



North Shore Community Association

A non-profit organization

**dedicated to instilling pride within the English-speaking
community living on the North Shore.**

IMPROVING ACCESS ON THE NORTH SHORE

A REPORT ON THE ACCESS PROGRAM OF
HEALTH AND SOCIAL SERVICE IN THE
ENGLISH LANGUAGE
CÔTE-NORD REGION 09

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THE RIGHTS TO RECEIVE HEALTH AND SOCIAL SERVICES IN ENGLISH

In the Act respecting health services and social services, it specifically provides for the requirement for health and social services agencies to develop access programs to English language services, as well as for the right of English-speaking persons to receive health and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program.¹

Within the framework of the Access Program, the definition of an “English-speaking person” is:

An English-speaking person is one who, in his relations with an institution dispensing health services or social services, feels more comfortable in expressing his needs in the English language and receiving the services in that language.²

The ministerial objectives and orientations are aimed at supporting the delivery of English language services in association with the nine service programs: 1. general services, 2. public health, 3. decreased autonomy related to ageing, 4. physical disability, 5. intellectual deficiency and invasive developmental disorders, 6. youth in difficulty, 7. addictions, 8. mental health, 9. physical health.³

THE ACCESS PROGRAM

¹ RSQ, c. S-4.2

² MSSS ‘Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006

³ MSSS ‘Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006

DEFINITION

An access program states the manner, the service and the institution for which there is an obligation to render health and social services accessible in the English language for the English-speaking population, taking into account the human, material and financial resources of the institutions.⁴

GOAL

The goal of an access program is to ensure access of English-speaking persons to a range of health and social services provided in the English language by the institutions, either in their local area, in their region or, if need be, in another region.⁵

OBJECTIVES

The aim of access programs is to make accessible to English-speaking persons a range of English language health and social services which is as comprehensive as possible, and as close to home as possible. To this end, access programs aim to: ⁶

1. Identify, as necessary, the health and social service needs and the particular characteristics of the English-speaking population of the region.
2. Identify the health and social services required to meet the projected needs.
3. Indicate the service providers – by the name of the institution, and if required, of the facility – that is required to provide health services and social services in the English language.
4. Identify the means of access to services in the English language for English-speaking persons.

THE ENGLISH SPEAKING POPULATION OF THE COTE-NORD REGION 09

⁴ MSSS 'Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006

⁵ MSSS 'Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006

⁶ MSSS 'Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006

MRC	Total Population	English Mother Tongue	
		Number	Percentage
Haute Côte-Nord	12,300*	45*	.3%
Manicouagan	33,100*	180*	.5%
Sept-Rivières	34,100*	845*	2.5%
Caniapiscau	4,000*	100*	2.5%
Minganie	6,700*	25*	4%
Basse Côte-Nord	5,195*	3,470*	67%
Total*	95,395*	4,665*	1.02%

** Numbers are based on approximate figures from 2006 Statistics Canada*

**SUMMARY OF THE REPORT FROM THE REGIONAL COMMITTEE FOR THE ACCESS PROGRAM OF HEALTH AND SOCIAL SERVICES IN THE ENGLISH LANGUAGE
COTE-NORD REGION 09**

1. Statistics on the English-speaking population were collected.
2. Consultation was done with the institutions of the region where they gathered the following information:
 - Requests for services in English;
 - Inventory of accessible services in English, - local, regional and outside the region;
 - Measures in place to deliver these services in English.
3. Statistical information was studied and two areas were identified as having large percentages of English speaking people – Basse-Cote-Nord and the MRC of Sept-Rivières...as well as the population of Kawawachikamach of the MRC of Caniapiscau where the Naskapie population use English as their second language.
4. A portrait of the regional services was created and evaluated according to the information collected in item 2.
5. Third line services, (outside the region) are in the stages of development with the RUIS of the University of Laval. Once developed, the terms of access to services in English will be determined by specialty.
6. Five of the six CSSSs within the Region 09 Cote-Nord are now listed as part of the Access Program.
7. Info-Santé/Info-Social will be improved to help better serve the English-speaking population of the Cote-Nord. Requests for English services will be routed to central offices in Quebec which are designated to offer the service both in French and in English.
8. The following items will be used as a follow-up for the access program:
 - Send to all institutions in the region the list of services and the institutions that are part of the access program;
 - Give support and advice to the institutions that are part of the access program;
 - Inform the English-speaking population of the region of the services under the access program;
 - Determine indicators for the level of satisfaction of English-speaking users on the accessibility of services in English;
 - Involve the regional committee of the access program in the evaluation and modification process of the program;
 - Plan a revision of the program in three years.

