips etc., it has to be the employees. We will share with each other. We're not unaware of what goes on in the back of the house. But you must leave that to the employees to decide, when it comes to giving away people's money.

Now, back to my paystub: You'll see here that I make \$11.10 an hour. On my last pay, my gratuity was \$21.22. That's from the pool. That's my share of the pool. That's fairly typical. I'm something in the \$30-an-hour range. We're a fairly high-end facility.

1440

Why I'm highlighting this is because—I live in Ottawa, but we do know what goes on in the outside world—all of your ridings are suffering from a loss of middle-class, working-class jobs, across this province. I have a working-class, middle-class job. I have a property tax bill to pay every year, and a house insurance bill and a car insurance bill, based on one job. And you see what I've earned to this point, all in. It's right there. I'm paid on the paycheque; I don't make cash tips.

I am going to contrast myself with a gentleman I met recently. He's about my age. He'd come from out of Ottawa—I'm not sure where; somewhere in southern Ontario—looking for a better job. I run into him. He started working with us, very casual, once in a while, and I said, "Oh, you're working at such-and-such a place. How much do they pay?" "It's \$11.50 an hour"—banquet hall, to be clear, for the record. At a banquet hall, they pay \$11.50 an hour. "What about your tips?" "There are no tips." So he doesn't get the \$21 an hour; he just gets the \$11.50. I worked in the same place 22 years ago; I made \$8 an hour in those days when I was getting into the industry. Twenty-one years later, he's making \$11.50.

This is a church; they own a banquet hall as well. They charge a 15% gratuity and they keep it. You can go on their website and you can find this. You won't find out that they keep it, but it's there.

In Ottawa, in our business, which is legitimate, we are losing so much business for our part-timers and casuals to these grey operators. Multi-million-dollar facilities—the church hall I'm talking about holds 600 people. They do conferences; they do banquets; they do weddings—all kinds of things. We've got multi-million-dollar facilities being built in Ottawa. The 15% gratuity has never been remitted to the servers. The gentleman who accompanied me from Ottawa last time was fired from one of these facilities for asking what happens to the gratuities.

Are my five minutes up?

The Chair (Mr. Peter Tabuns): Yes.

Mr. Michael Vorobej: Okay.

The Chair (Mr. Peter Tabuns): And we go first to the opposition party: Ms. Martow.

Mrs. Gila Martow: Thank you so much for your presentation and for coming in and for your passion. I think that's what's missing from a lot of the discussion sometimes: that people want to be rewarded for working harder. They don't mind sharing it with their fellow employees who are also working harder, but if it's mandated, then all of a sudden, there's no incentive for people to do a better job and to put that smile on their face. I wanted you to comment on that.

Mr. Michael Vorobej: I look at it this way: People need to work. The man I talked to, making \$11.50, he's the same age as me. I'm 51, by the way. He has a lot of experience in the business, but he came to Ottawa looking for a job and that's the only job he could get. People are going to work. I think if you paid five bucks an hour and they can't get anything else, they're going to work. The question is: When is Ontario going to follow PEI and Newfoundland and New Brunswick—

Mr. Arthur Potts: And Quebec.

Mr. Michael Vorobej: —and Quebec and finally enact this law? Again, this is my second trip. Maybe it was the same room I talked in two years ago. Again, this is just me as an old-timer seeing my industry going down the tubes and seeing our jobs being picked off by people who purportedly are offering the same menu at the same price range, but because they pocket the 15%, we can't compete and our people are losing work.

I'm doing okay because I'm number two on the seniority list, and again, I've been there for 16 years. So I'm doing okay. The other people are losing. That's why I'm here.

The Chair (Mr. Peter Tabuns): Okay?

Mrs. Gila Martow: I'm fine.

The Chair (Mr. Peter Tabuns): We'll go to the third party: Mr. Singh.

Mr. Jagmeet Singh: Thank you for being here, sir. I appreciate your passion. I appreciate, first of all, you being here and your deposition so far. Could you explain how this bill will benefit the industry?

Mr. Michael Vorobej: Again, I see a bill in front of me that I've been translating back into English for two years, and then I hear some discussions today which I've not been privy to.

My view is, the bill should protect the customer paying the tip so they're not defrauded of their tip. It should protect the honest businesses so that they don't lose to these grey-market operators. And it should, of course, protect the employees so we get more middle-class people in this province; we've lost so many of them. It should also benefit the treasury of the province as we become taxpayers as well.

I think it's good that the government is recognizing this. I'm not asking for the moon. I would go further in regulating the industry. I would urge all of you to look—not now, but when this is passed—at what has been going on in Quebec for two decades. We are two decades behind them in terms of employees being mandated to report their income on a weekly basis etc.; therefore, it's covered by pension plans, EI, etc. It astonishes me that the rest of the country is so far behind them.

The other thing I want to just really stress is that—the language is here—but if any reasonable person would pay an additional fee beyond the markup on their bottle of wine and their chicken dinner, whether it be a service charge, a gratuity or some other number, it cannot be misrepresented. It has to be clear so any reasonable person would understand that if they pay 15% extra in a restaurant or banquet hall, it's a tip. It's not an administration charge; it's not a whatever charge—it has got to be clear, okay? Because that's an issue that can arise. But it would be great for us if, as I understand it, this gets passed. I want to see more people at my status, not less.

Mr. Jagmeet Singh: Excellent. That's good to hear.

You indicated that you were here before. Were you here speaking on this bill in its previous form?

Mr. Michael Vorobej: Two years ago, I was here.

Mr. Jagmeet Singh: Okay. It must have been when Michael Prue brought this bill forward.

Mr. Michael Vorobej: Yes, and you can pass on my greetings to Mr. Prue. I appreciate the pioneering work he did on this.

Mr. Jagmeet Singh: I will. I also have heard a lot about how people really appreciate the pioneering role he took in something we, as consumers, didn't actually really know a lot about. This is something that has come up time and time again for people in the service industry, and it's important. This is one of those times where an issue that didn't get the attention it deserved finally got the attention and now is being addressed.

Mr. Michael Vorobej: No one knows about this who doesn't work in the industry. I can drop jaws any time; they have no idea this is going on.

Perhaps people in Ottawa have less shame than people in Toronto; I don't know. But my understanding is that it's happening everywhere—tip extortion, as I would call it. It's high time it came to an end, for everyone's benefit.

Mr. Jagmeet Singh: Well, thank you so much for being here. Thank you for your deputation.

The Chair (Mr. Peter Tabuns): To the government: Mr. Potts?

Mr. Arthur Potts: Thank you, Chair, and thank you, Michael, for coming down and spending the time and your advocacy on this file over the years. I know it has cost you personally, but it's very, very important and you should be commended for the excellent work you've put into this. A shout-out to Mr. Prue as well for engaging with you back then.

So you're subject to a collective bargaining agreement. I think it's really interesting that we're getting this perspective here. Your agreements have been freely negotiated over the years and, while I take your point that you're making \$11 an hour, they seem to be doing it the right way in that the tips are being pooled and shared. Can you give me a sense of what the \$21.22 represents in terms of the pooled share?

Mr. Michael Vorobej: Okay, I'll break that down for you. When this building opened back in 1983, it was 50-50: Management got 50 cents of every dollar of tips and the workers—it was not unionized—got 50 cents. Now

we, the worker, get 78 cents on the dollar; management gets 22 cents. That 78 cents has not changed for the last three collective agreements. Obviously, we're closer to the minimum wage because the minimum wage has gone up somewhat.

My issue is that—we were here before, and I've talked to other people—there are some unions still only getting 50 cents on the dollar and happy to collect union dues, which really astonishes me. My view is—and this goes more broadly across the Employment Standards Act—that as a unionized worker, I lose the right to vote on who's on the health and safety committee. I lose that right. In a non-union, I would have that right. Life and death trumps everything, but after that you're there to earn money. I don't want to see this taken out of people's hands.

My understanding of the old amendments was that this would be phased out with the end of the collective agreements—this idea of a split between management and union. Perhaps I misunderstood—again, as I said, I have been translating this into English for two years. My hope is that that will be off the table.

We went on strike in 2006 because in 2006, we were only getting 63 cents on the dollar. We were on strike for six weeks, and the arbitrator—because we ended by going to arbitration—bumped us up to 78 cents on the dollar. In Ottawa, it's typically 90-10 between union members and managers.

The other thing that I heard today is how many layers of management will be able to share in the tip pool, because you're looking at a \$100,000-a-year catering vice-president who was in the tip pool.

Mr. Arthur Potts: Right.

Mr. Michael Vorobej: He came to Ottawa from Calgary because he knew that the more business, the more money he would make. He didn't care if he was taking it from, in those days, \$5-an-hour servers. That wasn't a problem for him. The issue for him was getting it into his bank account.

So I'm very concerned about the idea of any managers getting in on this. Tips are for workers.

Mr. Arthur Potts: Yes. And I think the intention of the bill—

The Chair (Mr. Peter Tabuns): I'm sorry to say, Mr. Potts—

Mr. Arthur Potts: I'm just getting warmed up, Chair.

The Chair (Mr. Peter Tabuns): I knew that. Nonetheless, you ran out of time.

Mr. Arthur Potts: Thank you.

Mr. Michael Vorobej: Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation.

Members of the committee, we now move on to public hearings on Bill 33, An Act to reduce the abuse of fentanyl patches. There are no presenters scheduled. We have distributed written submissions, so I am going to recommend that the committee recess until 3:55. Please come here at five to 4 and then we can get under way.

The committee recessed from 1450 to 1600.

PROVINCIAL ADVOCATE
FOR CHILDREN AND YOUTH
AMENDMENT ACT, 2015

LOI DE 2015 MODIFIANT LA LOI
SUR L'INTERVENANT PROVINCIAL
EN FAVEUR DES ENFANTS
ET DES JEUNES

Consideration of the following bill:

Bill 117, An Act to amend the Provincial Advocate for Children and Youth Act, 2007 with respect to notices of critical injury or death / Projet de loi 117, Loi modifiant la Loi de 2007 sur l'intervenant provincial en faveur des enfants et des jeunes en ce qui concerne les avis de décès ou de blessures graves.

The Chair (Mr. Peter Tabuns): Committee is back in session. We now move on to public hearings on Bill 117.

Each presenter will have up to five minutes for their presentation, followed by up to nine minutes of questions from committee members, which will be divided equally among the three parties.

ONTARIO ASSOCIATION
OF CHILDREN'S AID SOCIETIES

The Chair (Mr. Peter Tabuns): Our first presentation is from the Ontario Association of Children's Aid Societies. If you would introduce yourself for Hansard and then just proceed.

Ms. Sally Johnson: Good afternoon. My name is Sally Johnson. I'm the director of child welfare service excellence and government stakeholder relations with the Ontario Association of Children's Aid Societies.

The Chair (Mr. Peter Tabuns): Could you bring the microphone a bit closer to you?

Ms. Sally Johnson: Is that better?

The Chair (Mr. Peter Tabuns): It is.

Ms. Sally Johnson: Just go ahead?

The Chair (Mr. Peter Tabuns): Go ahead.

Ms. Sally Johnson: Great. Thank you very much for the opportunity to be here today to talk to you about our recommendations with respect to Bill 117. As you know, the scope of this bill is on reporting information about critical injuries or serious bodily harm of children, or death of children who are involved with, or have been involved with, a children's aid society. There are about five points that I want to make today with respect to this particular bill.

The first I would like to make is that children's aid societies already have other reporting requirements with respect to critical injuries of children—that is both to the Ministry of Children and Youth Services and to the Office of the Chief Coroner. The Commission to Promote Sustainable Child Welfare that was established in 2009 did make a number of recommendations about improvements to the child welfare system, including the need to streamline and reduce administrative burden.

Additional reporting requirements for these circumstances would result in duplication of reporting requirements for children's aid societies. We would respectfully request that that be considered, and that all reporting requirements with respect to serious injuries or deaths of children be streamlined and aligned with other existing reporting requirements.

We do embrace the notion of the bill and the need for transparency around the reporting of this information, but ask that this be done in a way that doesn't add to or increase administrative burden, taking time away from caseworkers' work with children and families.

Secondarily, we note that the scope of Bill 117 focuses only on families that have been in receipt of services, either at the time of the injury or death or in the 12-month period prior to the death, from a children's aid society. We would suggest that the reporting of these kinds of incidents should be expanded beyond only children who are involved with children's aid societies to include all children who fall within the mandate of the provincial advocate.

