
**PROGRAM OF ACCESS TO HEALTH AND SOCIAL SERVICES
IN THE ENGLISH LANGUAGE
FOR THE ENGLISH-SPEAKING POPULATION
IN ABITIBI-TÉMISCAMINGUE**

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Québec 

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Note: In this document, the masculine generic is used without discrimination and for the sole purpose of conciseness. It refers to both men and women.

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LEXICON

CCHSA:	Canadian Council on Health Services Accreditation
CHSSN:	Community Health and Social Services Network
CJAT:	Centre de jeunesse de l'Abitibi-Témiscamingue (Youth and Family Centre)
CRDI:	Centre de réadaptation en déficience intellectuelle (Mental Disability Rehabilitation Centre)
CRLM:	Centre de réadaptation La Maison
CSSS:	Centre de santé et de services sociaux (Health and Social Services Centre)
FASSP:	Fonds pour l'adaptation des soins de santé primaire (Primary Health Care Transition Fund)
MRC:	Municipalité régionale de comté (Regional County Municipality)
MSSS:	Ministère de la Santé et des Services sociaux (Department of Health and Social Services)
RUIS:	Réseaux universitaires intégrés de santé (University Integrated Health Network)
TNO:	Territoires non organisés (Unorganised Territories)
URFI :	Unité réadaptation fonctionnelle intensive (Intensive Functional Rehabilitation Unit)

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INTRODUCTION

The concept of program of access to services in the English language for English-speaking people was incorporated to the Act respecting health services and social services when the reform of the health and social services network was made in the early 1990's. Consistent with the general principles of the Act respecting health services and social services (ARHSSS), the institutions of the health and social services network of Québec are invited to develop and adopt mechanisms allowing the English-speaking communities of their region to access the same services as the French-speaking population.

Abitibi-Témiscamingue is a region where different cultural communities are born, live and develop and whose members do not all share the same language. If most of the regional population's official language is French, the data collected from Statistics Canada 2001 show that approximately 1850 people living on our territory only know English as official language, i.e. 1.3 % of the surveyed regional population.

Since 1990, several access programs were developed in partnership with the English-speaking communities' representatives. Following the reform of the health and social services system and the adoption of Bill 25, in December 2003, an update had become necessary. The responsibility for the review is entrusted to the agencies. In order to assist them in their process, the Ministère de la Santé et des Services sociaux (MSSS) published a new Frame of Reference presenting the legal and organizational foundation on which this process is based. The present program includes a brief summary of the process that lead to its development.

After presenting the access program's objectives and historical background, we describe in Part 1 the legal context of this new program and the basic principles that guided the work of the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue (Agency) and its partners.

In Part 2, we draw a general profile of the region, the organisation of the health and social services institutions on the territory, and the population.

Part 3 summarises the program review process conducted with the network's institutions and the Regional Committee.

In Part 4, we present the profile of services available in English on each health and social services centre's territory and in the institutions with a regional vocation, accompanied each time with some population data. We identify the mechanisms used by the institutions to facilitate access to services for English-speaking persons.

Based on this profile, we then determine in Part 5 the regional priority targets identified by the Agency and the institutions to allow English-speaking persons to receive health and social services in the English language. We then identify the means agreed upon to achieve these objectives, taking into account the institutions' organisation and their human, material and financial resources.

Objectives of the Access Program

“It is recognised in the health and social services field that the user’s language is a tool that is essential in ensuring the success of clinical interventions. To receive adequate services, an English-speaking person, like any other individual, needs to be listened to and consulted. When one’s own health is involved, it may become important, even essential, to express oneself in English. Recognition of this need and the tailoring of an adapted and personalised response define the success of a clinical intervention.¹”

In this spirit, and consistent with the Frame of Reference, the access program target is to make available to English-speaking persons a range of health and social services as complete as possible and delivered in the English language by the institutions, either in their locality, region, or another region as the case may be.

To this end, the challenge consists in accommodating both *the right of English-speaking persons to receive services in the English language and the right of caregivers to work and practice their activities in French²*.

Historical Background of Access Program

In 1988, Abitibi-Témiscamingue was the first region to submit an Access Program to the provincial government and obtain approval, and in 1989, the Department validated the program content by decree.

In 1990-1991, the reform of the Act respecting health services and social services further clarified the health and social services network’s responsibilities regarding the requirement to take English-speaking persons into account at the service planning and budget allocation stage. Following these changes, a new program was developed.

Afterwards, the Access Program was reviewed several times in order to better meet the English-speaking population’s needs while taking into account the network’s financial, human and organizational situation. The last Program review had been done in 1999.

Although the Agency was entrusted the responsibility for the Access Program review, the present document is the result of a collective work carried out with the involvement of the network’s institutions and the English-speaking communities that made themselves available with the shared concern to improve service access for English-speaking people in our region. We had an excellent collaboration from all our partners. And we received a valuable and highly appreciated assistance from the MSSS’s Secrétariat à l’accès aux services en langue anglaise et aux communautés culturelles.

1 *Departmental Frame of Reference 2006*, page 7.

2 *Ibid*, page 7.

PART 1

LEGAL CONTEXT

1.1 Definitions

English-speaking person

English-speaking persons are those who, in their relations with an institution providing health and social services, feel more comfortable in expressing their needs in the English language and receiving services in that language.³

Accessible services in the English language

A service is accessible in the English language when the user can express himself in the English language and can receive an adequate response in that same language.⁴

Recognised institution

A *recognised* institution is one which provides services to a majority of persons whose language is other than French, and which has obtained such recognition from the Office québécois de la langue française in accordance with Section 29.1 of the Charter of the French language.⁵

Indicated institution

An *indicated* institution is one which is identified in an access program as being required to offer at least one service or one service program in the English language.⁶

Designated institution

A *designated* institution is one which the Government designates among the recognised institutions. It refers to an institution required to make the health and social services accessible in the English language to English-speaking persons.⁷

1.2 Basic Principle

The principle of accessibility to health and social services is based on the will to offer quality services. These quality services depend on the care provider's capacity to understand the user's demand and his ability to communicate with the user in order to make a diagnosis or take the most effective and safe actions for his health. And this is even more essential for vulnerable persons in a crisis, emergency or decreased autonomy situation.

3 *MSSS Frame of Reference 2006*, p.27.

4 Loc. cit.

5 Loc. cit.

6 Loc. cit.

7 Loc. cit.

While the notion of service access is the same across the province of Québec, the difference lies in the critical mass of the English-speaking population from one region to the next. In Abitibi-Témiscamingue, despite the low percentage of English-speaking clients and its uneven distribution across the territory, the region's institutions have developed mechanisms over the last decade that allow them to improve their response to the English-speaking population. In that sense, the institutions' approach is evolutionary and adjustments will continually be made in the coming years.

In order to make the new Access Program both realistic and attainable, the Agency and its partners strived to develop a clear regional vision based on existing services and needs on local and regional characteristics. This approach allowed to identify the program's priority directions and to ensure that the mechanisms agreed upon would be sufficiently flexible to permit on-going adjustments according to the needs, but also consistent with the institutions' available human, material and financial resources.

1.3 Legal Context

While elaborating the present program, the Agency sought to balance the English-speaking communities' expectations with the laws applicable in Québec.

1.3.1 Frame of Reference

The Frame of Reference provides guidelines for the implementation of the Access Program and its content. The Frame of Reference defines the program's nature, objective and components. It specifies the preferred orientations and describes the steps for the review, approval and follow-up processes.

The Frame of Reference also emphasises the importance of involving the Regional Committee, made up of local English-speaking communities' representatives, in the Access Program review and development process, and determines the terms and conditions for their participation.

1.3.2 Act respecting health services and social services (HRHSSS)

Section 15:

“English-speaking persons are entitled to receive health services 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 referred to in Section 348.”

Section 348:

“Each Agency must develop, in collaboration with the institutions, a program of access to health services and social service in the English language for the English-speaking population of its area in the centres operated by institutions of its region that it indicates, or as the case may be, develop jointly, with other agencies, such a program in centres operated by institutions of any other region. The program must be approved by the Government and revised at least every three years.”

Section 510:

“ The Government shall, by regulation, provide for the formation of regional committees entrusted with:

- *advising the Agency concerning the access programs developed by that Agency in accordance with section 348;*
- *evaluating the access programs and suggesting modifications to them where expedient.”*

The Act also provides that regional and local authorities hold a responsibility towards people’s health on their territory, particularly in regard to service access and interventions’ efficiency. Thus, the Agency must implement a network of integrated health and social services, assist in its development and support it in the elaboration of clinical projects and any other innovative projects while taking into account the region’s territorial and demographic reality.