**RECOMMENDATIONS FROM THE REGIONAL COMMITTEE FOR THE ACCESS PROGRAM OF HEALTH AND SOCIAL SERVICES IN THE ENGLISH LANGUAGE
COTE-NORD REGION 09**

1. Whenever possible, the region should do what it can to ensure the accessibility of services in

English.

2. The Agency and the institutions should be aware that additional resources are not foreseen for the addition of services to the Access Program, and should incorporate the needs of the English population in all processes of organizing local and regional services.
3. The Agency should make sure that the objectives of the accessibility of services for the English population be included in all restructuring of services within the network.
4. The institutions indicated in the program, should adapt their services and organize their human resources to insure adequate and continual services to their clientele.
5. It is the responsibility of the system to facilitate the access of services to everyone. The institutions should take the necessary measures to inform their English speaking clients of their respective services and provide them with adequate reception services in order to refer them to the appropriate services required.
6. The action plan of all institutions indicated in the Access Program should include measures to improve the availability of the English version of forms and documentation destined for clientele.
7. The Access Program is limited to services dispensed by the institutions of the Health and Social Services network. However, the Committee is advised that the collaboration of community and private resources would improve the accessibility of services and in consequence, should be encouraged.

Furthermore, the Committee would like to stress the following:

- It is proposed that the CSSS de Sept-Îles engage a bilingual resource for the hospital sector to inform the English-Speaking clientele of the services dispensed by the institution, and also for the reception and referral upon their arrival at the institution. (See recommendation 6 above.)
- In regard to the policy for on-the-job training for graduates in medicine and health science courses, the Committee recommends giving priority to English graduates of the region because on-the-job training will not only support the accessibility of English services, but will also encourage the retention of youth in the region and offer a young Anglophone graduate the opportunity to participate in French in the regional Health and Social Services system. (See recommendation 1 above.)
- It is imperative that a person from the English community of the Lower North Shore sit (with the power to vote) on the Administration Council of the CSSS de Sept-Îles. (See recommendations 2 and 7 above.)
- It is strongly recommended that an interpreter be present during the consultations and follow-ups between English patients and their doctor at the CSSS de Sept-Îles (CH), if the intervention is not possible in English, in order to assure the precise translation of the diagnosis and treatment, respecting the doctor/patient confidentiality. (See recommendation 4 above.)
- It is proposed that the Info-Santé/Info-Social service furnish adequate services to the English-speaking population of the region. The waiting time for a response in English should reflect the waiting time for a response in French. This service is particularly important for the population of the Lower North Shore because of the geographic isolation of the territory. (See recommendations 2, 3 and 4 above.)
- In conclusion, the Health and Social Services are essential services, and language should not be an obstacle in the delivery of professional and institutional duties.

**ACCESS PROGRAM OF HEALTH AND SOCIAL SERVICES IN THE ENGLISH
LANGUAGE**

COTE-NORD REGION 09

Institution	Service	Modalities⁷	Aware of Program	Capable of delivering the service
CSSS de la Haute-Côte-Nord	Reception and Referral [Pavillons (i)Escoumins, (ii)Bergeronnes and (iii)Forestville]	Personnel able to offer the service or act as interpreter	(i) Yes (ii) No (iii) No	(i), (ii), (iii) bilingual personnel may not be available at all times.
CSSS de Manicouagan	Reception and Referral [(i)Hôpital Le Royer, (ii)CLSC Lionel-Charest]	Personnel able to offer the service or act as interpreter	(i) No (ii) Yes	(i), (ii) no guarantees of bilingual personnel on hand at all times
CSSS de Port-Cartier	Reception and Referral	Personnel able to offer the service or act as interpreter	Yes	Yes
CSSS de Sept-Îles	<ul style="list-style-type: none"> • Reception and Referral (CLSC & hosp.) • Emergency (hosp.) • Public Health (CLSC & hosp.) • General services – clinical activities and aid (CLSC & hosp.) • Physical Health (hosp. & CLSC) • Loss of autonomy due to age (CLSC & long-term care) • Youth in difficulty (CLSC) • Mental Health (hosp.) • Physical impairments (CLSC) • Intellectual impairments and ASD (CLSC) • Dependencies (CLSC) 	Personnel able to offer the service or accompany the user, upon request	Yes	Yes
CSSS de l'Hémathite	Fermont: Reception and Referral	Fermont: Upon request, personnel able to offer the service or accompany the user	No	They do their best...no guarantees
	Schefferville: All Services offered	Schefferville: Personnel able to deliver services to English-speaking users	Yes	Yes
CLSC Naskapi	All Services offered	Personnel able to offer services in English	Yes	Yes