There are a number of vulnerable children across the province who do receive services from child and youth serving agencies who may or may not have had involvement with children's aid societies in the past, but that doesn't mean that they're any less vulnerable. Children with significant mental health issues, for instance, would fall within that category.

Thirdly, I'd like to just make sure that the public would understand that this would not replace the duty to report concerns to a children's aid society about a child who may be in need of protection, or their ongoing duty to report under the CFSA. We would respectfully ask that a clause be added to this bill specifying that this reporting does not replace duties to report concerns about a child to a children's aid society, which are mandated under section 72 of the Child and Family Services Act.

Additionally—and this is probably my last point that I want to make, to be brief—there is a lot of work that has been done with this sector and in partnership with the Ministry of Children and Youth Services on access, disclosure and privacy of personal information. OACAS respectfully requests that no personal information would be reported as a result of Bill 117 for additional purposes outside of the current scope of information-sharing that exists, until such time as the Ministry of Children and Youth Services completes its work on access, disclosure and privacy of information. The implications of that have been well thought through in the context of Bill 117.

We understand also, from the provincial advocate's submission, that the intent of receiving this information would be to allow the provincial advocate to connect directly with families. We would caution that we would need to understand the intent of that connection with families, as often there are criminal proceedings under way, in the case of a death, or there might be ongoing child welfare-protection investigations or CFSA matters before the court. So the nature of that involvement is something we don't understand at this point and—

The Chair (Mr. Peter Tabuns): I'm sorry to say, but you're out of time for your five minutes.

Ms. Sally Johnson: Okay. I'm sorry.

The Chair (Mr. Peter Tabuns): The first question goes to the third party.

Miss Monique Taylor: Good afternoon, Sally. Thank you so much for being here today and for taking interest in bringing amendments forward.

I found it interesting that you would like to see not just the children's aid underneath the purview of this bill. Could you elaborate on why you think it's important for youth corrections and for children with mental health issues to be a part of this bill?

Ms. Sally Johnson: I think children often receive services from a number of service providers. Children who are in need are vulnerable, and I think, as you said, children who have mental health issues or who might be receiving services for mental health needs could be just as vulnerable. I think the provincial advocate also identifies that their mandate extends beyond just children in the care of or receiving services from children's aid societies.

Miss Monique Taylor: So it really does make sense that when we're doing it, we might as well do it right from the beginning and make sure that we're opening it up to all places where our youth would come into perspective, right, under the Child and Family Services Act? Is that what you mean? It only makes sense for kids; it's the right thing to do for kids.

Ms. Sally Johnson: We're suggesting that it align with the mandate that the provincial advocate currently has, yes.

Miss Monique Taylor: Right, which includes youth corrections and mental health.

Ms. Sally Johnson: It's much broader than just beyond child welfare, for sure.

Miss Monique Taylor: Right. I think it's a great amendment. I think that it makes sense for kids, especially vulnerable kids, who need us to be looking out for them. I think we would be really missing a large piece of the puzzle if we didn't take the experts on this matter, yourself and the child advocate's office, in knowing the importance of that amendment to make sure we have the broad scope.

Your concerns about the duty to report, I believe—section 72 would still be there. I think it should be very clear that there is still a duty to report and that that is not taken away from. I know when I was reading through the act, section 72 was still very clear, and I think that is something we would need to make sure is clear, that the duty to report is there.

Ms. Sally Johnson: Yes. I think we're just looking for something specifically amended to Bill 117, just to make sure people are very clear it doesn't replace section 72.

Miss Monique Taylor: Right.

How much time do I have, Chair?

The Chair (Mr. Peter Tabuns): About 15 seconds.

Miss Monique Taylor: About 15 seconds?

Thank you again for your submission. I think it's very important—like you said, and as we both reiterated, along with the child advocate, it only makes sense to make sure that we include all of the sectors under the Child and Family Services Act under this bill. Thank you so much for your time.

The Chair (Mr. Peter Tabuns): Thank you, Miss Taylor. Now to the government: Mr. Thibeault.

Mr. Glenn Thibeault: First off, thank you for being here today, and I just want to commend you on the work that you do. Once upon a time, before I was sitting in this chair, I was a foster parent, along with an individual who ran residential homes for developmentally handicapped adults and kids, so I know the difficulty sometimes that comes with the job.

I also want to tip my hat to my colleague from Hamilton Mountain for bringing forward a bill like this, because I think what we need to be looking at are ways that we can improve things, each and every day, for all of our children and youth in Ontario.

Some of the things that I'd like you to continue to speak to—you were talking initially about your relationship with the provincial advocate. Maybe you can explain, currently, what that relationship is, and outline and define if there's any information that you already report to this office, and how, moving forward, this bill will enhance that.

1610

Ms. Sally Johnson: To my knowledge, children's aid societies aren't required to report information directly, although the advocate's role will change with the proclamation of Bill 8. The reporting requirements that I was speaking about are existing reporting requirements for children's aid societies to report child deaths, for instance, to both the ministry and the Office of the Chief Coroner. Children's aid societies also have an obligation to report to the ministry whenever there's a critical incident or a serious injury to a child as well.

So the opportunity for duplicate reporting systems that take time of caseworkers away from their casework is a real event in terms of this. I think what we were asking for is that any reporting requirements would be streamlined and aligned with those existing requirements so that the CASs perhaps could report once to a body and that information would be disseminated, rather than having three different reporting requirements for three different reasons, with slightly different intent, so that there's only one obligation of a children's aid society to report.

Mr. Glenn Thibeault: Great. I'm good with that. Thank you.

The Chair (Mr. Peter Tabuns): Okay. Thank you. To the official opposition: Ms. Jones.

Ms. Sylvia Jones: Thanks for coming out on such short notice. I want to build on what my colleague was asking about with the streamlining. Common sense would suggest that streamlining makes sense. Do you have a recommendation to the committee on where the reporting should happen and that it get disseminated from

there as opposed to what we're looking at now, which is potentially three different reporting streams?

Ms. Sally Johnson: I don't have a recommendation for a particular recipient of the information, but I do think that the ministry's serious occurrence reporting procedures that are required of children's aid societies and all service providers, quite frankly, that are funded or licensed by the ministry—as well, the joint child death reporting protocol requires reporting to that office in the event of a tragedy or a child death.

I think if there's a way to streamline and agree on how information will flow from a CAS to whom so that all of the reporting requirements are met and CASs are able to manage that obligation in a singular way, in a singular fashion, that would be very, very helpful.

Ms. Sylvia Jones: Currently, are there different reporting requirements to the coroner than there are to the ministry?

Ms. Sally Johnson: Yes. In the event of a child death, for instance, a children's aid society would report a serious occurrence to the ministry, and they would report other information to the coroner. They would notify the coroner. They would provide ongoing information to the coroner with respect to that child death, as well as ongoing updates to the ministry around the serious occurrence in a child fatality summary report, as well as child death reports, internal reviews and those other documents that flow when there's a tragedy such as a child death. I think there are a number of ways that that information could be streamlined.

Ms. Sylvia Jones: If I may, the coroner report is more back and forth whereas the ministry is a static, "Here's the serious incident."

Ms. Sally Johnson: It can be static, but often the ministry, through their regional office, will have requests for ongoing updates or information as well through that process. So there's a lot of back and forth, as there should be when something very tragic happens, but there is a way to make sure that people are focused on what they need to be focused on, and that's protecting children.

Ms. Sylvia Jones: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation.

Ms. Sally Johnson: Thank you.

MR. CHRIS YORK

The Chair (Mr. Peter Tabuns): We have a presentation now by four people: Christopher York, Pam York, Brett Smart and Evelyn Salt. If you'd all come up to the table.

As you've seen, you have up to five minutes to present. Then we'll be following that with questions, up to three minutes per party. When you speak, if you'd introduce yourself the first time for Hansard. Please proceed.

Mr. Chris York: Thank you. My name is Chris York. I'm the paternal step-grandfather to baby Kody Rien Smart. He had the unfortunate demise of being murdered

this past summer in the riding of Welland–Thorold. I've been advocating for the last eight years for oversight of the children's aid societies. I don't believe that there is any accountability whatsoever, and I'm basing this on my personal experience.

I understand that the government and the ministry have a responsibility to these children, and they believe that they have oversight in place through the Child and Family Services Review Board. Well, I'm here to tell you that's false. I've been through the Child and Family Services Review Board many times prosecuting the children's aid societies not only in my own region but across this province helping other families—educating these other families on their rights and how to fight back to protect their children from this agency that's supposed to be protecting children from bad parents.

The problem is that this agency is set up as a business. They're in business to make money. Unfortunately, the way the funding formula is set up is, these people are making money by apprehending children based on false allegations and nothing more than their own personal beliefs. That's not acceptable.

Ministry guidelines were set after the Jeffrey Baldwin incident to protect children from ever being put into positions where they are being placed into homes, whether they be foster homes or kinship homes, so that they're not going to be injured. Here it was: These guidelines were not only ignored, but they were deliberately ignored by the children's aid society of Niagara, and my step-grandson was placed in the care of a home that they actually knew—and had records on—this man being a convicted child abuser for more than 20 years. That is not acceptable.

The only person being held accountable right now is the grandfather of that child who has been criminally charged for manslaughter. The children's aid society workers who deliberately ignored protocol and ministry guidelines and rules are not being reprimanded in any way, shape or form. That, again, is not acceptable. How are we protecting our children with these confidentiality clauses when the only ones who are being protected by the confidentiality are these CAS workers?

CAS will sit here and say that they have enough oversight. I'm here to tell you they don't have any oversight at all. If anybody was to live in the real world that I'm living in and see what's really going on in these courtrooms today, and across this province, they would know what's really taking place out there.

I understand Monique Taylor has done some tremendous work on bringing bills forward for Ombudsman oversight. Unfortunately, the government has turned them down each and every single time. I'm telling the government today: Please, for the sake of our children, do something for once. We're electing you to office to protect us and these children from these corporations that are deliberately breaking the law and the rules. They are skirting the social work legislation by calling themselves child protection workers, yet they're still practising social work, but they don't register so they're not accountable

to the college. That's not acceptable. This has been going on far too long. When is the government going to step forward, take a stand, and say, "Enough is enough; there needs to be accountability"?"

They will report serious occurrences to the ministry. They'll report it to the pediatric death review panel. They'll report it to the provincial coroner, but who's speaking up for the victim and the family? The family is not getting this information; they're not privy to it. The provincial advocate is not getting this information; he's not privy to this information. He's not able to get any of it because of confidentiality. I don't care about confidentiality. I want justice for my grandchildren. I want justice for my children.

The only confidentiality there should be is for the children themselves, not the workers. Unfortunately, the confidentiality clauses that are put in place today are not protecting the children. They're protecting the incompetent workers who are working for the children's aid societies today, destroying families, and children are dying in care. In the last seven years alone, more children have died in the care of the children's aid societies in Ontario than soldiers across this country fighting in the war in Afghanistan. That is not acceptable. Thank you.

The Chair (Mr. Peter Tabuns): Thank you, sir. Comments from any of the three of you? No? Okay.

Government first: Mr. Thibeault.

Mr. Glenn Thibeault: First off, thank you for being here today, and thank you for bringing forward your presentation. Obviously, it's probably very difficult for each of you to talk about this, but the way we move forward is to have those discussions. Of course, our deepest condolences on your loss. Those aren't cold words. Those are, I'm sure, from all of us here.

A couple of comments: I'd like you first to comment on—you said that we believe we have oversight when it comes to CAS. Can you elaborate a little bit more on that—

Mr. Chris York: Absolutely. When I said that the government believes they have oversight, they believe they have this through the Child and Family Services Review Board. They believe they have it through the pediatric death review panel and the provincial coroner's office. The problem is that the Child and Family Services Review Board cannot investigate matters that are currently before the courts or that the courts have decided on. Well, the minute you get involved with a children's aid society, they will deliberately take it to court to prevent you from filing any complaints to the review board.

The second problem is that even if the review board can investigate and finds wrongdoing, they have no powers to take any action against them, which they openly tell you. Unfortunately, you can have a body in place to do these investigations, but if you don't give them the power to take any legal action against them, they're useless. Their hands are tied. With the pediatric death review panel, as well as the Ontario coroner's office, a child has to die before their mandate gets

invoked. No child should have to die before they're able to get involved, before somebody can stand up and do something. That's the problem with the oversight that you have that's in place: There is none. They're accountable to themselves only.