Let us recall the responsibilities entrusted to the CSSS that served as guidelines throughout the development process of the present Access Program:

- To offer public health services and interventions adapted to the whole population and to its more vulnerable clients.
- To offer a balanced line of general and specialised services, adapted to special clients’ needs, based on regional consensus and government policy directions.
- To receive and refer individuals and their relations to relevant services in accordance with recognised ethical, quality and access standards.

1.3.3 Charter of the French Language (Bill 101)

- Art. 1: French is the official language of Québec
- Art. 4: Workers have a right to carry on their activities in French.
- Art. 15: The civil administration shall draw up and publish its texts and documents in the official language.
- Art. 19: The notices of meeting, agendas and minutes of all deliberative assemblies in the civil administration shall be drawn up in the official language
- Art. 22: The civil administration shall use only French in signs and posters, except where reasons of health or public safety require the use of another language as well.
- Art. 27: In the health services and social services, the documents filed in the clinical records shall be drafted in French or in English, as the person drafting them sees fit. However, each health service or social service may require such documents to be drafted in French alone. Summaries of clinical records must be provided in French on request to any person authorised to obtain them.

1.3.4 University Integrated Health Network (RUIS)

The health and social services reform lead to the creation of four University Integrated Health Networks (RUIS), each being served by one of the four faculties of medicine in Québec (McGill University, Université de Montréal, Université de Sherbrooke and Université Laval). These RUIS offer third-line clinical services as well as teaching and research services, coordinated by the faculty of medicine as well as by its affiliated teaching hospitals. They aim at facilitating relations between these hospitals and regional health and social services authorities and their CSSS. As for Abitibi-Témiscamingue, it is affiliated to the McGill University RUIS.

1.3.5 Clinical and Organizational Projects

Bill 83 entrusts CSSS with the responsibility of reviewing the whole service supply with a view to improving the population's health and welfare, bring services closer to the people being served, facilitate their mobility throughout the network and ensure a better case management.

Clinical and organizational projects therefore constitute a process requiring the participation and contribution of several partners to ensure the most complete service supply as possible. The main issues at stake in this reform are improving service delivery access, continuity and quality.

The Access Program review process is part of the clinical and organizational project activities as the process is aimed at improving service access and quality, among others. Incidentally, the 2007-2010 priority targets identified below by our working group shall be taken into account during the work on the programs-services aggregated in the clinical and organizational project.

PART 2

REGIONAL PROFILE

2.1 Abitibi-Témiscamingue: a General Overview

Abitibi-Témiscamingue is the fourth largest region in Québec, with an area of some 65,000 km². It is bordered on the west side by the province of Ontario, to the north by the 49th parallel, and from south to east by the regional county municipalities (MRC) of Pontiac, de la Vallée-de-la-Gatineau and du Haut-Saint-Maurice.

A total of 63 municipalities share the territory, that also includes 10 unorganised territories (TNO). In addition, the territory includes the four Algonquin reserves of Eagle Village-Kipawa, Timiskaming, Pikogan and Lac Simon, as well as the three Algonquin establishments of Hunters's Point, Winneway and Kitcisakik.

Like many so-called "remote" or "resource" regions, Abitibi-Témiscamingue has seen a significant population out-migration in the past few years. Population is declining and ageing but the fertility rate remains above the Québec average⁸.

According to Statistics Canada's 2001 Census, some 144,340 people live in this region divided into five MRC's: Vallée-de-l'Or, Rouyn-Noranda, Abitibi, Abitibi-Ouest and Témiscamingue. Moreover, the region is divided into six local network territories. The most populated are those of Vallée-de-l'Or and Rouyn-Noranda that respectively account for 30 % and 27 % of the regional population. The CSSS territories of Les Eskers de l'Abitibi and des Aurores-Boréales represent 17 % of the Abitibi-Témiscamingue population. As for the less populated territories, those of Lac-Témiscamingue and Témiscaming-et-de-Kipawa, they respectively account for 9 % and 3 % of the region's inhabitants.

The Abitibi-Témiscamingue population represents 1.9 % of the Québec population. It is a slightly younger population that has a slightly smaller number of women than the Québec average. It is also characterised by a growing Aboriginal population of 5900 people in 2004, which represents about 4 % of the Abitibi-Témiscamingue residents.

With a lower in-school rate than other regions in Québec, Abitibi-Témiscamingue is subject to the fluctuating price of raw materials on the world market. After a rather difficult period in the 1990's, the regional economy seems to be recovering, however, employment rate is still lower than that of Québec. As for unemployment rate, it remains slightly above the Québec rate. The personal income per inhabitant is relatively lower and more than 60 % of the elderly people receive guaranteed income supplement.

Compared to the general population of Québec, we observe a certain precariousness of the regional population's health condition⁹.

8 *Portrait de santé du Québec et de ses régions 2006.*

9 Loc. cit.

2.2 Health and Social Services Agency and Institutions in Abitibi-Témiscamingue

In January 2006, following the reform of the health and social services system, the Régie régionale de la santé et des services sociaux de l'Abitibi-Témiscamingue became the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue. Direct services are offered by ten health and social services institutions across the region's five MRC's:

- **Six CSSS** with a mission to provide services in their local community service centres, residential centres and hospital centres: the CSSS de Rouyn-Noranda (Town of Rouyn-Noranda), the CSSS de la Vallée-de-l'Or (MRC de la Vallée-de-l'Or), the CSSS des Aurores-Boréales (MRC d'Abitibi-Ouest), the CSSS Les Eskers de l'Abitibi (MRC d'Abitibi), the CSSS du Lac-Témiscamingue (MRC du Témiscamingue), the CSSS de Témiscaming-et-de-Kipawa (MRC du Témiscamingue).

It is to be noted that the CSSS Les Eskers de l'Abitibi, des Aurores-Boréales, de Rouyn-Noranda and de la Vallée-de-l'Or provide specialised services at the regional level.

- **Four institutions with a regional mission:** Centre jeunesse de l'Abitibi-Témiscamingue, Centre Normand, CRDI Clair Foyer and Centre de réadaptation La Maison.

In addition, although not under the responsibility of the Québec's health network, there are several health centres in the Algonquin community of our region : Centre de santé Abitibiwinni (Pikogan), Centre de santé du Lac Simon (Lac Simon), Centre de santé de Kitcisakik (Kitcisakik), Eagle Village First Nation Health Centre (Témiscaming), Long Point First Nation Health Centre (Winneway) and Timiskaming First Nation Health Centre (Notre-Dame-du-Nord).

2.3 Target Population

2.3.1 English-speaking Resident Population

The English-speaking community has been present in Abitibi-Témiscamingue since the early days of colonisation. It is made up of Anglo-Saxons, but also of Aboriginal people and immigrants who came to work mainly in the mining industry and who chose to speak English, which was the business language at that time.

The data used in developing the Access Program are taken from the document produced by the Agency¹⁰ from Statistics Canada 2001 Census data. The complete document is appended to the present program. Many variables are used by Statistics Canada to define the English-speaking population. We have chosen three for the purpose of this profile:

10 *The English-speaking Population in Abitibi-Témiscamingue and in Each CSSS territory.* October 2006.

- People speaking only one of the two official languages, i.e. English: people who can conduct a conversation in English only¹¹.
- People with English as first official language spoken: this includes people who can conduct a conversation in English only and those having English and at least one non-official language as their mother tongue¹².
- People with English as mother tongue: this includes people having English as the first language learned in early childhood and still understood at the time of the census¹³.

a) People speaking English only as an official language

This group represents **slightly over 1800 persons** in Abitibi-Témiscamingue, i.e. **1.3 %** of the surveyed regional population (144,340 persons).

As indicated in Table 1, these persons are essentially concentrated in four of the six CSSS territories in the region. Thus, slightly over one third live in the CSSS de Témiscaming-et-de-Kipawa territory, while almost one third live in the CSSS du Lac-Témiscamingue territory. About one person out of six lives in the CSSS de la Vallée-de-l'Or territory and one out of ten in the CSSS de Rouyn-Noranda territory. The number of persons speaking only English as an official language is very marginal in the CSSS Les Eskers de l'Abitibi and des Aurores-Boréales territories.

Table 1: Distribution of the population speaking English only as an official language per CSSS territory, Abitibi-Témiscamingue

CSSS Territory	N	%
Témiscaming-et-de-Kipawa	710	38,8
Lac-Témiscamingue	565	30,9
La Vallée-de-l'Or	295	16,1
Rouyn-Noranda	190	10,4
Les Eskers de l'Abitibi	30	1,6
Des Aurores-Boréales	10	0,5
A.-T. region	1 830	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

11 Statistics Canada. *2001 Census Dictionary*. Department of Industry, 2002, p. 84.

12 Ibid., p. 73.

13 Ibid., p. 70.

Table 2: Number and percentage of persons speaking English only as an official language per age group, Abitibi-Témiscamingue

Age group	Persons with English only as official language			Total population	
		N	%	N	%
	0-17 yrs	N	690	1,9	35 970
	%	37,7			
18-64 yrs	N	810	0,9	92 920	100,0
	%	44,3			
65 yrs +	N	335	2,2	15 430	100,0
	%	18,3			
Total	N	1 830	1,3	144 340	100,0
	%	100,0			

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

Among the persons speaking only English as an official language, nearly half are adults (18 to 64 years-old), while there is a high percentage of young persons (0-17 years-old), 38 %, and seniors (65+) account for 18 % of the total.