⁷ Manner in which the services are made accessible in English, according to the resources of the institution.

CSSS de la Basse-Côte-Nord	All Services offered	All services are accessible in English and French	Yes	Yes
Centre de protection et de réadaptation de la Côte-Nord	<p>Youth protection and rehabilitation:</p> <p><u>Regional</u></p> <ul style="list-style-type: none"> • Reception and evaluation of reports • Adoption services • Psychological assessments <p><u>Lower North Shore and Schefferville</u></p> <ul style="list-style-type: none"> • Evaluation • Referral • Social emergency • Pre-decisional services for young offenders • psychosocial services • Family-type resources • Educator in a natural environment (Schefferville) <p><u>Service Agreement</u></p> <ul style="list-style-type: none"> • Institutional rehabilitation (Centre Batshaw in Montreal) <p>Rehabilitation for physical and intellectual impairments:</p> <p><u>Lower North Shore</u></p> <ul style="list-style-type: none"> • Service agreement (CSSS Basse-Côte-Nord) for services for intellectual impairments in children and adults and autism spectrum disorder (ASD) <p>Rehabilitation for drug addiction and other dependencies:</p> <p><u>Lower North Shore</u></p> <ul style="list-style-type: none"> • Out-patient services <p><u>Service Agreement</u></p> <ul style="list-style-type: none"> • Treatment and rehabilitation (Pavillon Foster, Montérégie) 	Identified personnel at service points able to answer requests or intervene in English, service agreements and purchase of services, occasional use of interpreter services	N/A	N/A

Info Santé/Info Social services: All request for services are transferred automatically to a region where bilingual services are available.

CONCLUSIONS

- The new Access Program revised in 2007, shows definite improvements and additions since the last revision in 1999. All CSSS within the Cote-Nord, Region 09, with the exception of one are participating in the Access Program to a certain degree.
- Unfortunately, it is difficult to locate a person in charge of the ‘Access Program’, or even one who is aware of it. In most cases personnel are unaware of their institution’s involvement in the program.
- Although most institutions say they usually have a few bilingual personnel on staff...no guarantees could be give that one is available at all times.
- Definite improvements are necessary in the communication of information between the Agency and their CSSSs. At the very least, all operators and reception personnel should be made aware of the program and to whom all requests for services should be directed to within their institution.
- According to the report put out by the Regional Committee, third line services (outside the region) are in the stages of development with the RUIS of the University of Laval. Once available, it will be important that the list of services be distributed to all key people within the institutions dealing with reception and referral services. With these lists, they will be able to refer the English-speaking people to all the services available in English - locally, regionally and out of the region.

Access Program Goal: *“The goal of an access program is to ensure access of English-speaking persons to a range of health and social services provided in the English language by the institutions, either in their local area, in their region or, if need be in another region.*

Hierarchical organization of services: *Service complementarity is required to facilitate the mobility of persons through the various levels of service, according to referral mechanisms among the service provider. Such mechanisms involved referrals between first-line general and specific services and specialized and super specialized services. Service accessibility is ensured through agreements or corridors established among these services and these mechanisms are bi-directional. In order to ensure services, in the English language, the CSSS must guide English-speaking persons toward the required service and to the appropriate facility where their needs can be met in their language, respecting individual rights, ethical norms, and recognized standards of relevance and accessibility.*

Means of Access to English language services: Working in cooperation with English language service providers, the agency determines the means which will enable English-speaking persons to access health and social services in the English language, and this, whether these are available locally, regionally or in another region. The institution offers the service, or enters into an agreement with another institution, or again specifies another means of making the service available.⁸

⁸ MSSS 'Frame of reference for the implementation of programs of access to health and social services in the English language for the English-speaking population, March 2006