1620

Mr. Glenn Thibeault: I'm going to make an assumption: I'm assuming that you're in favour of this bill that was proposed. The second piece to this is, how would you, then, hope that this bill will help other families?

Mr. Chris York: Not only am I fully in support of this bill going forward, I don't think it goes far enough. I think that more needs to be done as far as oversight of these agencies, because they're a private corporation that's mandated by the ministry to do the work for the ministry. They are funded by the ministry, and yet we're not getting any answers from them. They're hiding behind confidentiality clauses. Children are dying, children are getting hurt, and nobody is being held liable for it because the workers are being granted limited protection under the Child and Family Services Act for any acts that they do that they believe were done in good faith.

This bill needs to go one step further—it needs to go a lot further, actually—because it needs to give true independent oversight. It needs to give an independent body the power to take action, whether it's punitive or legal action, against the society and against the workers involved, for misconduct, incompetence or wrongdoing, or certainly when they're deliberately violating ministry guidelines that were set in place to prevent something like this from happening. We learned from the Jeffrey Baldwin incident, and rules were set in place and ministry guidelines were set forward, yet they were deliberately ignored here, and that's not something that we can accept.

The Chair (Mr. Peter Tabuns): I'm sorry to say that you've run out of the three minutes for the government.

I'll turn you over to the official opposition. Ms. Jones?

Ms. Sylvia Jones: Thank you, Mr. York. I'm sorry to hear of your loss. I am interested in knowing, if Bill 117 had been in place when baby Kody died, if you believe that you would have been able to get more answers and had more transparency.

Mr. Chris York: Yes, I truly believe we would have been able to get more answers. As it stands right now, the provincial advocate's office, even though we give them consent to get this information by signing consents for release of information—the children's aid is still not under any obligation to release that information to them.

In fact, they're continuously stonewalling any information to the provincial advocate's office right now; in our case, a perfect example, by stating that there are confidentiality issues, that the matter is currently before the courts for the criminal charges, and that it's still being investigated by the coroner's office and the ministry, as well as the pediatric death review panel.

We shouldn't have to wait years and years and years to be able to get these answers. The family needs answers

right away, to know what went on, so that they can move forward to fix things, and the government needs those answers immediately so that they can fix things to make sure that this is not going to happen in the future. One child dying is one child too many.

Ms. Sylvia Jones: Thank you.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Jones. Miss Taylor?

Miss Monique Taylor: Good afternoon, Chris and family. Welcome to committee today. Thank you for taking the time, for taking the trip, and for being raw enough to come here to bring your story.

I know the work that you've done for families in this society for years, and I'm sure that Kody was fortunate enough after all of this that you knew to contact the child advocate's office. Right? Is that what you did?

Mr. Chris York: Yes.

Miss Monique Taylor: Did you contact the child advocate's office as soon as this happened?

Mr. Chris York: I absolutely did, immediately.

Miss Monique Taylor: That's one of the recommendations that is in this bill: that the families will be given information promptly, right away. A family who has gone through any of this situation with a child would be able to have the information to be able to speak to the advocate, to know how to find the advocate, to contact the advocate so that he may do his proper investigation going forward. That, we know, is an important piece of the puzzle.

And yes, we've tried for oversight several times, but I think that's why we're picking at pieces of individual oversight now. Do you think that this bill going forward will make a difference in children's lives going into the future?

Mr. Chris York: I'd like to think it's going to make some difference. However, without true independent oversight, so that proper investigations can be done independently without the children's aid conducting their own investigation into themselves—let's face it: I'll be honest, if children's aid is investigating themselves to find out if they did anything wrong, I'll tell you right now how it's going to come out. That's like a police officer investigating themselves. They're going to say, "We didn't do anything. We find that we did everything just fine."

I think that Bill 117 is a small step forward to protecting the children. I think it's a small step forward to getting the accountability that we truly need. Unfortunately, my grandson paid the ultimate price for this, and that's not something that I can live with.

I have fought for numerous years to get oversight. I've fought for families for many, many years now in an organization that I'm proud to be a part of, and unfortunately, we've been turned down at every single turn trying to get this oversight that we truly need. Children are dying, and people are turning a blind eye. Workers are not being held responsible, and unfortunately that's not something I can live with. These workers who are breaking the law should be held accountable according to

the law, and they're not because they're granted this protection. As long as they believe they acted in good faith, who cares? Sure, they commit perjury in court, but it was in the best interests of the child—"We thought we were protecting the child"—so it's okay to lie. It's never okay to do this. Children are dying, and that's not okay. We need this oversight. We need information to come forward promptly. As it stands, the advocate is powerless without being able to have these powers, and we need them.

I'm quite shocked that this wasn't already in place before because children are dying and nobody is able to get these answers from the ministry. We can't get them from the coroner, we can't get them from the Pediatric Death Review Committee, and we certainly can't get them through the review board because they have no teeth. And the CAS clams up because they're only concerned about protecting themselves, not the children.

The Chair (Mr. Peter Tabuns): Mr. York, I'm sorry to say that you're out of time. I thank you for your presentation today.

OFFICE OF THE PROVINCIAL ADVOCATE FOR CHILDREN AND YOUTH

The Chair (Mr. Peter Tabuns): We now have to go on to the Office of the Provincial Advocate for Children and Youth.

We will have Irwin Elman by teleconference, and I have Diana Cooke also listed.

Diana, if you'd come up to the table.

Hello there?

Mr. Irwin Elman: Hello, I'm here.

The Chair (Mr. Peter Tabuns): Good. As you're probably familiar, Mr. Elman, you have up to five minutes to present, and then we'll go to each caucus for three minutes of questions. If you and Diana would like to proceed, would you introduce yourself first for Hansard?

Mr. Irwin Elman: Yes. My name is Irwin Elman. I'm the Provincial Advocate for Children and Youth.

The Chair (Mr. Peter Tabuns): Please proceed.

Mr. Irwin Elman: Diana?

Ms. Diana Cooke: Oh, sorry. I thought you were going to say something else.

I'm Diana Cooke. I'm currently the director of investigations at the Office of the Provincial Advocate for Children and Youth. Prior to that, I was the director of advocacy for six years.

Mr. Irwin Elman: Just quickly, I wanted to thank Monique Taylor for bringing this bill forward. I think we're indebted to her. And I want to thank the committee. I'm sorry I can't be there in person. I'm calling in because this bill is so important to me. I wanted to create a symbol of how important it is, and I have a brief comment.

I wanted to tell you that children in the mandate of my office are largely invisible to the province. The children I'm speaking of are those in the children's mental health, youth justice and child welfare systems. As a province, I

think I've learned that we assume that once they find their way into our systems of care, they're going to be okay. We know that this might not always be so. I think that's why our office was created.

When children die and they're in the mandate of my office, they must not be made invisible again in their deaths. We need to see them. We need to know them. We need to be challenged by the tragedy they represent, and we need not avert our eyes. My office must remember them and think about them in our work.

I do this work on behalf of Ontario. If the province has the courage that I think it has today to take the step of passing Bill 117, I implore the committee to take the full step and adopt our amendments, which would extend the measure of visibility to all children in my mandate.

Diana, do you want to speak further?

Ms. Diana Cooke: Yes. I'll make five brief points.

First, I wanted to say that we welcome these amendments, and we see these provisions as a safeguard for children and youth because they allow the provincial advocate to review information and, if he identifies concerns, allow him to raise these concerns with the ministry service providers or, in the case of a child with a serious injury, perhaps the child themselves.

But we feel that safeguards need to apply to all of the children in the mandate. Currently excluded are children who have special needs placed in a residence by their parents, children with mental health issues and young people in youth justice facilities.

Why does this matter? Recently, we undertook a review of all serious occurrence reports filed with the Ministry of Children and Youth Services by children's residences. That was for a three-month period, and we looked at more than 5,000 reports. Of particular note is that in 813 of the cases there was no CAS involvement, so it was a parent placement. There were 334 reports of serious injury and 19 deaths of children and youth within the advocate's mandate.

1630

So I make two points about this: Not all children who are placed in a children's residence have been placed there by a children's aid society, and two, if there are children within the provincial advocate's mandate who are dying or suffering serious injury while in residential care, then the provincial advocate should know about it.

Point three: We're proposing additional safeguards to parents of children who've died. Many parents, when their children have died, don't know who to go to to ask questions—the service providers or the people conducting the investigations. If they call our office, we will help them identify the questions and facilitate meetings with the service providers. We're asking that in cases where a child who's receiving service from the province dies, their parents are notified about the existence of the child advocate's office. Similarly, if a child sustains a serious injury, we're requesting that they be advised of the existence of the provincial advocate's office so they can reach out to our office for assistance.

Point four is the concern about redacted information. We're requesting that the information be provided unredacted. Currently, the information we get from the Ministry of Children and Youth Services contains redactions based on name, date of birth, gender and always medication, even if that's the point of the serious occurrence report: a medication error. Sometimes, the redactions obscure the fact that very intrusive measures are being used with very young children. We feel that we need complete information to understand the full circumstances and context of each situation.

Point five is about the ministry position. We believe that the notification to our office should be at the same time as the Ministry of Children and Youth Services and the coroner's office. That may speak to the streamlining issue. We're requesting that notification be immediate. Otherwise, we're in agreement with the ministry position with respect to (c) use of the term "serious bodily harm" and (d) retaining the duty-to-report reminder. As noted earlier, we're hoping—

The Chair (Mr. Peter Tabuns): I'm sorry to say that you're out of time. We'll start with the official opposition for the first three-minute round of questions. Ms. Jones?

Ms. Sylvia Jones: Thank you. With the implementation or passage of Bill 117, how will that change the resources in your office? Do you have trained staff who are ready to do this kind of work?

Ms. Diana Cooke: Yes, we do.

Ms. Sylvia Jones: And what would they be doing right now?

Ms. Diana Cooke: We have advocates right now who would be able to review the serious occurrence reports and notice if there are trends. Some of the residents we're well aware of because of the other advocacy work that we do directly with children and youth.

We haven't figured out how we would do it, but one potential way is that we have an advocate on call every single day. They may be responsible for reviewing the occurrence reports that come in that day and notify if there are any concerns that should be followed up on.

Ms. Sylvia Jones: Okay. Thank you.

The Chair (Mr. Peter Tabuns): Ms. Taylor.

Miss Monique Taylor: Just to lead on that, is that not where Bill 8 also comes into place, with the extra—

Ms. Diana Cooke: Bill 8 is the investigation powers. To get unredacted information, we would have to call a specific investigation, obtain that information and then write a report on it. Right now, what we're asking for is to be notified when very serious things happen to the children in the advocate's mandate and for the advocate himself to be able to follow up and ask questions. It may not turn into an investigation, but just to follow up, ask questions and raise concerns.

Miss Monique Taylor: That's right, and it only makes sense that he has those powers. If he's being given investigation powers, it only makes sense that he has the tools to do the investigation, correct?

Ms. Diana Cooke: We agree, yes.

Miss Monique Taylor: Right. Good. I really thank you for the work. Thank you, Irwin, for the work that has gone from your office into this bill and making sure that we get it right.

Mr. Irwin Elman: You're welcome.

Miss Monique Taylor: I would also like to hear your perspective on—and I heard a little bit, but if you could please elaborate on the fact of including youth justice, children's mental health and children with special needs. What does that do?

Ms. Diana Cooke: I guess the concern is that children with special needs or developmental delays are perhaps the most vulnerable. They're not able to speak for themselves most of the time, so this would be a proactive way of knowing if something serious has happened. As I say, we can look into it more and perhaps reach out to them if necessary. So we see it as a very valuable safeguard for that group.

As you know, there are concerns sometimes about incidents that happen in youth justice facilities; we've been raising them. So we'd like to have that information as well.

Miss Monique Taylor: Good. So just for clarity to the government: That would be the point of opening it up to the entire child—

Mr. Irwin Elman: Children's services system.

Miss Monique Taylor: Thank you—but the Child and Family Services Act, that all children who were under that purview would then fall under this and not just the CAS, which are also recommendations that came forward from the OACAS.

Ms. Diana Cooke: Correct.

Mr. Irwin Elman: I want to clarify, in case there is confusion, that this would not give us any more powers in terms of investigation or advocacy, but allow us to access information that helps us understand how the children's services system is doing.