However, when we compare these data with the total surveyed regional population according to age, we see that the English-speaking population represents 2 % of the Abitibi-Témiscamingue population aged 0-17 as well as 2 % of the total seniors. As for the English-speaking adults (18-64), they account for 1 % of the total regional population.

b) Population speaking English as first official language spoken

The 2001 Census showed that **5075 persons** had English as their first spoken official language in Abitibi-Témiscamingue, which represents **3.5 %** of the total population. From 1991 to 2001, their number fell from 6190 to 5075.

As shown in Table 3, the CSSS de la Vallée-de-l'Or territory has the highest number of persons with English as first official language spoken, i.e. 1365 persons, which represents 27 % of the total.

Table 3: Distribution of population speaking English as first official language per CSSS territory, Abitibi-Témiscamingue

CSSS territory	N	%
La Vallée-de-l'Or	1 365	26,9
Témiscaming-et-de-Kipawa	1 270	25,0
Lac-Témiscamingue	1 065	21,0
Rouyn-Noranda	1 050	20,7
Les Eskers de l'Abitibi	255	5,0
Des Aurores-Boréales	70	1,4
Abitibi-Témiscamingue region	5 075	100,0

Source: Statistics Canada, 2001 Census, geocoded data, profile PSP_2001.

c) People with English as mother tongue

Finally, the English-speaking population having English as their mother tongue, accounts for **5265** persons in Abitibi-Témiscamingue, i.e. **3.6 %** of the total Abitibi-Témiscamingue population. As shown in Table 4, the highest number of these persons is found in the CSSS de la Vallée-de-l'Or territory.

Table 4: Distribution of population with English as mother tongue per CSSS territory, Abitibi-Témiscamingue

CSSS Territory	N	%
La Vallée-de-l'Or	1 405	26,7
Témiscaming-et-de-Kipawa	1 245	23,6
Rouyn-Noranda	1 155	21,9
Lac-Témiscamingue	1 030	19,6
Les Eskers de l'Abitibi	290	5,5
Des Aurores-Boréales	140	2,7
Abitibi-Témiscamingue region	5 265	100,0

Source: Statistics Canada, 2001 Census, geocoded data, Table C773_T03B.

Table 5: Distribution of population having English as mother tongue per sex and age group, Abitibi-Témiscamingue

Sex			
	Age group	N	%
Men			
	0-17 yrs	650	24,9
	18-64 yrs	1 680	64,2
	65 +	275	10,5
	Total	2 615	100,0
Women			
	0-17 yrs	630	23,7
	18-64 yrs	1 715	64,5
	65 +	320	12,0
	Total	2 660	100,0
Total m/w			
	0-17 yrs	1 300	24,7
	18-64 yrs	3 395	64,5
	65 +	560	10,6
	Total	5 265	100,0

Source: Statistics Canada, 2001 Census, geocoded data, Table C773_T03B.

2.3.2 English-speaking population served

It is important to note that in addition to the resident population, the health and social services network's institutions are also requested to offer their services to clients living outside the region. This is particularly true for the CSSS de la Vallée-de-l'Or, and the institutions with a regional mandate. They receive the Cree clientele from the Nord-du-Québec region, as well as Inuit people in certain cases. We will discuss this point in more details in the section dealing with the population profile per territory.

Also, due to its proximity with Ontario, the CSSS de Témiscaming-et-de-Kipawa serves, on a daily basis, Ontario clients from the villages of Thorne and Eldee located on the Québec/Ontario border.

PART 3

REVIEW PROCESS

3.1 The Process

3.1.1 Development of the profile of the English-speaking population in Abitibi-Témiscamingue

The previous Access Program dated back to 1999 and its demographic data came from the 1991 Census. The review and development of the new Access Program required the Agency to have updated data on the English-speaking population of our region and its distribution per CSSS territory.

The Agency therefore undertook to draw a Demographic Profile of the English-speaking Population in Abitibi-Témiscamingue, based on Statistics Canada's 2001 Census.

3.1.2 Meetings with the network institutions

Developing the Access Program first required the institutions to understand and adhere to the process. This is why the Agency invited each institution to mandate a person to represent it on this issue throughout the process. Then, considering each CSSS territory has specific demographic characteristics, the Agency organised individual meetings with their representatives in order to identify each one's specific situation.

Following these meetings, data were collected using three different questionnaires:

- The first one was aimed at assessing the mechanisms implemented following the 1999 Access Program, and the obstacles that were met.
- The second one was aimed at taking stock of the existing services available in the institutions and their service points, and specifying the scheduled hours.
- Finally, the third one was aimed at identifying the written and oral communication mechanisms facilitating the access to health and social services for English-speaking people.

This exercise has allowed the institutions to make a diagnosis of the following items:

- Their capacity to receive and refer clients in the English language.
- The number of employees with English language skills.
- The distribution of these employees per service and work shift.
- Staff training in English as a second language.
- The availability of updated English forms.
- The media strategies to inform the English-speaking population.

3.1.3 *Meetings with the Regional Committee*

Concurrently with the meetings and discussions with the institutions, the Agency re-activated the Regional Committee. Many seats being vacant, new members were invited to join the group, making sure altogether that the Committee would be as representative as possible of the diversity of the English-speaking communities of our territory. The membership list is appended to this document.

The profile of the English-speaking population and the feedback from the institutions have allowed to draw a general picture of the services available in the English language in our region.

Once this general profile was completed, it was presented to the Regional Committee members to obtain the perception of their communities on the collected informations, to get their feedback and expectations. The comments received allowed to identify the points to be improved to facilitate access to health and social services for the English-speaking persons using the institutions' services in our region.

3.1.4 *Identification of priority directions*

The following step consisted in developing the priority directions for the region and the mechanisms to be improved or developed *in* and *between* the institutions. In response to certain requests made by English-speaking communities, the Agency consulted a representative of the Office québécois de la langue française to precise the legal directives the institutions must comply with in terms of posting, advertising, signage, written and oral communication.

Once the priority areas were decided, the Regional Committee members were invited to express their views on the Program to make sure that the orientations met their expectations. Then the institutions submitted the Access Program to their respective Board of Directors for approval.

PART 4

SERVICES AVAILABLE IN ENGLISH IN THE HEALTH AND SOCIAL SERVICES INSTITUTIONS IN ABITIBI-TÉMISCAMINGUE

In this section, we will first discuss the Profile of the English-speaking population in each CSSS territory, and secondly, the services available in English. We will then identify the institutions' mechanisms to facilitate access to their services.

The demographic information used in this section also comes from Statistics Canada's 2001 Census. For each territory, we will identify the number of people speaking English only as an official language, then the number of people speaking English as their first official language spoken, and finally, the number of people speaking English as their mother tongue.

To illustrate the composition by age group, the Agency chose to use the "English as the only official language spoken" variable. However, more detailed data, according to the mother tongue or to the first official language spoken, are available in the appended document.

In the course of the review process, the Agency tried to determine the number of English-speaking persons per CSSS using health and social services each year. Now, the data collected from the institutions are very approximate and are based on compilation methods that are not sufficiently reliable to be used, as no institution keeps specific records on the language spoken by their clientele.

4.1 CSSS de Rouyn-Noranda

The CSSS de Rouyn-Noranda serves the population living on the territory of Rouyn-Noranda township, which includes about fifteen municipalities. The population is scattered over more than 5992 km².

4.1.1 English-speaking population

According to the 2001 Census, the total population of this territory was 39 265 people, among which :

- **Nearly 200 persons** speak English only as an official language, i.e. **less than 1 %** of the surveyed population.
- **1050 persons** have English as first official language, i.e. **2.7 %** of the surveyed population.
- **1155 persons** have English as their mother tongue, i.e. **2.9 %** of the surveyed population.

The average annual number of births from mothers having English as their mother tongue is six births per year.

Table 6: Persons speaking English only as an official language per age group, CSSS de Rouyn-Noranda

Age group	Persons with			
	English only as official language		Total population	
	N	%	N	%
0-17 yrs	25	0,3	9 600	100,0
18-64 yrs	55	0,2	25 410	100,0
65 +	105	2,5	4 255	100,0
Total	190	0,5	39 265	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001

As shown in above Table 6, the youth group (0-17 years-old) accounts for about 25 persons speaking English only, i.e. less than 1 % of the youth in the territory. There are 55 adults (18-64 years-old) speaking English only as an official language, which represents less than 1 % of the adult population.