Miss Monique Taylor: Thank you, Irwin.

Mr. Irwin Elman: You're welcome.

The Chair (Mr. Peter Tabuns): To the government: Mr. Thibeault.

Mr. Glenn Thibeault: Thank you, Chair. Thank you, Ms. Cooke and Mr. Elman, for being here today and presenting to us. Mr. Elman, you said something, I think, that really resonated with me: that many of these children may have been invisible in life but you will ensure that they will not be invisible again in death, and I think that was a very powerful statement, especially when we're looking at what we're talking about today.

It is such a difficult thing to even fathom: a child's death. The work that you do on an ongoing basis—again, I tip my hat to both of you and to your organization because it has to be something that's truly difficult. We wouldn't be able to do the great things that you're doing for our province, so thanks for that.

Ms. Cooke, maybe I'll open it to you and then if Mr. Elman wants to chime in, it would be great. Maybe you could outline what you think some of the benefits are of

your receiving information directly from the service provider that's now going to be laid out in this bill.

Ms. Diana Cooke: If you have a question about the streamlining of the processes, I don't think it matters to us whether it's the service provider or the ministry forwarding it to us. We would like the information that's received. But the benefit would be, as I had said earlier, that we know right away about the situation and some of the circumstances so we can act as a safeguard to follow up, alert the ministry, maybe even meet with the child and perhaps address the concerns.

The other thing, as I said, is that there are many parents who come to our office, and they don't know where to turn. They're not the person accused of causing their child's death. They're searching for answers. They don't know who to go to. They aren't getting answers to their questions. So we figure out who their questions are for. We make contact with those agencies. We set up meetings, hopefully, to give them information.

That was why I was hoping also that there would be a provision that parents would automatically be notified in the circumstances of the child's death, and, if a child is seriously injured, again, they may not think of calling the advocate's office but they may be in real need of help. They can be reminded and we will also know, so it's kind of a two-fold protection on each end.

Mr. Glenn Thibeault: Thanks. How much time do I have, Chair?

The Chair (Mr. Peter Tabuns): Thirty seconds.

Mr. Glenn Thibeault: So in 30 seconds or less, the sharing protocol you currently have with MCYS: Will this change at all with the bill?

Ms. Diana Cooke: With this bill?

Mr. Glenn Thibeault: Yes.

Ms. Diana Cooke: So the problem is, we're seeking unredacted information. If that provision is accepted, then instead we'd be getting unredacted information. Currently, that information is redacted.

Mr. Irwin Elman: And immediate notification.

Ms. Diana Cooke: And immediate notification; sorry, yes.

Mr. Glenn Thibeault: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much.

UNICEF CANADA

The Chair (Mr. Peter Tabuns): Our next presentation is from UNICEF Canada: Mr. Bernstein. Mr. Bernstein, as you've seen, you have up to five minutes. There are three minutes per party for questions. If you'd introduce yourself for Hansard.

Mr. Marvin Bernstein: Thank you very much. My name is Marvin Bernstein. I'm chief policy adviser with UNICEF Canada and was formerly the provincial Children's Advocate in Saskatchewan for five years.

I want to start off by commending the government in terms of establishing the office of the provincial advocate as an independent office and conferring investigation

powers. I also want to commend the opposition parties in terms of bringing forward strong private members' bills such as the one that's being considered today. This is definitely progressive legislation which UNICEF Canada supports. There are some proposed amendments that UNICEF Canada is advancing, and I'll spend some time going over those. Those can be found in appendix A.

The first recommendation is that the proposed provisions set out in Bill 117 be enacted, in keeping with international norms for independent human rights institutions or offices for children and youth, subject to further corrective proposed amendments.

One of the points that sometimes gets missed is that the advocate's office is in fact an independent human rights office for children and youth. There is reference to the Convention on the Rights of the Child right in the advocate's legislation, and there are international norms that apply to those offices. Those international norms contemplate that those offices have broad powers, both in terms of advocacy and investigation, to promote and protect the human rights of children and have strong powers to access all relevant information, to be fully informed in terms of exercising the legislated functions of that office.

1640

The second recommendation is that Bill 117 be amended to include a provision requiring the information disclosed to the provincial advocate be complete and unredacted, and include a summary of the circumstances surrounding the death or critical injury of the child or youth.

One of the points I wanted to make is that, in my tenure as the provincial children's advocate and receiving this kind of information, over a period of five years, the only redacted information I can recall receiving was information protected either by solicitor-client privilege or cabinet privilege. So I was quite surprised to hear from the provincial advocate that the redacted information seems to be a regular occurrence in terms of certain aspects of the information being provided. So that's a recommendation that we advance.

The third recommendation is that Bill 117 be amended to include an obligation by an agency or service provider to inform the advocate of a child death or critical injury of which it has become aware. I would substitute "without unreasonable delay," based upon what I've heard in previous submissions in terms of immediate disclosure or information sharing, and "in accordance with any time intervals agreed to between the agency or service provider and the provincial advocate." In our brief, we reference a provision from the BC Representative for Children and Youth Act that contains such a provision.

The fourth recommendation is that Bill 117 be amended to include a definition of "critical injury," having regard to other related definitions of "critical injury," such as those appearing in the British Columbia Representative for Children and Youth Act and the internal policies of the Saskatchewan office of the Advocate for Children and Youth.

The definition of "critical injury" that is set out in our brief is taken directly from the BC legislation. There's also a definition that applies internally that was established during my tenure in Saskatchewan when the office took over responsibility for critical injury investigations in addition to child death investigations. "Critical injury" can also be confused with "critical incidents," which has a different kind of connotation—

The Chair (Mr. Peter Tabuns): Mr. Bernstein, I'm sorry to say that you've run out of time.

Mr. Marvin Bernstein: All right.

The Chair (Mr. Peter Tabuns): The first question is with Miss Taylor from the third party.

Miss Monique Taylor: Hi, Mr. Bernstein. Thank you so much for joining us today and for putting your input into this bill. I know a few recommendations are duplicates that we're seeing from others, including the advocate himself. There's duplication in notifying parents, notification of the child to his office, saying that people should know this information. That's fantastic.

The unredacted information: In other provinces, they're receiving all of this information completely unredacted. Is that correct?

Mr. Marvin Bernstein: Well, the information that I received in Saskatchewan was unredacted except in very extraordinary situations where the information was protected either by solicitor-client privilege or by cabinet privilege.

Miss Monique Taylor: Because there would be a police investigation or something that could interfere with that. Is that correct?

Mr. Marvin Bernstein: That's right.

Miss Monique Taylor: But receiving completely redacted information would have prevented you from doing your job. Do you think that?

Mr. Marvin Bernstein: Absolutely, because one of the opportunities is to consider whether or not there should be some form of systemic advocacy or a systemic investigation. If you don't have specific information, you won't be able to evaluate the trends and determine whether or not there are gaps in services in terms of age, gender and profile, to determine whether or not you should conduct a systemic or individual investigation.

Miss Monique Taylor: So redacted information does not make sense for the duties that he has to perform, and it's not in the best interests of the children for him to have redacted information?

Mr. Marvin Bernstein: I would support that conclusion.

Miss Monique Taylor: So you full-heartedly support the advocate having that unredacted information?

Mr. Marvin Bernstein: Having had a similar role in another province, I can say that, absolutely.

Miss Monique Taylor: And it is also within the UN convention, is that correct? Is that what you said: within child advocates across the UN convention?

Mr. Marvin Bernstein: Well, I think that what's contemplated in terms of human rights offices such as that of the provincial child and youth advocate is that there be broad access, comprehensive powers, and having the

tools and the ability to conduct purposeful investigations and advocacy. Requiring all of that information is extremely important.

Miss Monique Taylor: And just quickly, if I still have time, what about your thoughts about it being open-sourced to the entire Child and Family Services Act?

Mr. Marvin Bernstein: I would certainly support that. In fact, I would like to see broader powers of investigation across the board, in terms of all government ministries and agencies. But certainly within the ambit and the scope of this particular bill, broadening it out to other aspects of the children's service sector makes perfect sense.

Miss Monique Taylor: Thank you so much.

The Chair (Mr. Peter Tabuns): I'm sorry to say you're out of time. We go to the government. Mr. Thibeault.

Mr. Glenn Thibeault: Thank you, Mr. Bernstein, for your presentation and your information-sharing. I think your past history and your current position will really bode well for my next question, which leads to the changes that we're proposing in this bill. How does that compare to similar legislation in other jurisdictions here in Canada?

Mr. Marvin Bernstein: I think that some of the provisions would definitely bring aspects of the role of the Provincial Advocate for Children and Youth in this province in a similar function, in a similar way, to those functions carried out by counterparts in other parts of the country.

Mr. Glenn Thibeault: So I guess, then, in your opinion—we were talking earlier about the benefits of the provincial advocate receiving this information directly from the service provider, as laid out in this bill. Can you speak to that piece as well?

Mr. Marvin Bernstein: When I was the advocate in Saskatchewan, I received information directly from government ministries and from agencies. Anything that really facilitates immediate disclosure is helpful, because one of the quandaries is that you don't want to feel as though if you'd had the information earlier, you could have taken some steps or you could have conducted an investigation or formulated some recommendations that could potentially have prevented some injuries from befalling other children, or other child deaths.

If there is a delay and the information starts to back up, then perhaps you can't speak out. You can't investigate. You can't advocate. You can't speak to children. So the immediacy of the disclosure is extremely important.

Mr. Glenn Thibeault: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much, Mr. Thibeault. To the official opposition. Ms. Martow?

Mrs. Gila Martow: Thank you very much for coming in. We're hearing, I guess, a bit of a tug of war between different agencies, because everybody has their own perspective, and that's understandable.

But we're certainly hearing from yourself and the previous speakers that there needs to be an immediate sharing of information, and we all understand in this day

and age that if something has to be redacted, it's not going to be immediate. That's going to slow things down, because we imagine that all of a sudden, you have to manually print something out, redact it, have a supervisor look at it—"Did you redact it properly?"—and so on and so forth. There could be serious delays which could eventually cause a dangerous situation to escalate.

My question to you is, what would you think—you keep saying the word "immediate." To me, "immediate" is sharing information electronically. That's immediate. Redacting slows down the process. So would you advocate for a better sharing of electronic information between all these agencies instead of this whole slow-down?

Mr. Marvin Bernstein: I think that's a good point in terms of expediting the disclosure. Certainly, going through the process of trying to redact, determine what should come out, what should be excluded, all takes time.

The other point that was raised in the advocate's submission is that there are privacy protections that are contained in the advocate's own legislation so that he can't start identifying information with respect to children and families without the consent that is provided by the child or family, or if it's in the administration of justice.

Mrs. Gila Martow: In terms of the press and things like that, there's already legislation in place. Can the press get a hold of it? Is that the concern, that the press would somehow get a hold of private information and that would escalate the press's involvement?

Mr. Marvin Bernstein: Yes. There are certainly sufficient protections right in the advocate's own legislation. There are protections in the Child and Family Services Act with respect to non-disclosure of identifying information with respect to children and families.

Mrs. Gila Martow: Thank you very much. Is there any last comment you want to make? You have a few more seconds.

Mr. Marvin Bernstein: The last comment I would make is that we seem to be in a catch-up mode in Ontario. Looking across the country—I've mentioned this before—other jurisdictions are ahead of Ontario in terms of roles and functions that are being exercised by child and youth advocates. This is certainly a significant step in the right direction in terms of catching up, but we are not leading the pack. We are catching up from behind.

Mrs. Gila Martow: Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you very much, Ms. Martow.

Colleagues, the other presenters have not yet arrived.

Mr. Mike Colle: I can get them, if you want.

The Chair (Mr. Peter Tabuns): You have them right there?

Mr. Mike Colle: They were in the—

The Chair (Mr. Peter Tabuns): They weren't outside when we checked.

Mr. Mike Colle: Okay.

The Chair (Mr. Peter Tabuns): A five-minute break. Please stay close so we can resume quickly.

The committee recessed from 1652 to 1659.