We also observe that seniors (65 years-old and over) who speak English only as an official language represent more than 50 % of the total English-speaking population on the territory, i.e. nearly 3 % of the seniors surveyed in this territory.

The clients from this age group being more vulnerable in terms of health, they require more care and they use more services. The institutions must take this fact into account in their service delivery to the English-speaking community.

SERVICES AVAILABLE IN ENGLISH
AT THE CSSS DE ROUYN-NORANDA

CSSS de Rouyn-Noranda	Service Points	Services available in English	Schedule	Mechanisms	Written communication
Hospital	Rouyn-Noranda	Reception, current services, operating area, medicine, surgery, pediatrics, gynaecology, obstetrics, nursery, emergency, intensive care, dialysis and oncology	Day, evening, night on request	List of employees who can speak English and can be contacted.	Documents available in English: - admission and consent forms; - protocols; - certain prescriptions and certain post-operation information. The CSSS uses the Agency for various translations.
		Specialised regional services: ophthalmology, urology, neurology, oncology, pediatrics, otorhinolaryngology, breast cancer screening			
CLSC	Beaudry Bellecombe Cadillac Cléricy Cloutier Dertor Montbeillard Montbrun Rollet Rouyn-Noranda	Reception, social and nursing services in schools, home support, psychosocial services			
Residential Centre	Rouyn-Noranda	Reception, nursing, rehabilitation services, custodial care			

4.1.2 *Main findings*

The data compiled in the table on the previous page reflect the efforts made by the CSSS de Rouyn-Noranda to improve service delivery to the English-speaking persons.

In 2005-2006, 1161 front line services were delivered to the English-speaking population through 16 different departments. Many interventions were made by workers with English-speaking pupils of the Noranda School in Rouyn-Noranda; these activities included prevention, information, vaccination, examinations and consultations.

Furthermore, a person responsible for services to English-speaking clients is now mandated to follow-up on and respond to the identified needs.

The CSSS de Rouyn-Noranda also emphasised English language training for its personnel:

- A training was delivered between 2001 and 2003.
- A new training will start in 2007 as part of the McGill project and will allow some 40 professionals (reception, health, social services) to develop their language skills in English.
- In June 2006, a list of employees with sufficient language skills to express themselves in English and who could be contacted when need be, was drawn up.

In order to ensure service continuity, the CSSS de Rouyn-Noranda works in partnership with the other institutions in the region. Furthermore, like all the other institutions, the CSSS is a member of the University Integrated Health Network (RUIS) with McGill University.

Finally, the CSSS de Rouyn-Noranda developed a written procedure to ensure a logistical follow-up for the Cree community members covered by the Cree Board of Health and Social Services of James Bay who are discharged following an hospitalisation.

4.1.3 *Responding to the English-speaking community's needs.*

The English-speaking community wishes the CSSS de Rouyn-Noranda to pursue its efforts regarding the quality of reception services for English-speaking persons, the availability of English documents, signage and posting in the buildings.

The English training project planned for 2007 for the CSSS de Rouyn-Noranda staff will allow to meet part of this demand. Concerning the availability of English documents, the CSSS is examining the procedures to be put in place to meet the English-speaking clients' expectations. This is also the case for posting, advertising and signage which, however, must comply with the fundamental linguistic rights applicable in Québec.

4.2 CSSS de la Vallée-de-l'Or

4.2.1 English-speaking population

According to the 2001 Census, the total population of this territory was 41,845 people, among which :

- **Nearly 300 persons** speak English only as an official language, which represents **less than 1 %** of the total population.
- **1365 persons** have English as their first official language spoken, i.e. **3.3 %** of the surveyed population.
- **Approximately 1400 persons** have English as their mother tongue, i.e. **3.4 %** of the total surveyed population.

A large majority of births, from mothers whose mother tongue is English, took place in this CSSS territory in which an annual average of 106 births are recorded.

As shown in Table 7 below, in the 0-17 youth group, 80 persons speak English only as an official language, which represents less than 1 % of the total youth age group. On the other hand, about 100 persons aged between 18 to 64 and 100 aged 65 and over speak English only, which represents respectively less than 1 % and 3 % of these age groups.

Table 7: Persons speaking English only as an official language per age group, CSSS de la Vallée-de-l'Or

Age group	Persons with English only as official language		Total population	
	N	%	N	%
0-17 years	80	0,8	10 560	100,0
18-64 years	105	0,4	27 240	100,0
65 years and over	105	2,6	4 045	100,0
Total	295	0,7	41 845	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

SERVICES AVAILABLE IN ENGLISH
AT THE CSSS DE LA VALLÉE-DE-L'OR

CSSS de la Vallée-de-l'Or	Service point	Services available in English	Schedule	Mechanisms	Written communication
Hospital	Val-d'Or	Reception, pharmacy in Val-d'Or and Malartic hospitals, occupational therapy, anticoagulation therapy, pharmacy	Day and evening	About 50 employees have level 3 and 4 English language skills. Reception in English on request (using external resources when necessary).	Documents available in English: - general information; - forms; - reception guide; - pamphlets; - prescriptions. Occasionally, posting and advertising is done in four languages.
		Mental health, outpatient and psychiatric services, archives, cytology, anatomopathology, sampling, laboratory, audiology, speech therapy, surgery, family planning, day surgery, surgery department, oncology, medical social services, ultrasonography, mammography, computed tomography, scanning, medical imagery support	Day		
		Respiratory therapy, biochemistry, respiratory physiology, asthma clinic, polysomnography, ambulatory polysomnography, electrophysiology, physiotherapy, overflow unit-emergency, radiodiagnosis	Day, evening, night		
		Specialised regional services: cytology and Héma-Québec, nuclear medicine, pneumology, gastroenterology, ophthalmology, urology, dermatology, microbiology	Day		

CSSS de la Vallée-de-l'Or	Service point	Services available in English	Schedule	Mechanisms	Written communication
		Specialised regional services: Nephrodialysis	Day, evening		
		Specialised regional services: Haematology, cardiology	Day, evening, night		
CLSC	Malartic Senneterre Val-d'Or	Reception, home support, psychosocial services, social services in schools	Day, evening (on call) Service in English on request		
Residential Centre	Malartic Senneterre Val-d'Or	Reception, nursing care, rehabilitation services, custodial care			
Psychiatric hospital	Malartic	Reception, electrophysiology, nursing care management, reception, telecommunication, archives Sampling Centre, pharmacy, medical clinic	Day		

4.2.2 *Characteristics*

- The Centre hospitalier psychiatrique de Malartic (psychiatric hospital) is a *designated* centre that provides legal evaluation services for the Abitibi-Témiscamingue and Nord-du-Québec regions. A number of persons who are followed-up or evaluated by this institution's practitioners and workers are English-speaking.
- The CSSS de la Vallée-de-l'Or has among its clients a number of persons from the Cree communities of the du Nord du Québec region and it is estimated that this number will keep growing in the coming years. Cree-English interpretation services are provided to this Cree clientele.
- According to the available information, the anglophone clientele's annual use rate is estimated at approximately 6000 persons.
- Each year, in addition to the services offered in the CSSS de la Vallée-de-l'Or institutions, the latter regularly intervenes in the Golden Valley English school in Val-d'Or that receives an increasing number of new Aboriginal students including Crees and Inuit from the North. The interventions are made by a nurse who can easily communicate in English, and include prevention, information, vaccination, examinations and consultations.

4.2.3 *Mechanisms facilitating access to services for English-speaking persons*

As shown in the table on the previous page, the CSSS de la Vallée-de-l'Or has developed tools that facilitate access to services for the English-speaking clientele:

- An evaluation made in 2005 among the institution's staff showed that about 50 employees had level 3 and 4 English skills.
- English language training sessions have been offered to the employees for many years. In 2006-2007, about 50 persons are attending these sessions as part of the McGill project and some 20 more will join the group in 2007-2008.
- Many documents are available in English: general information, forms, reception guide, pamphlets, prescriptions, etc.
- Occasionally, posting and advertising is offered in several languages including English.

4.2.4 *Agreements with other institutions or partners*

- Like all the other institutions in the region, the CSSS de la Vallée-de-l'Or is part of the McGill RUIS.

- In order to support the Cree community members who come to the CSSS de la Vallée-de-l'Or for health care, the Cree Board made an agreement with the CSSS and rents space in its building to accommodate a Cree patient centre. A Cree Board employee provides pregnancy and delivery assistance and follow-up to Cree women (visit of the premises, individual assistance during hospitalisation and others). An interpretation service is also available on site. A joint committee made up of Cree and CSSS representatives was created in March 2006 to clarify the Cree patient centre's role. The Cree Board is considering a Cree cultural awareness project for the institution's employees.
- Finally, let us mention that the CSSS developed a mediation procedure to resolve any dispute before it leads to a complaint.

4.2.5 *Responding to the English-speaking communities' nNeeds*

The services offered seem easily accessible to English-speaking persons and the CSSS de la Vallée-de-l'Or intends to pursue its efforts to this end, mainly through training, in order to facilitate communication between the employees and the English speaking clientele.

4.3 CSSS des Aurores-Boréales

Covering 3367 km², the territory has a population spread over 21 municipalities and two territories without municipal organisation. The CSSS also serves three municipalities from the James Bay area totalling 927 inhabitants.

4.3.1 English-speaking population

According to the 2001 Census, the total population of this territory was 21,685 persons.

- **Ten persons** speak English only as an official language, which represents **less than 1 %** of the surveyed population.
- **70 persons** have English as first official language spoken, i.e. **less than 1 %** of the total.
- **140 persons** have English as their mother tongue, i.e. **less than 1 %** of the surveyed population.

Table 8: Persons speaking English only as an official language per age group, CSSS des Aurores-Boréales

Age group	Persons with English only as official language		Total population	
	N	%	N	%
0-17 years	0	0,0	5 210	100,0
18-64 years	0	0,0	13 695	100,0
65 years and over	10	0,4	2 780	100,0
Total	10	0,05	21 690	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

SERVICES AVAILABLE IN ENGLISH
AT THE CSSS DES AURORES-BORÉALES

CSSS des Aurores-Boréales	Service points	Services available in English	Schedule	Mechanisms	Written communication
Hospital	La Sarre	Reception, archives, physiotherapy, occupational therapy, cardiopulmonary rehabilitation, respiratory therapy, reception, single window and all administrative and support services, medicine, surgery, active and ambulatory geriatrics, intensive care, internal mental health unit, natality, pediatrics, out-patient mental health consultation services, hemodialysis, hematooncology, laboratory, scanning, cancer screening, emergency, out-patient consultation service and mental health day centre	7 days/week, 24 hours/day	List of employees with sufficient English language skills.	Uses the forms and documents available in English on the MSSS Website.
		<p>Regional specialised services:</p> Cognitive impairment unit, URFI for the physically disabled, psycho-geriatrics, regional specialised dermatology services, physiatry and rheumatology			Uses the Agency or translation services for occasional document translation.

CSSS des Aurores-Boréales	Service points	Services available in English	Schedule	Mechanisms	Written communication
CLSC	Beaucanton Duparquet Dupuy Gallichan La Sarre Macamic Normétal Palmarolle Taschereau	Frontline services: home support, integrated palliative care, nutrition, rehabilitation, respiratory therapy, current services, reception-evaluation-referral, services in schools, integrated programs for youth, adults and seniors with decreased independence, various chronic disease management clinics, preventive health, addictions, emergency measures, family support as well as all services provided as part of our service delivery	Day, evening, night (In English, on request)	List of employees with sufficient English language skills.	
Residential Centre	La Sarre, Macamic Palmarolle	Psychogeriatrics, temporary accommodation, intensive functional rehabilitation, mental impairment program, day centre, intermediate resource support, support and assistance services (facilitation, meals, housekeeping, special needs, etc.), as well as all services provided as part of our service delivery	Day, evening, night (In English, on request)	List of employees with sufficient English language skills.	Uses the forms and documents available in English on the MSSS Website. Uses the Agency or translation services for occasional document translation.

4.3.2 *Characteristics*

There are few English-speaking people on the CSSS des Aurores-Boréales territory (less than 1 %) as shown by Statistics Canada 2001 Census, and the demand for services in English is very low: the number of English-speaking persons who used the CSSS services in 2005-2006 is estimated at 60.

The CSSS des Aurores-Boréales has a regional vocation for the delivery of mental disability, physical disability (URFI), psychogeriatrics, dermatology, physiatry and rheumatology.

Despite the small English-speaking population on its territory, the institution has developed mechanisms to provide services in English when necessary.

- The CSSS uses human resources with sufficient English language skills from among its staff. A survey conducted between June and September 2006 shows that about 20 persons working at the health centre have a good knowledge of English.
- A procedure is currently being developed to have a list of employees who can intervene with English-speaking clients when necessary.
- Like all the other institutions in the region, the CSSS des Aurores-Boréales is part of the McGill RUIS.

4.4 CSSS Les Eskers de l'Abitibi

The CSSS Les Eskers de l'Abitibi is a multi-vocation institution with services located in different pavilions and service points on the MRC d'Abitibi territory.

4.4.1 English-speaking population

According to the 2001 Census, the population of this territory was 24,270 people.

- **About 30** persons speak English only as an official language, which represents **0.1 %** of the total surveyed population.
- **255 persons** have English as their first official language spoken, i.e. **1.1 %** of the surveyed population.
- **Close to 300 persons** have English as their mother tongue, i.e. **1.2 %** of the surveyed population.

As shown in Table 9 below, the number of youth (0-17 years), adults (18-64 years) and seniors (65 +) with English only as an official language is approximately the same – about ten persons in each age group. Indeed, since the data have been rounded by Statistics Canada, the actual number in each age group may possibly be slightly lower or higher. But we can conclude that the English-speaking population in each major age group represents a very small fraction of the population, i.e. less than 0.5 %.

Table 9: Persons speaking English only as an official language per age group, CSSS Les Eskers de l'Abitibi

Age group	Persons with English only as official language		Total population	
	N	%	N	%
0-17 years	20	0,3	6 160	100,0
18-64 years	20	0,1	15 765	100,0
65 years and over	10	0,4	2 345	100,0
Total	30	0,1	24 270	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

SERVICES AVAILABLE IN ENGLISH
AT THE CSSS LES ESKERS DE L'ABITIBI

CSSS Les Eskers de l'Abitibi	Service points	Services available in English	Schedule	Mechanisms	Written communication
Hospital	Amos	Reception, current services, emergency, operating area, medicine, surgery, pediatrics, mother-child unit, intensive care, ORL, neurology and oncology	Day, evening, night	Services available in English in most services. List of available bilingual employees (relief staff). Minimum of 39 employees + many health professionals with necessary English skills.	Main forms, reception guides/pre-operation procedures/ pharmacology, etc., available in English.
		Regional specialised services: Orthopaedics, thoracic and vascular surgery, plastic surgery, oral and maxillofacial surgery	Day, evening, night		
CLSC	Amos	Reception, social services in schools, home support, psychosocial services	Day		
Residential Centre	Amos	Reception, nursing, rehabilitation services, custodial care	Day, evening, night		

4.4.2 *Characteristics*

In addition to providing specialised and sub-specialised services (ORL, neurology, oncology), the institution is a secondary traumatology centre with regional specialised services in orthopaedics, thoracic and vascular surgery, plastic surgery and oral and maxillofacial surgery. It is also the regional multi-organ sampling centre.

In January 2006, the CSSS conducted a survey with the staff and physicians to identify the number of persons with sufficient proficiency in English to be able to communicate with the English-speaking clientele and accepting to be called in when needed. The survey had a particular focus on the departments providing regional specialised services at both reception and professional care levels.

The survey showed that 39 persons, in addition to the medical staff, had English language skills. The list was updated in October 2006 and disseminated to the institution's different departments in December 2006.

4.4.3 *Mechanisms*

- An English language training is currently being offered to the reception staff as part of the McGill project. Twelve persons are attending the training in fiscal year 2006-2007 and 10 more will join the training in 2007-2008.
- Like all the other institutions in the region, the CSSS Les Eskers de l'Abitibi is part of the University Integrated Health Network (RUIS) with McGill.

4.5 CSSS du Lac-Témiscamingue

4.5.1 English-speaking population

According to the 2001 Census, the total population of this territory was 13,640 persons, among which:

- **565 persons** speak English only as an official language, which represents **4 %** of the surveyed population.
- **Slightly over 1000 persons** have English as their first official language spoken, i.e. **7.8 %** of the surveyed population
- **1030 persons** have English as their mother tongue, i.e. **7.6 %** of the total surveyed population.

Let us mention that, in this territory, there are about 10 births annually from mothers whose mother tongue is English.

Table 10: Persons speaking English only as an official language per age group, CSSS du Lac-Témiscamingue

Age group	Persons with English only as official language		Total population	
	N	%	N	%
0-17 years	320	8,3	3 840	100,0
18-64 years	225	2,7	8 460	100,0
65 years and over	55	3,3	1 680	100,0
Total	565	4,1	13 625	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

It is interesting to note that on this territory the 0-17 age group represents 56 % of the English-speaking population that speaks English only as an official language, while the 65 + group represents only 10 %, contrary to the other surveyed territories.