PREGNANCY AND INFANT LOSS
AWARENESS, RESEARCH
AND CARE ACT, 2015

LOI DE 2015 SUR LA SENSIBILISATION
AU DEUIL PÉRINATAL, LA RECHERCHE
SUR CE GENRE DE DEUIL ET L'AIDE
AUX PERSONNES VIVANT UN TEL DEUIL

Consideration of the following bill:

Bill 141, An Act to require research to be undertaken and programs to be developed for pregnancy loss and infant death and to proclaim October 15 as Pregnancy and Infant Loss Awareness Day / Projet de loi 141, Loi exigeant des recherches et des programmes sur les pertes de grossesse et les décès néonataux et proclamant le 15 octobre Journée de sensibilisation au deuil périnatal.

The Chair (Mr. Peter Tabuns): We now move on to public hearings on Bill 141, An Act to require research to be undertaken and programs to be developed for pregnancy loss and infant death and to proclaim October 15 as Pregnancy and Infant Loss Awareness Day. Each presenter will have up to five minutes for their presentation, followed by up to nine minutes of questions, shared equally by the three caucuses.

PAIL NETWORK

The Chair (Mr. Peter Tabuns): Our first presenter is from the PAIL Network. If you'd introduce yourself for Hansard, please proceed.

Ms. Wendy Mouldsdale: Thank you, Mr. Chairperson, for this opportunity to speak in support of Bill 141. My name is Wendy Mouldsdale and I'm speaking to you today both as the lead for education for PAIL Network—that's the Pregnancy and Infant Loss Network—and also from the perspective of a pediatric nurse practitioner at Sunnybrook Health Sciences Centre in the neonatal intensive care unit.

Over my 28-year career, I have supported many families on their journey of grief and loss when they have experienced the death of their infant through stillbirth or neonatal death. I believe that Bill 141 is a crucial foundation for us to share our knowledge and best practices towards establishing standardized care across the province.

On behalf of PAIL Network, I have taught over 600 health care professionals about how to provide compassionate and informed care to women and their families. I believe it is crucial that we make pregnancy and infant loss a priority health care issue. I know the difference that evidence-based training can make. I've seen it and I've heard about improvements in care as a result. This bill will bring about change that is long overdue.

Certainly, a key step in raising awareness and conducting more research into the reasons why one in four pregnancies end in loss is to engage and inspire health care professionals, provide them with the knowledge about how families experience loss and work through

their grief, how to communicate with families in a caring and sensitive manner at the time of the loss, and provide awareness about resources.

Basic entry programs in colleges and universities that are educating our future health care professionals, such as nursing, midwifery, medicine, social work, ultrasound technology and many others, do not offer adequate time in their courses for them to learn how to deliver compassionate care to bereaved parents experiencing pregnancy loss or infant death.

As I've travelled the province with the education team, too often I've heard stories such as these:

—a 35-year-old woman is in her hospital room, grieving the stillbirth of her baby, when the nurse walks in and asks, "Why aren't you with your baby?" We want this to stop; or

—a 30-year-old woman walks into the emergency room with severe abdominal pain and bleeding and tells the caregivers that she's pregnant. The doctor says to her, rather nonchalantly, "You're probably miscarrying. It happens all the time. We'll send you home with a kit, you can take care of it and your doctor will see you next week. You can always try again." We want this to stop.

As part of this bill's goal to support women and their families, there is an urgent need to educate health care providers in all disciplines. Whether or not you receive compassionate care should not be the luck of the draw.

Feedback from our training workshops we've offered around the province has been positive. They feel better prepared to care for bereaved families. They now have the needed practice tools to provide knowledgeable and evidence-based care.

Contact with bereaved families happens outside of the hospital walls, though, so we must be aware of this. A key goal of this bill is to support families in all areas, both geographic as well as the location of the care that they receive. More communities across this province must receive knowledge to provide these families with the most sensitive and compassionate care.

Research is also lacking about the lived experience of pregnancy loss and infant death. This is also a gap that needs to be filled. I am confident that this bill will indeed make a tremendous difference to the lives of women and their families who experience pregnancy and infant loss.

Thank you very much for your time today.

The Chair (Mr. Peter Tabuns): Thank you very much. We go to the government first: Mr. Colle.

Mr. Mike Colle: Thank you very much, Wendy. Could you briefly describe the work that you do out of Sunnybrook and with the PAIL Network in terms of educating front-line health care professionals across the province?

Ms. Wendy Mouldsdale: Certainly. PAIL Network provides one-day workshops that are led by two trained facilitators. Usually, one of the facilitators is a bereaved parent, and the other is a health care professional such as myself.

I have developed an evidence-based program that we take around the province. We teach about 60 people at a

time, usually in a hospital setting. We go through theory. Communication is a big thing because they want to know, “What do I say when I enter that room? How do I go into that hospital room, or that examination room, and start a conversation, or not?”

A key part of the day is the parent panel. We actually invite bereaved parents who live locally to the program, to actually come and share their stories. By far, that is the most poignant and important moment of the day, because our audience, or our attendees, actually get to hear directly what the experiences have been for people who have lived through it. That’s just a very important piece.

Mr. Mike Colle: What about the level of medical expertise and care that mothers receive across the province when they happen to be unfortunate enough to have a miscarriage or stillbirth? Is there a great variation on the level of care and expertise?

Ms. Wendy Mouldsdales: Yes. Unfortunately, as I said, it’s really the luck of the draw. We know that across our province, there is a lot of geographic disparity. There are definitely pockets of excellence, but there are far too many where we hear stories such as I told you, that even happen in facilities where we’ve hosted a program, because, of course, we haven’t reached everybody we need to.

Mr. Mike Colle: The type of expertise that is needed, the type of program that is needed, to help mothers and their families get through this loss—what would be an example of what is really needed to expand what you do, to help these mothers especially?

Ms. Wendy Mouldsdales: I think it really needs to be a multi-pronged approach, because we need to start in the basic education streams and we need to provide better teaching in the curriculum of the health care professions.

Then we also need to reach into any area, any facility, that does care for pregnant women. Those individuals who deliver that care must receive—I feel; we feel—additional training. That should be a mandatory piece of working in that area, so that they do have the proper tools for compassionate care.

The Chair (Mr. Peter Tabuns): I’m sorry to say, but you’re out of time.

We go to the official opposition: Ms. Martow.

Mrs. Gila Martow: Thank you so much for coming in and explaining to us what you do. Obviously, we need better education and training of health care professions. We are all cognizant, I think, of that. But I think the public also needs to have some better understanding.

People joke sometimes. Most people, at one point in their life, ask a woman when she’s due, when she’s not actually pregnant, and they quickly learn never to do that again. Well, I know somebody who went through that experience who had a stillbirth. You look like you’re still pregnant, as we all know, whether you’ve given birth to a live infant or a stillbirth. She couldn’t leave the house for a couple of months afterwards. She did look pregnant, because you do look pregnant right after you give birth—most women do; we won’t talk about the nasty ones who don’t.

There’s a video going around on Facebook this week by Refinery29, and it’s on empathy versus sympathy. It explains that empathy is putting yourself in that person’s shoes, really, versus sympathy. Too often people say, “Well, at least”—and that, I think, is the big tragedy. Health care professionals and people in the community say, “Well, at least you’re still young enough to have more children,” or “At least you have other children,” that sort of talk that really has to end and is part of the problem.

I guess what I’m asking you is, are there any efforts to do public awareness campaigns or videos or things like that, so that we’re not just seeing, on our feed, about animals? We should talk more about people—

Ms. Wendy Mouldsdales: Thank you very much for the question. Yes, there are plans under way already. We’re using social media, so we have a Facebook page that already has over 750 likes—

Mrs. Gila Martow: Sorry, what is it called? PAIL?

Ms. Wendy Mouldsdales: The Bill 141 action committee page. There’s actually a page on Facebook. There’s also pailnetwork.ca, where there is a website. Then we have a Facebook page as well, and we are on Twitter.

But certainly, in terms of working on this bill together, there’s a Bill 141 action committee. We see in that committee how loss touches all walks of life. The expertise on that committee has already been offered to us to create a film or a video, both a longer one and a shorter one, that we can use in a public awareness campaign. We’ve just made our buttons and got them this afternoon.

PAIL Network is very eager to be a part of it.

1710

Mrs. Gila Martow: Okay, well, I’m looking forward to seeing that and helping you.

Ms. Wendy Mouldsdales: Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Martow. Mr. Singh.

Mr. Jagmeet Singh: Thank you so much for your presentation and for being here. I think you’ve really explained the necessity for this by those anecdotal circumstances. I think they are really telling and I think they exacerbate an already very difficult time in someone’s life. The way you’ve captured some of those instances I think really speaks volumes about how important it is for us to develop a plan so that those types of circumstances should not happen again.

You’ve really laid out the case for why we need to do something about it, and maybe you could give us some direction with respect to where you think this research should go, where it should be directed to. What do you think—this is a long question, so feel free to take it how you like—

Ms. Wendy Mouldsdales: That’s okay.

Mr. Jagmeet Singh: —and I’m sure it’s going to take more than a couple of minutes to answer, but take as much time as you like to talk about some programs that you think would be important to develop and the general direction of the research.

Ms. Wendy Mouldsdales: Thank you very much. I know that Dr. Barrett and Dr. Kingdom are here in the room this afternoon and they're going to be speaking as well, so in terms of the obstetrical aspect of the research that's very much required, I'm going to defer to their expertise.

But certainly what I can speak to is that there is definitely a need for more knowledge about the lived experience of loss, so, a qualitative picture of research. Because a key part of increasing public awareness is to stop those sorts of comments, as the honourable member has already mentioned, the clichés: "You could always try again. You're young." You know, "At least"—when we teach in our program, one of the key things about communication we share is that any sentence that begins with "at least" should not leave your mouth. Instead, there should be a more positive statement, such as: "I wish this wasn't happening to you. I wish things were different."

So in terms of the research, I think it's very important to do far more research into the lived experience, such as subsequent pregnancies and the fear and panic, really, that ensue remembering back to the previous loss—and definitely, in terms of how we could then improve and raise public awareness, if we focus in on what is actually the lived experience. If the public knew more about it, I would hope that we would find more support and more compassion, and less often those offhand comments when people feel like they should say something, and as they grasp to say something, unfortunately, they say the wrong thing.

Mr. Jagmeet Singh: That's very helpful. In terms of the appropriate language, I think you've dealt with this on a very grassroots level, a very ground level. I think a lot of your experiences would be very vital in providing some of that leadership with respect to how we can develop a plan to ensure that the way communication is around understanding the loss is a more positive form of communication.

The Chair (Mr. Peter Tabuns): I'm sorry, Mr. Singh, but you're out of time.

Mr. Jagmeet Singh: Thanks.

Ms. Wendy Mouldsdales: Thank you.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation.

MS. MICHELLE LA FONTAINE

DR. JOHN KINGDOM

The Chair (Mr. Peter Tabuns): Our next presenters: Michelle La Fontaine and John Kingdom. Michelle, as you've observed, you have up to five minutes to speak, with three minutes per caucus for questions. Before you speak, if you would just introduce yourself for Hansard.

Ms. Michelle La Fontaine: Sure. My name is Michelle La Fontaine.

Good afternoon, honourable members and ministers. Thank you for the opportunity to speak to you about an

urgent and long-neglected area of health care here in Ontario, which I am hopeful, together, we can make right, with the approval of the Pregnancy and Infant Loss Awareness, Research and Care Act.

My story is both from a personal lens and a professional lens, as the president of the board of directors for the Pregnancy and Infant Loss Network, or PAIL Network, as it's more commonly known.

Ten years ago, my husband and I lost our twin babies. They were at 20 weeks' gestation—a boy and a girl. The grief we suffered was immeasurable. There were days that I thought we would never experience any joy in our lives, ever again. I ached for my babies. I felt this sense of detachment from the rest of the world, like I didn't belong anymore. What had happened to us was something unimaginable and, for most, unspeakable. We had absolutely no idea how we were going to live with this tragedy.

Although the hospital staff were kind and caring, we left without any referrals or resources for what our next steps would be. I didn't know anyone who had lost a baby. I didn't know of any services that were available for parents who had suffered perinatal loss. I didn't know how I was going to even put one foot in front of the other.

The days and months that followed were the darkest of my life. The discomfort I sensed when around colleagues, friends and family as I was grieving was palpable. I could tell they wanted to help, wanted to do something, but they had no idea what to say and so they fumbled. They said the wrong things, and eventually they said nothing at all—silence.

We learned about PAIL Network through a friend, who had a friend who knew someone who had experienced a loss. We connected over the phone, and for the first time since losing my babies, I felt like someone actually understood. I began attending peer support groups and learned that my feelings were very common for those who have experienced pregnancy and infant loss.