**SERVICES AVAILABLE IN ENGLISH
AT THE CSSS DU LAC-TÉMISCAMINGUE**

CSSS du Lac-Témiscamingue	Service points	Services available in English	Schedule	Mechanisms	Written communication
Hospital	Ville-Marie	Reception, archives, physiotherapy, occupational therapy, emergency, laboratory, radiology, hospitalisation unit, operating area, out-patient clinics	7 days / week 24 hours / 24	English-speaking worker available at the CSSS five days a week for reception, interpretation and translation. Also, Winneway has a nursing station opened 24/24 that offers all services (except hospitalisation) in English.	English documents and forms are sent to the health centre managers of the two Aboriginal reserves for dissemination to their clientele. Numerous pamphlets, forms and documents available in English.
CLSC	Anglier Bellevue Laforce Latulipe Moffet Nédelec Notre-Dame-du-Nord Rémigny	Reception, evaluation, referral, home support services, public health, mental health, youth facing difficulties, current services, chronic diseases, addictions	Day	Directory of staff with sufficient English language skills.	Uses the Agency for document translation.
		Info-Santé (Info-Health)	Day, evening, night	For Info-Santé follow-up, English language skills are required when applying for this position.	
Residential Centre			Day, evening, night (in English, on request)	Directory of staff with sufficient English language skills.	

4.5.2 *Characteristics*

Info-Santé (Info-Health)

The CSSS du Lac-Témiscamingue provides the Info-Santé service from a central office based in Ville-Marie. In order to provide an efficient service across the regional territory, the CSSS has implemented telephone intervention protocols to facilitate communication with English-speaking persons using the Info-Santé helpline.

Proximity of Algonquin reserves and territories

- The majority of Algonquin people living in the CSSS areas, the Timiskaming reserve, the village of Winneway or off-reserve, speak English as an official language.
- Health care and social services are delivered in English at the Long Point First Nation Health Centre in Winneway and at the Timiskaming First Nation Health Centre in Notre-Dame-du-Nord. The Winneway Health Centre is open 24 hours a day and offers all services except for hospitalisation.
- The CSSS du Lac-Témiscamingue works in close collaboration with both Health Centres. Aboriginal people also use the CSSS services and an English-speaking worker is available five days a week to provide reception, referral and interpretation services to the English-speaking clients upon request.
- The CSSS regularly sends to both Algonquin Health Centres the documents, forms and other health and social services documents that are written in English. These documents are then disseminated to the population through local radio and community liaison newsletters, and posted in the Health Centres.
- The *Anishnabe Long Term Care Centre*, a private long-term care residential centre created by the Timiskaming Band Council, has been in place since 1998 in Notre-Dame-du-Nord. This institution allows persons with decreasing independence to stay in or come back to their community. All health care provided by the institution are available in English.

4.5.3 *Mechanisms*

- The CSSS's mission statement, vision and values, as well as the infection prevention measures, are posted in English inside the CSSS building. Many documents are available in English in the departments of obstetrics, physiotherapy, emergency, clinical nutrition, etc. Information pamphlets, admission and consent forms, prescriptions, procedures and post-operation follow-up are also available in English. Whenever necessary, the CSSS will ensure the translation of documents, prescriptions, post-operation follow-up and others, either by resource persons or through the Agency.

- Concerning complaint follow-up, if the complainant is English-speaking, correspondence will be sent in English.
- In the past few months, the CSSS assessed the capacity of each of the institution's departments to provide English services. This assessment shows that some forty employees are bilingual, the others being at beginner, intermediate and advanced intermediate levels. English language training has also been offered for many years as part of the Primary Health Care Transition Fund (FASSP) and the McGill project. This training is intended mainly for nurses, reception and Info-Santé staff, as well as for the psychosocial workers.
- Like all the other institutions in the region, the CSSS du Lac-Témiscamingue is part of the McGill RUIS

4.5.4 *Responding to the English-speaking community's needs*

Based on the gathered information, we see that the institution was able to develop mechanisms that allow it to provide access to health and social services for the English-speaking clientele on its territory. The Regional Committee members representing this territory stated their satisfaction in this regard.

4.6 CSSS de Témiscaming-et-de-Kipawa

In addition to Témiscaming township, the territory served by the CSSS includes the municipalities of Tee-Lake and Kipawa. The CSSS clientele also includes a certain number of anglophones from the Ontario villages of Thorne and Eldee.

4.6.1 English-speaking population

According to the 2001 Census, the total population of this territory was 3645 persons, among which:

- **Slightly over 700 persons** speak English only as an official language, which represents **20 %** of the surveyed population.
- **1270 persons** have English as their first official language spoken, i.e. **34.8 %**.
- **1245 persons** have English as their mother tongue, i.e. **34.2 %** of the surveyed population.

Table 11: Persons speaking English only as an official language per age group, CSSS de Témiscaming-et-de-Kipawa

Age group	Persons with English only as official language		Total population	
	N	%	N	%
0-17 yrs	250	26,0	960	100,0
18-64 yrs	410	17,4	2 350	100,0
65 +	40	12,3	325	100,0
Total	710	19,5	3 645	100,0

Source: Statistics Canada, 2001 Census, Table 95F0337XCB2001001.

As shown in Table 11 above, the youth group (0-17 years-old) includes 250 persons speaking English only, which represents 25% of the territory's youth. The 18-64 age group represents the highest percentage of the anglophone population speaking English as an official language, i.e. 57 %, while the 65 + group represents only 5 %, i.e. 12 % of the surveyed seniors in this territory.

SERVICES AVAILABLE IN ENGLISH
AT THE CSSS DE TÉMISCAMING-ET-DE-KIPAWA

CSSS de Témiscaming-et- de-Kipawa	Service points	Services available in English	Schedule	Mechanisms	Written communication
Hospital	Témiscaming	Reception	Day, evening, night	97 % of the staff has the necessary English language skills to answer in English.	Documents available in English: - information documents; - forms, protocols, code of ethics, prescriptions, complaint follow-up, invitations to general assemblies; - press releases in English print media.
		Consultations, out-patient and emergency clinic, pharmacy, laboratory, radiology, echography, short-term hospitalisation, physical rehabilitation and physiotherapy	Day, evening, night		

CSSS de Témiscaming-et- de-Kipawa	Service points	Services available in English	Schedule	Mechanisms	Written communication
CLSC	Témiscaming	Frontline services: Integrated perinatal and early childhood services, child health, youth 5-18 year-olds, dental health, speech therapy, travel health, infectious diseases, diabetes clinics, public health for adults and seniors, anticoagulation therapy, nutrition, psychosocial assistance, emergency psychosocial custody on weekends and legal holidays, mental health, occupational health, home support, support services for disabled persons, social services for independent seniors and seniors in residential centres	Day, evening, night		
Residential Centre	Témiscaming	Long-term residential facility, respite and emergency aid, volunteer services, intermediate resource beds	Day, evening, night		

4.6.2 *Features*

- Over one third of the surveyed population in this territory speaks English as first official language or first mother tongue and over 20 % speak English only as an official language. It is to be noted that this is the only territory in the region that maintained a percentage of English-speaking people similar to that of the 1991 Census. This can be partly explained by the proximity of municipalities on the Ontario border.
- The number of English-speaking persons who used the CSSS in 2005-2006 is estimated at 1221.
- At the CSSS de Témiscaming-et-de-Kipawa 97 % of the employees have the necessary language skills to receive English-speaking clients and communicate with them. The institution also has an important number of volunteers, 90 % of whom are English-speaking or proficient in English.

4.6.3 *Mechanisms*

- Long-standing relationship exists between the CSSS and the English-speaking communities.
- Concerning written communication, posting inside the CSSS is often in both French and English. Information documents, forms, protocols, prescriptions, complaint follow-up, invitations to general assemblies and others are provided in both languages, and so are the code of ethics and press releases. Whenever necessary, the CSSS ensures the translation of documents, prescriptions, post-operation follow-up and others using either a resource person or a translation company.
- The different mechanisms in place at the CSSS allow access to health and social services in English to the anglophone clientele on all work shifts, and the CSSS de Témiscaming-et-de-Kipawa is determined to pursue its efforts to this effect.
- Like all the other institutions in the region, the CSSS de Témiscaming-et-de-Kipawa is part of the McGill RUIS.

Satisfaction indicators

A survey was conducted by the Conseil québécois d'agrément (CQA) in the end of August 2006 with 301 respondents, 33 % of whom were anglophones from Témiscaming, Kipawa and Thorne (Ontario), to assess their satisfaction level. When asked if the institution was taking the language into account, the respondents' satisfaction level was over 90 %. In general, there is no difference between the francophones' and anglophones' satisfaction level.

Let us mention that, during their visit at the CSSS in fall 2006, the Canadian Council on Health Services Accreditation (CCHSA) interviewed a group of community partners who identified access to English services as one of the institution's strengths.

4.7 Institutions with a regional vocation

4.7.1 Centre de réadaptation La Maison (CRLM)

The CRLM is a rehabilitation centre for the physically disabled and has three missions:

- Physical disability;
- Maladjusted youth;
- Pervasive developmental disorder.

The centre provides services through five service points in the region, and manages a regional residential centre in Rouyn-Noranda for young maladjusted francophones. As for English-speaking youth, they are referred to the CJAT's residential facility in Val-d'Or.

Interinstitutional agreements

- A formal agreement was signed between the CRLM and the CSSS des Aurores-Boréales for the Unité de réadaptation fonctionnelle et intensive régionale (URFI) (Regional Functional and Intensive Rehabilitation Unit).
- A formal agreement for local beds also exists between the CRLM and each CSSS for functional and intensive rehabilitation.

4.7.2 Centre jeunesse de l'Abitibi-Témiscamingue (CJAT)

- Since the CJAT has a regional mission, the reception personnel and professionals have to work with both francophone and anglophone youth. In addition to the Abitibi-Témiscamingue administrative region, the CJAT serves two municipalities in region 10, i.e. Matagami and Lebel-sur-Quévillon.
- The CJAT has a regional residential facility in Val-d'Or where services are available in English 24 hours a day.
- The Centre régional de réception et de traitement des signalements (Regional Case Reporting and Processing Centre) is based in Amos where more than 60 % of the services are available in English.

To fill the mandates entrusted upon them and be able to intervene with English-speaking youth, the CJAT has resource persons with the necessary English language skills. Furthermore, the CJAT has been supporting for many years English language training for their personnel, as part of the Health Care Transition Fund and McGill projects.

4.7.3 *Centre Normand*

Many of the Centre Normand's employees have the necessary language skills to provide rehabilitation services in English in the different external service points. However, the Centre cannot accommodate the anglophone clientele in the region's residential rehabilitation service. This is why:

- The “*adult*” English-speaking clientele (addictions) in need of in-house rehabilitation services is referred to the Foster Pavilion in Montreal.
- The “*youth*” English-speaking clientele in need of in-house rehabilitation services is referred to the Centre Le Portage West Island in Montreal.
- As for the anglophone clients from the CSSS Témiscaming-et-de-Kipawa area in need of in-house rehabilitation services, they are referred to the Nipissing Detox Center in North Bay (Ontario).

4.7.4 *Centre de réadaptation en déficience intellectuelle (CRDI) Clair Foyer*

- Clair Foyer is a regional centre. Its mission is to provide adjustment, rehabilitation and social integration services to persons who, due to a mental disability, require such services, as well as personal assistance and support services for these persons' families and relations, in the Abitibi-Témiscamingue region.
- Furthermore, the CRDI Clair Foyer has a regional mandate to manage the family-type resources for mentally disabled youth, autistic persons as well as adult and senior clients with functional limitations. This mandate is carried out in collaboration and complementarity with the other institutions.
- Let us mention that the services provided by the CRDI are available in English in each service point, including in the CSSS des Aurores-Boréales territory where the English-speaking population is the smallest.

SERVICES AVAILABLE IN ENGLISH
IN INSTITUTIONS WITH A REGIONAL VOCATION

Institutions	Service points	Services available in English	Schedule	Mechanisms	Written communication
Centre de réadaptation La Maison (Rehabilitation Centre)	Rouyn-Noranda Val-d'Or Ville-Marie	Specialised adjustment and rehabilitation services - Physical disability - Pervasive developmental disorder - Maladjusted youth	Day In English, on request	Interpretation service when required. English-speaking speech therapist on request.	A few documents are available in English and an update is being prepared
	Amos La Sarre	Specialised adjustment and rehabilitation services - Physical disability - Pervasive developmental disorder - Maladjusted youth		Interpretation service when required.	
	Témiscaming (from the Ville-Marie service point)	Specialised adjustment and rehabilitation services - Physical disability - Pervasive developmental disorder - Maladjusted youth		Interpretation service when required. English-speaking speech therapist on request.	

Institutions	Service points	Services available in English	Schedule	Mechanisms	Written communication
Centre jeunesse de l'Abitibi-Témiscamingue	Amos Kipawa Kitcisakik La Sarre Lac Simon	Social emergency (helpline)	Night and weekend	Services provided in English in more than 60% of the time.	Documents available in English: - institution's code of ethics; - information pamphlets; - complaint follow-up.
	Lebel-sur-Quévillon Matagami Notre-Dame-du-Nord Pikogan Rouyn-Noranda Senneterre Témiscaming Val-d'Or Ville-Marie Winneway	Reception, evaluation and referral, application of measures, adoption, reunion, external educators, psychosocial evaluation, placement in foster families and follow-up	Day	Personnel and workers have the necessary English language skills.	
	Val-d'Or	Regional residential facility	Day, evening, night	Personnel and workers have the necessary English language skills.	
	Amos	Reception and processing of reported cases (Amos)	Day and evening	Personnel and workers have the necessary English language skills.	

Institutions	Service points	Services available in English	Schedule	Mechanisms	Written communication
Centre Normand	Amos La Sarre Rouyn-Noranda Témiscaming Val-d'Or Ville-Marie	Reception, evaluation, referral, rehabilitation and social integration for addicted persons (alcohol, drugs, medical drugs and gaming), and services to their families and relations.	Reception and out-patient services Day, from Monday to Friday	Many workers have the necessary English language skills.	Documents available in English: - forms and complaint follow-up; - specialised working tools translated in English.
CRDI Clair Foyer	Amos La Sarre Rouyn-Noranda Val-d'Or Ville-Marie	Reception, evaluation and referral, specialised services, rehabilitation services, psychosocial services, home support, social adjustment and integration services for the mentally disabled, and support services to their families and relations	Day (except for emergency situations 24/24)	Many internal resources and workers have the necessary English language skills..	Main documents available in English: - institution's code of ethics; - admission and consent forms; - complaint forms.
	Amos	In-house services (residential)	24hours/ 24 7 days / 7		
		Reception, family type resources	Day (except for emergency situations 24/24)	Availability of English-speaking or English proficient foster families for English-speaking clients.	

PART 5

STATUS REPORT AND OBJECTIVES

5.1 Status report

When reviewing the data collected, we can observe that despite the low density of the English-speaking population in certain regional territories, the health and social services institutions have made efforts to improve access to their *frontline* services for the English-speaking clientele, either general or specialised services adapted to special client's needs, as indicated in the **appended tables**.

Effort was also devoted to the specialised *second-line* services organised on a regional basis, and the institutions involved are generally able to receive the English-speaking clientele and provide them with health care or clinical interventions. When the institution is unable to deliver these services in English, the clientele is referred to another pre-identified specialised centre, as such is the case for Centre Normand.

With regard to specialised or over-specialised *third-line* services, the Abitibi-Témiscamingue institutions are invited to refer to the institutions with a supraregional vocation (see **appended list**).

Finally, as previously mentioned, the institutions are part of the McGill RUIS for the delivery of *third- and fourth-line* services and refer to them when required.

Of course, not all personnel, support workers, professionals and specialists have the sufficient language skills to express themselves in English, but each institution has developed an internal mechanism which allows to receive all English-speaking persons and provide them with health care and social services in a satisfactory manner.

The Baseline Data Report 2005-2006 of the Community Health and Social Services Network (CHSSN), confirms this trend and underlines that on a regional basis, "*the highest level of satisfaction with access to health and social services is found amongst Anglophones living in the Abitibi-Témiscamingue, Nord-du-Québec, and Montreal (West) regions with satisfaction levels exceeding 50 %*"¹⁴. This report also notes that "*in hospital emergency rooms and out-patient clinics, the use of English varied across regions, with the Outaouais, Abitibi-Témiscamingue and the western part of Montreal showing levels of 80 % or more...*"¹⁵.

The rankings by region identified by the CHSSN for the 2005-2006¹⁶ period indicate that the Abitibi-Témiscamingue region ranks the highest in terms of satisfaction with access to services in English as shown in the following Table.