This need for connection has never been more evident to us at PAIL Network as our peer-led support groups have grown from 11 groups in 2014 to 27 peer-led support groups across the province in 2015.

For all the families PAIL Network has helped, there are thousands more we have not reached. We are an organization run by two paid staff members and a dedicated team of volunteers all over Ontario who seek to minimize the suffering and provide support to help families learn to live with their loss.

This bill provides PAIL Network, the leading organization for pregnancy and infant loss support and education, an exciting opportunity to partner with the Ministry of Health and Long-Term Care. This partnership would serve to introduce standards of care that would allow parents the same rights and access to services that are automatically given to parents who have given birth to a healthy baby.

Parents are discharged from the hospital with a healthy newborn, along with information about how to contact

their local public health nurse, lactation consultant, and are seen by a physician within three days of leaving the hospital.

Parents who leave the hospital after their baby has died are empty-handed and in shock, yet expected to seek out the support they need and somehow learn how to accommodate the loss of their baby into their lives. Stronger partnerships with Ontario hospitals can guarantee that these parents receive the follow-up care they need from trained support providers and the opportunity to connect with other parents who can share in their pain and begin to provide them with the hope that they, too, can learn to live with their loss.

Canada has the second-highest rate of first-day infant mortality in the industrialized world. This suggests that further attention must be paid to better understanding the causes of infant mortality. Bill 141 can lead the way for the rest of the country by conducting coordinated research that is the first of its kind and could begin to provide answers to questions that haunt Ontario families.

In closing, I'd like to say that on behalf of PAIL Network and all their families and volunteers, we believe that today is an incredibly important day. Today marks what we hope will be a crucial first step to transforming the lives of mothers and their families across Ontario by giving them the support they so desperately need and deserve. Thank you so much for your support.

Dr. Kingdom.

Dr. John Kingdom: Very briefly: Thank you for the opportunity to speak. I think you gave a very compelling story.

I'm a practitioner in the area. I've personally delivered several hundred babies that are not alive at birth. I worked at Mount Sinai for 18 years, and I'm now the department chair at the University of Toronto, which is Canada's biggest OB/GYN department. We have extremely good relationships in this city with Mount Sinai Hospital and Sunnybrook. We'll hear from Dr. Barrett how both have programs around this area of pregnancy loss. It's primarily a placental problem; that's my expertise. I could certainly make suggestions where we could help to improve research, which would result in cost savings and more effective care—

The Chair (Mr. Peter Tabuns): Dr. Kingdom, I'm sorry to say that you're out of time.

Dr. John Kingdom: That's okay.

The Chair (Mr. Peter Tabuns): We go first to the official opposition. Ms. Martow.

Mrs. Gila Martow: I didn't quite catch what Michelle said about how we have high one-day infant mortality rates compared to—

Ms. Michelle La Fontaine: Yes. Canada has the second-highest rate of first-day infant mortality in the industrialized world.

Mrs. Gila Martow: I'm so surprised to hear that. Maybe the doctor would want to comment. Is that a statistic you're aware of?

Dr. John Kingdom: I'm not aware of that particular statistic. It could relate to the week of pregnancy when

babies are born. Canada does have a relatively high pre-term birth rate in relation to other countries in the world, so it could be related to that. Of course, we have province-specific statistics. We don't really have true aggregated data for the entire country. Ontario has excellent data through the BORN network. That's an extremely important advance for this area in Ontario because we actually, by registry, capture all pregnancies in Ontario.

Mrs. Gila Martow: Well, I know that it was something new 20 or 30 years ago when emergency rooms would have separate rape crisis rooms just to deal with that, and I would guess that maternity wards—I've never asked. Maybe it's an opportunity for you to explain what happens. Is a woman who has given birth to a stillborn child placed in a shared room with women who have had live births? It would seem cruel.

1720

Dr. John Kingdom: No, they get single rooms with voided expenses. That's a pretty unanimous approach. I can certainly account for, I'm sure, Sunnybrook and Sinai. I think we have well-developed, deeply compassionate care.

The issue that's coming across here is to spread best practices across the entire province. That's the key point. We can be centres of excellence and lead by example, but it's the knowledge translation that's necessary to improve care for the whole province.

Mrs. Gila Martow: Okay. I think that's what we need: We need to have teams to go and see what other hospitals are doing. Thank you very much.

Dr. John Kingdom: My pleasure.

Mrs. Gila Martow: And thank you. I'm certainly not going to say "at least"; I'm going to say thank you for sharing your story. I'm glad that you're getting the support that you needed and are giving support to other women now.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Martow. Mr. Singh?

Mr. Jagmeet Singh: Thank you both so much for being here. Just as I was saying to the earlier presenter, when Ms. Mouldsdale spoke, she shared her experiences providing the care or seeing some of the issues around the care, and that was very compelling. You providing your own story is very important, and I want to commend you on how tough it must be to have to relive that in a public forum like this. I know it must be difficult. I can't imagine how difficult, but I can appreciate that it must be, and I want to thank you so much for sharing your story. I think it's important.

Ms. Michelle La Fontaine: Thank you.

Mr. Jagmeet Singh: You touched on, first of all, how difficult it was when there was no service immediately. One of the suggestions I'm going to extrapolate from that—and you said this in your comments as well—is that whatever program we develop or whatever program comes about as a result of this study or the research should provide a strong connection immediately to the parents, and both probably need the services. It should

provide that so it's not something you have to go out and find; it should be something that's immediately connected to you. Can you maybe talk about how important that would be?

Ms. Michelle La Fontaine: Absolutely. As I mentioned, I think that in the same way that when families are discharged from the hospital they get automatic referrals to services that they will need to care for their baby at home, families who have experienced an infant loss in the hospital should receive automatic referrals to the supports that they will need for their grieving.

When you are discharged from the hospital after you've had a miscarriage or an early infant loss, you are kind of left on your own to figure things out. As Wendy mentioned, there's a very ad hoc approach to this. There are some centres that will perhaps give you a pamphlet or a website, but there is very little follow-up that happens for the family. So not only are you left to grieve this traumatic loss, but you're also left to, first of all, admit that you need support in order to get through this, and, secondly, to find it.

Thank goodness for the Internet, but you can imagine families—even when I had my loss 10 years ago, the Internet wasn't what it is now. To hear of mothers, through their tears, trying to find websites, trying to find Facebook groups, trying to find somebody who will support them, is tragic.

Mr. Jagmeet Singh: Thank you so much.

Doctor, to you, I just want to perhaps connect providing this type of service right after the loss to deal with the grieving: Would there be any benefits for those families, the mothers who then want to—I don't know if you know of a more polite way to say it—try again in the future? Would there be benefits, in terms of the additional attempt, to maybe reduce stress? Would that perhaps facilitate an easier birth the next time around? Is there some data around that?

Dr. John Kingdom: Absolutely. Yes. I think both Sunnybrook and Mount Sinai have long-standing, well-developed next-pregnancy programs. In England, it's known as the Rainbow program, which is a very nice term. It has to be very holistic and very broad, so it has to, for example, discuss ultrasound; in the same visit, it has to include psychological health and excellent, high-level continuity of nursing care. Continuity of nursing care is extremely important.

The Chair (Mr. Peter Tabuns): I'm sorry to say, but you're out of time with this question.

Dr. John Kingdom: That's okay; don't worry.

The Chair (Mr. Peter Tabuns): Such is life. We go on to the government party. Mr. Colle, you may ask—

Mr. Mike Colle: Thank you. I'm going to try and give Dr. Kingdom a bit more time.

I just want to comment on Michelle's presentation. You're doing all this work across the province with two staffers and I think a Trillium grant.

Ms. Michelle La Fontaine: That's right.

Mr. Mike Colle: And that money's running out.

Ms. Michelle La Fontaine: It ends in June.

Mr. Mike Colle: So that's basically the state of affairs here in this province.

If I could just move to Dr. Kingdom: You have travelled the whole world, along with Dr. Barrett, and you've seen best practices and the research that's being done. What areas could we possibly get into here in Ontario that you feel would really help change the paradigm in terms of maternal health and infant loss?

Dr. John Kingdom: Several things. Very briefly, I think that all the high-risk pregnancy centres could be mandated to have clinics for pregnancy loss and have mandated response times, so a woman and a partner who have a stillbirth should be seen in those centres—because all the centres in Ontario do have maternal fetal medicine or high-risk pregnancy services.

We could advise the Ministry of Health on intelligent and more precise use of ultrasound. We can advise the Ministry of Health on knowledge translation strategies; for example, intelligent use of moms counting baby movements. We have standards where if moms feel the baby is not moving properly, then we have 24/7 proper response times. There is chart work done in the UK and Australia that clearly shows that at a population-based level, these interventions will halve the rates of stillbirth.

Psychological support services are extremely important and well-developed at big centres like Sunnybrook and Mount Sinai, but they need to be developed elsewhere. So all high-risk pregnancy centres in the province should have aligned perinatal psychiatrists. We also need dedicated nursing staff, so clinical nurse specialists aligned with these clinical programs, because they provide the support to patients with telephone calls on a daily basis, where each of us may work in that service one day a week. So the continuity of nursing support care is also extremely important. We can advise the Ministry of Health in all of these areas.

The good news in Ontario is we have tremendous expertise and goodwill in our system to really raise the bar and be a leader in the field.

Mr. Mike Colle: Okay. Thank you very much, Doctor.

The Chair (Mr. Peter Tabuns): Thank you for your presentation.

MS. JAMIE McCLEARY

The Chair (Mr. Peter Tabuns): Our next presenter is Jamie McCleary. Ms. McCleary, as you've seen, you get up to five minutes to speak and three minutes per caucus for questions. Please introduce yourself.

Ms. Jamie McCleary: My name is Jamie McCleary. I am a bereaved mom and a volunteer with the PAIL Network as a peer-to-peer support counsellor.

Nothing prepares you for the loss of a child. The furthest thing from my mind when I learned I was pregnant with my second child was that I'd never see him alive. I took every moment with him for granted, not unlike almost every couple expecting a baby. I spent one morning completely giddy, anticipating my 13-week

ultrasound appointment later that afternoon. I wanted nothing more than to see my baby boy, to look at his profile and see if he, like his sister, would look like his daddy. I wanted to sit on my couch and study the grainy black-and-white photo with my husband, to pick out all the features we recognized and to finally show our daughter her baby brother. I wasn't prepared for the events that would follow.

I didn't think much of it at first when the ultrasound technician refused to speak to me at all. I thought it was a little odd that she asked me when I was expected to see my doctor next, and when she refused to let me see my son on the screen or to give me his picture to take home, I knew something was wrong. She wouldn't tell me anything, and I was terrified. I sobbed the entire drive home, all alone, trying desperately to get a hold of someone who could tell me what was wrong with my baby. My doctor was unreachable, my husband wasn't home from work and I didn't know what to do.

I tried for hours to reach my obstetrician. When my phone calls were finally returned, I was told to come in immediately. We were seated in the waiting room among four heavily pregnant women, waiting to find out what was wrong with our son. I could never have imagined that any medical professional, especially a female obstetrician who herself was expecting a baby, could be so cold. She handed me a file and said, "So, your baby's dead." She handed me a prescription to bring on labour, told me to go home with vague directions of problems to watch for and left the room. Most health care professionals simply do not know how to deliver compassionate care to families in our situation.

I was clueless about what to expect from then on. I didn't realize I would be in labour for over 17 hours. I didn't realize it would be the most excruciating pain I had ever felt in my life. We didn't know we would need to make arrangements for someone to watch our daughter so that my husband could hold my hand instead of having to distract our two-year-old in the basement when she was afraid of her mommy's cries of pain. I have never felt more alone than I did during that day, struggling to deliver my son alone in my bedroom.

When he was born, I sat on the floor of my bathroom, holding him in my hand, not knowing if I should clean him up to look at him. I felt as though I was doing something wrong. I felt judged and confused, and in the end I let my thoughts win and ignored every impulse in my body to really see my baby. That's the greatest regret of my life. There isn't a day that goes by that I don't think about that moment, wishing that I had been stronger, wishing that I had known that it was okay, that loving my son wasn't something to be ashamed of.

I was absent for the next two months, incapable of being the mother I had been before to my little girl, Kaelin, who had just turned two. I couldn't rock and sing Kaelin to sleep with the song I had chosen for her, remembering the nights before when I had added her brother's song to our routine so the baby would know it when he was born. I was furious with the world.

More than 1,000 healthy babies are delivered every day in Canada, so why was my son, Perrin, who was loved beyond description, torn from us? While intellectually I knew that I had done nothing wrong, I still felt a tremendous sense of guilt. Emotionally I blamed myself, wondering if there was something I had or hadn't done right. Perrin depended on me to protect him, to sustain his life, and I felt I had failed him, my husband and daughter, and I had failed myself.

1730

I hated continuing on, pretending to the world as though Perrin didn't matter; like his 13 weeks of existence hadn't changed my life permanently. He was born out of as much love as his sister Kaelin, so why was he so insignificant to everyone else? I wanted to know why my son's heart had stopped beating. I wanted answers and there were none. I had so many things I wanted to do for him and for myself, just to process the grief I was drowning in, but I kept hearing the voices of everyone around me asking if I really thought that was a good idea.

I knew that I needed help, and I had heard about an amazing organization called the Pregnancy and Infant Loss Network, known as PAIL Network. They have been helping families like mine for nearly 25 years, and so I reached out to them nearly three months after Perrin died. I drove 45 minutes just to have the opportunity to sit with people who knew what I was feeling, and to be able to let out all the feelings I had been concealing to myself. That hour was the most cleansing experience: lighting a candle for my baby; crying in the open, without having to hide my grief; and learning, for the first time, that there was no wrong way to grieve.

That meeting changed my life. I was able to tell my husband what I needed, and together we sat down and gave our little boy his name. Perrin was finally given his place in the world, and in our family. I was able to celebrate my son and do whatever I needed to finally let myself begin to heal.

When the unthinkable happened and our next baby, another little boy, died inside me at 18 weeks, I was no less devastated by his loss; but I was better-equipped to cope, to process and to grieve. We chose his name, Matteson, during my labour and we fought for what we needed during and after his birth—immediately.

In the months following, I knew enough to do what I felt I needed in each moment and each circumstance, and the devastation I felt gradually became less intense; a permanent ache, rather than agony.

I fought to get help, to understand the medical reasons behind our sons' deaths, and I researched as much as I could about programs that could help to prevent us from having to bury another one of our children. It was a struggle finding such a program, and writing letter after letter, getting referral after referral, just to be accepted into one of the programs that were so overtaxed with women in the same situation as me.

Mount Sinai's Special Pregnancy Program is astounding. They cared. They were invested in my understanding, and in finding answers for my husband and I; and

they wanted me to have a successful and easy pregnancy. When I became pregnant with our third son, I was reassured constantly. Every feeling I had was understood and nurtured; they made me feel as though they were experiencing the pregnancy with me and they were genuinely emotional when they handed me my son, my wonderful, alive little man.

The pain that parents feel when they have no children on earth is real. They are no less parents than anyone else, but they feel invisible and they deserve better. Parents who struggle through the loss of their baby with a community who treat them as a statistic, a common occurrence, deserve better. Parents who encounter the exasperated dismissal of their concerns and fears from medical staff, who don't understand the constant need for reassurance, deserve better. Families who feel stifled in their need to acknowledge the short but significant lives of their babies deserve better, and to those of us who have experienced it all, our babies deserve better.

No one should have to struggle to find help; whether it's help in grieving, help finding answers to the cause of their babies' deaths, or help in sustaining a subsequent pregnancy. That medical care should be available to families; it shouldn't be so hard to locate or to receive. We need to address this tragic gap in our health care system and end the notion that pregnancy and infant loss is insignificant, less worthy of medical support or acknowledgement than any healthy delivery, or the loss of any other member of our families.

Women who have lost a child deserve access to the same quality of care as those who have a healthy delivery. This is precisely why we need the Pregnancy and Infant Loss Awareness, Research and Care Act. In the immortal words of Dr. Seuss, "A person's a person, no matter how small."

Special thanks to Mike Colle for your support, and to all the members here for listening and taking the time to address this urgent need in our health care system. You have no idea how many thousands of families you are about to help by approving this legislation. Thank you for helping to break the silence, and improving pregnancy and maternal care.

The Chair (Mr. Peter Tabuns): Thank you very much. The first question goes to Mr. Singh.

Mr. Jagmeet Singh: Thank you. Like I said before, I don't have the words to express this, but I really want to thank you for showing the courage to share your story, and share it in such a public context. I really appreciate that.

Ms. Jamie McCleary: Thank you.

Mr. Jagmeet Singh: I think you're doing a great service, not only for yourself, for your loss, but you're also a voice for people who are unable to share that story. Thank you for doing that.

You explained so much in your deposition; maybe a couple of suggestions: Do you have any specific suggestions with respect to what the program, from your perspective—having been through what you've been through, any suggestions on what a program should look

like, or what a program should be comprised of, or any components of it, that you might recommend at this point?

Ms. Jamie McCleary: There should definitely be a standardized set of medical care and procedures for delivering stillborn babies, or delivering any miscarriage or anything like that. I know that with our second child, we delivered him in the hospital's postpartum unit. We were next door to brand new babies, and we had to lock ourselves in our room so we didn't have to deal with that. Having centres or specific areas of the maternity ward for just bereaved parents or parents delivering stillborn babies would be amazing, and then instant access to someone, whether it's a perinatal psychiatrist or a counsellor, to come in and offer them suggestions for support. Giving them ideas for postnatal care and everything like that would be amazing.

Mr. Jagmeet Singh: Okay. Actually, one question just came to mind: Did you feel that it was a better experience—well, I guess it's hard to compare, because the second time you had more knowledge. But is it better to be in the hospital for this type of situation? Would it be better in the home? Are there ways to make it better in the home? Are there ways to make it better in the hospital? What's your experience?

Ms. Jamie McCleary: I was told, after I delivered my son Perrin at home, that I never should have been sent home. I should have been in the hospital because of needing a D&C afterwards, and the instance of hemorrhage is higher when you're having a miscarriage or when you're inducing a miscarriage, which I had to do in my case.

Things like that should be acknowledged and then dealt with in a hospital setting rather than at home. I don't know what that would be like earlier in pregnancy, and I'm not sure if it's specific to different stages of pregnancy, but it's something that definitely needs to be made known to people who are experiencing a loss or who are going to be experiencing a loss. They definitely need information up front on both ends, to the parents and to the medical staff.

Mr. Jagmeet Singh: Thank you very much. No further questions.

The Chair (Mr. Peter Tabuns): Government side? Ms. Naidoo-Harris.

Ms. Indira Naidoo-Harris: Thank you so much for coming in, Ms. McCleary, and sharing your powerful, heart-wrenching and very personal story with us. As has been mentioned already, it absolutely takes courage to come here, but it is so important that you do come here and share your story with everyone so that we can all learn and move forward from this.

I especially appreciated your references to feeling invisible and feeling that you really deserved better. I wonder if you could tell me: How good a step is this bill, Bill 141, towards bringing things out of the shadow and shedding a little light on this issue? Is it important to you?

Ms. Jamie McCleary: Oh, it's very important, even so far as creating public awareness, because people will

understand that we want to talk about our babies. We want them to know that to us, they are not just a miscarriage. They're not just a baby that we lost at 18 weeks. They are just as much our children as every other child we have. There is no difference.

Understanding that we don't need to be avoided in the streets and we don't need to pretend it never happened and never talk to us about it—because that's not something that most of us want. Most of us want to talk about it. Everybody wants to talk about their children, and everyone is proud of their children, regardless of what has happened to those children. Having the public understanding that this is an issue is amazing, and it's a really great thing to have October 15 as Pregnancy and Infant Loss Awareness Day, for public information.

Then, just create that awareness in hospitals that saying things like, "Oh, you're young. You can just try again in a couple of weeks," or things like that is not helpful, because to parents experiencing that loss, it isn't a loss; it's the death of your child. It's such a difference between what is believed or what is perceived and what is actually happening in the lives of those families that are experiencing the loss.

Ms. Indira Naidoo-Harris: Thank you. Just one final question: How does Bill 141, do you feel, affect you personally in terms of your experience, which was clearly very challenging? Does it bring you some closure? Do you feel that it helps?

Ms. Jamie McCleary: Definitely. Even the experiences with the medical staff—first with my son Perrin, not being given that proper care initially leading up to his birth; and then with our son Matteson, the things that we experienced in the hospital and the staff not knowing how to deal with us, being afraid to deal with us, because they were dealing with the birth of a child that was dead—to be able to change that, and to know that I can help change that and make it so that no other family ever has to go through that and has to experience that pain and the horror and the isolation, is amazing. It's really important to be able to do that, and it's important to me, personally, because I don't want anybody to ever feel the way I felt.

1740

The Chair (Mr. Peter Tabuns): Thank you, and I'm sorry; we have to go on to our next questioner. The official opposition: Ms. Martow?

Mrs. Gila Martow: Thank you so much, as well, for coming in and sharing your experiences. You're a mother of four children—

Ms. Jamie McCleary: Five.

Mrs. Gila Martow: Five. Sorry; I lost one in the storytelling. I think that it's the last taboo. There aren't many taboos that people don't feel comfortable talking about, but this is definitely one of the few that are left. I think that what you're doing in terms of public awareness is fantastic because it's very, very difficult for people to address.

I think that part of it is that we have a medical system that's under immense strain. There are a lot of budgetary

concerns all the time and short-staffing all the time. I think that it's a medical system that's focused on the living. I think that there's a lot of indignity, not just to infants or children who die soon after delivery, but I think that there is kind of a little bit of indignity sometimes in death. I know we're focusing today on just infants and on infant death, even if it's not stillborn, but death soon after. I think that's something, I hope, that's going to be addressed now. We haven't really touched on that today: What happens to those babies after they die, and what can we do? As you said before, is there anything wrong with taking pictures? Is there anything wrong with having something to remember? So I think that that's going to be the next frontier in all of this.

Ms. Jamie McCleary: Hopefully, yes.

Mrs. Gila Martow: And if you want to comment?

Ms. Jamie McCleary: Yes. There's not a lot of time given once you deliver a baby. With us, I delivered my son Matteson after about 15 hours of labour, and I slept for a few hours. After that, they usher you out as quickly as they can. For a family who's not sure what they want at that point—because you're in shock; you're in denial. There's just so much going on that you can't really process what it is you want. There are some parents that might initially say, "We don't want to see the baby. We don't want to hold the baby," and then they leave; they're dismissed from the hospital. Two hours later, the mom has an overwhelming need to hold her baby, but it's too late because generally babies are just disposed of. They're thrown out with the medical waste if they are not buried or retrieved by the parents. Giving parents a solid period of time to come to terms with what it is that they want and understanding that that period in the hospital is all they get—that's the only time they get with their baby to take pictures. So an entire lifetime of memories has to be done in whatever period you have in the hospital.

The Chair (Mr. Peter Tabuns): Ms. McCleary, I'm sorry to say that we've run out of time. Thank you very much.

Mrs. Gila Martow: Thank you very, very much.

Ms. Jamie McCleary: Thank you.

SUNNYBROOK HEALTH SCIENCES CENTRE

The Chair (Mr. Peter Tabuns): Our next presenters are Jon Barrett and Megan Fockler.

As you've probably observed, you have up to five minutes to speak, and three minutes of questions per caucus—and if you'd identify yourselves for Hansard when you start to speak.

Ms. Megan Fockler: I'm Megan Fockler and I work as an advanced practice nurse at Sunnybrook Health Sciences Centre.

Dr. Jon Barrett: I'm Jon Barrett. I'm the chief of maternal-fetal medicine at Sunnybrook Health Sciences Centre and an obstetrician.

Ms. Megan Fockler: Honourable members and ministers, thank you for the opportunity to speak today in support of Bill 141.

Dr. Barrett and I have come together to speak tonight because, in our experience, to adequately address the health care needs of women and families experiencing perinatal bereavement, a comprehensive care team must be involved. No one person or profession is able to adequately support women and families alone, and we support the collaborative spirit of this bill.

As obstetrical health care providers, we often provide care to women and families who are experiencing the loss of a pregnancy or death of a baby, or a pregnancy subsequent to such devastating loss. We know that the type of care women receive at these times impacts their lifelong health and well-being. We also know that timely, knowledgeable and sensitive care varies across the province of Ontario, and that many women and families do not receive appropriate care and support. The passing of Bill 141 will ensure that more care providers are adequately trained to provide the types of support families need.

In July 2014, in response to a gap in care identified by women in our local community, the Women and Babies Program at Sunnybrook Health Sciences Centre committed to better understanding and addressing the needs of women who were pregnant subsequent to a late-pregnancy loss, or the death of their baby shortly after birth, through the implementation of a specialty care program for this population.

During this process, we learned that women experiencing pregnancy subsequent to late perinatal loss or death have unique care needs that current obstetrical management processes do not adequately address. We also discovered that while the need for an improvement in care processes exists, little is known about best practices for care delivery.

In the past year and a half, we have cared for over 50 families in our specialty program. Through this process, we learned that many women have higher levels of depressive symptoms and pregnancy-specific anxiety than those without a history of loss, and that many women experience isolation from their normal support networks during this time.

We learned that women need holistic care and have increased psychosocial needs, and that they may utilize more health care resources, have more interventions and have an increased sense of vulnerability and doubt about their ability to successfully have and parent a baby.

We know that women experience or perceive a lack of support from others, and report feeling that their experiences are misunderstood and minimized by friends, family members and health care providers. We know that women seek reassurance through interactions with care providers but that actual contacts often fail to meet their expectations.

Although we know that a lack of understanding of the impact of perinatal death reduces the health care providers' capacity to provide adequate emotional and psychological support during subsequent pregnancies, there is good news. Women consistently evaluate specialist support positively. Continuity of care with consistent

health care providers who offer flexible care options in their area of specialty facilitates support during pregnancy and in the postpartum period.

We discovered that a holistic, multi dimensional and interprofessional approach to care appears to be the best way to provide care to families pregnant subsequent to late perinatal loss. The passing of Bill 141 will help to ensure that more women are offered specialty and individualized care.

Dr. Jon Barrett: I had a script to read, but I'm not going to do that. I just want to appreciate the parents who are here to illustrate just how important the work we are doing is, and that has made me decide not to follow the script but just to speak from the heart.

The thing that we did at Sunnybrook which was different is we decided to focus, in a multidisciplinary manner, a special clinic for women who have lost babies, as opposed to our colleagues at the centre of excellence at Mount Sinai, who have this pervasive theme through Dr. Kingdom's placenta clinic.

We made the special clinic just for focusing on women with pregnancy loss, because we were told to do that by our patients who had lost babies. They told us what we were doing wrong. They told us it had to be multidisciplinary. They told us it had to be a special place. They told us their babies had to be remembered differently. They told us how they wanted to be looked after in their next pregnancy. So we did that and evaluated it, and are continually learning more and more about what we need to do for these women.

We looked around internationally to see what else was being done and could only find one other place, in the UK. Very soon, we collaborated and had an international consensus meeting, which was held in Vancouver under the auspices of the International Stillbirth Alliance.

There is energy on this level now; it's the right time for this bill to happen. There's a multi-dimensional approach. We need to find out new knowledge for what we need to do, to help and support these parents, who have been doing it by themselves.

Our own clinic was only funded by a donor. It couldn't come from hospital funding; it had to come from a donor.

And then, as Dr. Kingdom said, there's a lot we know that's just not translated. We can prevent stillbirth if we rationalize and teach people exactly about fetal movement counting. If we're careful, we can advise the government on how to rationalize ultrasound and when to do it, at the best time to prevent the stillbirth.

The Chair (Mr. Peter Tabuns): Dr. Barrett, I'm sorry to say that you've run out of time.

I'm going to go to the first question with the government. Mr. Colle.

Mr. Mike Colle: Thank you very much, Dr. Barrett, and to Megan, for your very concise and compelling presentations.

I just want to say that I think, Dr. Barrett, you've hit the nail on the head, in that we seem to have the expertise to know what maybe should be done, and expanding

programs and creating programs. As you said, you've been told by the mothers. What we don't have is basically the resources in place right now to implement what needs to be done.

As you said, the clinic at Sunnybrook is funded by a donor that's outside the normal mainstream system. I think that really, as I said, is the most eloquent way of stating the real problem here and why we need this kind of legislation.

1750

Dr. Jon Barrett: And we're coming to a stage now that donor funding has stopped. So how do we possibly go back to doing it the way we used to do it? We know that the way we used to do it, perhaps as good as it was—because we're an academic centre and we strive for excellence, we've always, we think, done things well. Compared to the way we're doing it, how do we go back now when the donor funding runs out? We can't go back, because you realize when you're doing something well that that's the way we should do it.

And don't get me wrong. There are still knowledge gaps that we have to find out, while we're translating the knowledge that we already can. And I believe that through centres of excellence like Sunnybrook, like Mount Sinai, with leaders perhaps like Dr. Kingdom and myself and Megan, and parents—this is not a doctors or patients thing; this is a team approach. It can be a clarion call across the province so people can learn from what we've done, with the appropriate resources, which is what I think this bill will do.

Mr. Mike Colle: Thank you very much. Well said, Doctor.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Colle. Ms. Martow?

Mrs. Gila Martow: I think you touched a little bit on it, and I was talking to Jamie—Jamie, you're okay?

Ms. Jamie McCleary: I'm fine.

Mrs. Gila Martow: Okay. We were talking a little bit about what is the protocol. I'm wondering if, instead of asking the parents, if there is a protocol in place at your centre to take pictures of the baby, to clean the baby and to wrap the baby and to take pictures of the baby, and then wait to ask the parents if they want to see them or not see them—I would guess that you can't ask the parents right away. But I have a feeling that a month or two later, the parents might want to have some kind of memento, or maybe, if there are siblings, it might help them with the process. Because part of the problem, in my mind, is that children are told to expect a sibling, and children aren't really equipped to deal with that kind of loss. So I'm hoping that the children are involved in whatever your program is doing.

So I guess I'm asking you two questions. What do you do? Do you take pictures? And do you involve any siblings?

Ms. Megan Fockler: At Sunnybrook, we have a fairly developed bereavement care program. We are fortunate that we do have pictures. Our NICU team is very in-

involved as well. We do hand and foot moulds and keepsakes, and we have a spiritual care team that will come and see the family.

If a family isn't sure that they want those mementoes right away, we do keep them for them so they have the opportunity to come back if they would like. There is also a volunteer photography service, Now I Lay Me Down to Sleep, and they have professional photographers who will come in, if they are available, to take pictures for families as well.

We do, at Sunnybrook, have a bereavement committee that is talking about involving siblings in the loss of the baby or the pregnancy. This is something that we do in the form of colouring books and stories, and there are some resources out there, but this is not consistent across the province, for sure.

Mrs. Gila Martow: Of course. Thank you very much.

The Chair (Mr. Peter Tabuns): Thank you, Ms. Martow. Mr. Singh?

Mr. Jagmeet Singh: Thank you, again, for your deputation and for sharing. I think one of the things that I want to commend you both on is that it sounds like Sunnybrook has definitely shown a lot of leadership and could be an example of what we'd like to see in terms of a province-wide system. I think you're doing a lot of work, and I think one of the points that you mentioned was that the program doesn't actually have funding independently for it to exist. That's definitely a gap that needs to be filled. Maybe you could talk about how important that is.

Dr. Jon Barrett: Thank you. I think it's really important. By having this funding, it allowed us to step back from the general care that we give people. For a long time at Sunnybrook, and I'm sure at Mount Sinai, we've taken pictures of babies and hair locks and done that, but to have a developed program, it's more than that. It's a whole scheme of seeing the patient through from her loss through to her next pregnancy.

We heard from one of our parents about how she was treated at the special program at Mount Sinai. There's an attitudinal approach to these people. Their next pregnancy is a nightmare. They are waiting for their baby to die every time they come for their ultrasound. What they don't need is somebody asking them the same question about, "What happened to your baby last time?" They need compassionate care.

That often has to be done, and the way that we did it was by a designated champion, which is Megan's role. She's in constant contact with the patients. They can contact her all the time. They don't have to wait for next week to get the ultrasound. They get it, as Dr. Kingdom said, on the same day.

It's a whole-team approach, and we're constantly learning from our patients how to adapt that, and, at the same time, always asking the research, both qualitative—How are people feeling? How are people relating to it?—and quantitative: How can we investigate this better? What are the causes? Can we get more information?

So it's a whole-program approach, which takes money, and we're very fortunate that our donor—because she experienced a loss, and even with all our so-called expertise, we didn't do it as well as we could have, but we learned to listen and are doing it better.

Mr. Jagmeet Singh: That's excellent. I should also give Mount Sinai a shout-out for their great work as well. I don't want any favouritism there that I didn't acknowledge them as well. But thank you for that and thank you for sharing today.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation. Thank you to all of you who came in today and presented.

Committee members, pursuant to the order of the House, the deadline to file amendments to Bill 12, Bill 33, Bill 117 and Bill 141 with the committee Clerk is at 12 noon tomorrow, December 1, 2015.

The committee's adjourned until 4 p.m. tomorrow, December 1, 2015.

The committee adjourned at 1756.

STANDING COMMITTEE ON SOCIAL POLICY

Chair / Président

Mr. Peter Tabuns (Toronto–Danforth ND)

Vice-Chair / Vice-Président

Mr. Jagmeet Singh (Bramalea–Gore–Malton ND)

Mr. Granville Anderson (Durham L)

Mr. Vic Dhillon (Brampton West / Brampton-Ouest L)

Mrs. Amrit Mangat (Mississauga–Brampton South / Mississauga–Brampton-Sud L)

Mrs. Gila Martow (Thornhill PC)

Mrs. Kathryn McGarry (Cambridge L)

Mr. Norm Miller (Parry Sound–Muskoka PC)

Mr. Jagmeet Singh (Bramalea–Gore–Malton ND)

Mr. Peter Tabuns (Toronto–Danforth ND)

Mr. Glenn Thibeault (Sudbury L)

Substitutions / Membres remplaçants

Mr. Lorenzo Berardinetti (Scarborough Southwest / Scarborough-Sud-Ouest L)

Mr. Mike Colle (Eglinton–Lawrence L)

Mr. Victor Fedeli (Nipissing PC)

Ms. Sylvia Jones (Dufferin–Caledon PC)

Mr. Jim McDonell (Stormont–Dundas–South Glengarry PC)

Ms. Indira Naidoo-Harris (Halton L)

Mr. Arthur Potts (Beaches–East York L)

Mr. Jeff Yurek (Elgin–Middlesex–London PC)

Also taking part / Autres participants et participantes

Mr. Steve Clark (Leeds–Grenville PC)

Miss Monique Taylor (Hamilton Mountain ND)

Clerk / Greffière

Ms. Valerie Quioc Lim

Staff / Personnel

Ms. Carrie Hull, research officer,
Research Services

CONTENTS

Monday 30 November 2015

Subcommittee report	SP-641
Protecting Employees' Tips Act, 2015, Bill 12, Mr. Potts / Loi de 2015 sur la protection du pourboire des employés, projet de loi 12, M. Potts.....	SP-641
Ontario Restaurant Hotel and Motel Association.....	SP-641
Mr. Tony Elenis	
Restaurants Canada	SP-643
Mr. Jamie Rilett	
Burlington Restaurant Association.....	SP-645
Mr. Sean Baird	
Mr. Michael Vorobej.....	SP-647
Provincial Advocate for Children and Youth Amendment Act, 2015, Bill 117, Miss Taylor / Loi de 2015 modifiant la Loi sur l'intervenant provincial en faveur des enfants et des jeunes, projet de loi 117, Mme Taylor	SP-650
Ontario Association of Children's Aid Societies	SP-650
Ms. Sally Johnson	
Mr. Chris York.....	SP-652
Office of the Provincial Advocate for Children and Youth	SP-654
Mr. Irwin Elman	
Ms. Diana Cooke	
UNICEF Canada	SP-656
Mr. Marvin Bernstein	
Pregnancy and Infant Loss Awareness, Research and Care Act, 2015, Bill 141, Mr. Colle / Loi de 2015 sur la sensibilisation au deuil périnatal, la recherche sur ce genre de deuil et l'aide aux personnes vivant un tel deuil, projet de loi 141, M. Colle	SP-659
PAIL Network.....	SP-659
Ms. Wendy Mouldsdale	
Ms. Michelle La Fontaine; Dr. John Kingdom	SP-661
Ms. Jamie McCleary	SP-663
Sunnybrook Health Sciences Centre	SP-666
Ms. Megan Fockler	
Dr. Jon Barrett	