14 English-Language Health and Social Services Access in Québec, Baseline Data Report 2005-2006 (CHSSN).

15 Loc. cit.

16 Loc. cit.

Table 12 Regional access to health and social services in English – Use and satisfaction, rankings by region

Region	Satisfied with access to H&SS in English in Region (Q15)		Overall Rank for Use of Services					
			Doctor in private clinic or office (17a)	CLSC, than Info-Santé (17b)	Info-Santé (17c)	Hospital emergency room or out-patient clinic (17d)	Hospital for overnight stay (17e)	Rank by services (all five)
	(%)	Rank	(%)	(%)	(%)	(%)	(%)	Rank
Montreal (west)	55,3 %	3	97,9 %	80,5 %	81,5 %	85,9 %	93,6 %	1
Abitibi-Témiscamingue	69,0 %	1	78,6 %	75,6 %	56,1 %	84,5 %	65,1 %	4
Montreal (centre)	51,0 %	5	93,7 %	72,0 %	68,6 %	79,0 %	80,9 %	3
Outaouais	42,9 %	7	93,2 %	84,9 %	92,4 %	84,2 %	75,7 %	2

The implemented measures include:

- The importance given to **English training sessions** for the institutions' personnel. The target participants of these training sessions are mainly nurses and psychosocial workers as well as personnel in contact with the population (reception, admission, etc.). These sessions have helped to significantly increase the number of professionals with the capacity to express themselves in English, receive, answer to and assist the English-speaking clientele when needed.
- The efforts made towards the availability of **updated English forms and documents** in the institutions. Nevertheless, the systematic translation of documents is not always justifiable; it is therefore up to each institution to judge of the relevancy of translating them or not, based on their object and target clientele.

The Agency is also instrumental in the improvement of access to health and social services for the English-speaking population:

- It distributes to the network's establishments, community organisations and schools all documents, pamphlets and brochures published by the MSSS, in French and in English.

- It ensures that all its press releases are translated in English for public dissemination through English media.
- Finally, it also ensures the centralised translation of documents regarding public health, information and prevention, as well as the translation of documents specific to the institutions.

5.2 2007-2010 Objectives

Through its mission, the Agency has the responsibility to organise and plan service delivery to the population of its territory and ensure that a complete range of services are available for all. This is why, based on elements gathered from the institutions and the Regional Committee during the Access program review process, partners have identified and targeted the following priorities for the three next years:

Objective 1

Develop the Abitibi-Témiscamingue institutions' capacity to receive clients who cannot express themselves French and offer them frontline health care and services in English.

Adopted mechanism: Continue English training sessions for network personnel.

Objective 2

Develop the capacity of institutions with a regional mandate to receive clients who cannot express themselves in French and offer them health care in English when required.

Adopted mechanism: Continue English training sessions for the institutions' personnel.

Objective 3

Promote continued dissemination of information regarding public health and social services in the English language to English-speaking communities.

Adopted mechanisms:

- Develop relationships between the institutions and the English-speaking communities of their territory.
- Ensure access to updated forms, protocols and all other information documents in their language for the institutions' English-speaking clientele, within authorised regulations.
- Identify, within each institution, a person who will act as liaison with the communities and will keep them informed on all public health issues.

In order to guarantee access to health and social services for English-speaking persons at the regional level, certain institutions are *indicated* for their service delivery in the English language. The list of these institutions, identified from the demographic English-speaking representation of their territory, or their regional mission, is appended to the present document and has been adopted by each institution's Board of Directors.

5.3 Follow-up and evaluation

The above-mentioned objectives and mechanisms are provided for the next three years and it is important that a regular program follow-up process be implemented in order to make the necessary adjustments during this period.

The Agency will ensure this follow-up and will assist the institutions in the processes implemented to reach their objectives and improve access, continuity and quality of clinical interventions with the English-speaking population.

The Agency will invite the Regional Committee members to regular meetings and will encourage the institutions to do the same, in order to stay in touch with the needs of the regional English-speaking communities and adapt the program when necessary. The Regional Committee members can request a meeting to discuss a specific issue or to assess the access to services for people of their community.

CONCLUSION

The Abitibi-Témiscamingue population is overwhelmingly French-speaking. In the 2001 Census, 3.6 % of the region's 144,340 inhabitants reported English as their mother tongue, 3.5 % reported English as their first official language spoken, and 1.3 % reported that they spoke English only as official language.

The distribution of the English-speaking population across the region is very uneven, with a significant presence in the territories of the CSSS de la Vallée-de-l'Or, du Lac-Témiscamingue, de Témiscaming-et-de-Kipawa and to a smaller extent, in that of Rouyn-Noranda. Furthermore, in certain territories we observe that this population is steadily declining and the demographic projections foresee no change to the situation.

Concerning the accessibility to health and social services in English, it depends not only on the network personnel's capacity to use English but also on the availability of *information* on these services : turning to services in English entails that the English-speaking clientele knows what programs and services are available and in what institutions these services are provided.

Incidentally, the abovementioned CHSSN report¹⁷ underlines that in Abitibi-Témiscamingue the English-speaking people seem more inclined than others to rely on the community organisations representing them to obtain information on these services.

This concern about information has been clearly heard by the Agency and the institutions who decided to include it in the priority action targets for the next three years. All services and documents are not always readily available in English. It is up to the English-speaking clients to make a specific request to the institutions that will then try their best to provide the service in English within reasonable time.

However, all the solutions proposed by some Regional Committee members cannot be implemented as some of them conflict with Bill 101.

Mutual understanding between the network personnel and its clientele is a key factor that contributes to the success of the provided services. This is why the network's institutions placed emphasis on English courses for the employees in order to enhance their skills in responding in English when required.

It is important to remind the English-speaking clients that **it is for them to request** to be served in English. The staff of the health and social services network of Abitibi-Témiscamingue will then see to respond to the request through the means available.

17 CHSSN, English-Language Health and Social Services in Québec, Baseline Data Report 2005-2006.

APPENDICES

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- Appendix 1: List of Regional Committee members.
- Appendix 2: Services available per mission.
- Appendix 3: List of indicated institutions.
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- Appendix 5: Resolutions of the institutions' boards of directors.
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Appendix 1

List of the Regional Committee Members

	Nom	Organisme
Rouyn-Noranda	Elsie Sullivan	Association Neighbours
	Linda Marion	Noranda School
	Sharleen Sullivan	Association Neighbours
Vallée-de-l'Or	Lucia Johnson	
	Jane Lavery	Golden Valley School
	Rodney Hester	Secrétariat aux alliances économiques de la nation CRIE
Témiscamingue	Michelle Goulet	Centre Éducation des adultes l'Envol
	Norma Heath	Anishinabe Long term Center
	Donna McBride	ANPSS – Tribal Council
	Donna Chief	Student at UQAT
Régional	Johanne Lacasse	Conférence régionale des élus de l'Abitibi-Témiscamingue
Asss	Nicole Rochon	Agence de la santé et des services sociaux
	Annie Vienney	Agence de la santé et des services sociaux

Appendix 2

Services available in English per mission in Abitibi-Témiscamingue¹⁸ (Sept. 2006)

CLSCs' Missions

	Health and Social Services Centres					
Reception	Rouyn-Noranda	Vallée-de-l'Or	Aurores - Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
School-based social services	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Home support	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Psychosocial services	Rouyn-Noranda	Vallée-de-l'Or	Aurores-Boréales	Les Eskers de l'Abitibi	Lac-Témiscamingue	Témiscaming-et-de-Kipawa
Info-Santé (Info-Health)					Lac-Témiscamingue	

Long-term Residential Centres' Mission

Service Points	Services	Schedule
Rouyn-Noranda	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
Val-d'Or, Senneterre, Malartic	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
La Sarre, Macamic, Palmarolle	Reception, nursing, temporary accommodation, day centre, mental disability program, psychogeriatrics, intensive functional rehabilitation, support to intermediate resources	On request
Amos	Reception, nursing, rehabilitation services, custodial care	Day, evening, night
Ville-Marie	Reception, nursing, custodial care	On request
Témiscaming	Reception, nursing, rehabilitation services, custodial care	Day, evening, night

¹⁸ These services are available in English on request.

Hospitals' Mission

Service Points	Services	Schedule
Rouyn-Noranda	Reception, current services, emergency, and all services provided by the hospital	Day, evening, night (on request)
	Regional specialised services	
Val-d'Or	Reception, current services, emergency, and all services provided by the hospital	According to opening hours of these services
	Regional specialised services	Day
Malartic Psychiatric Hospital	Reception, electrophysiology, nursing, telecommunication, archives, radiology, sampling centre, pharmacy	Day
La Sarre	Reception, current services, emergency, and all services provided by the hospital	Day, evening, night (on request)
	Regional specialised services	Day, evening, night (on request)
Amos	Reception, current services, emergency, and all services provided by the hospital	Day, evening, night (on request)
	Regional specialised services	Day, evening, night (on request)
Ville-Marie	Reception, current services, emergency, and all services provided by the hospital	Day, evening, night (on request)
Témiscaming	Reception, current services, emergency, and all services provided by the hospital	Day, evening, night

Appendix 3

List of indicated institutions for service delivery in English

Indicated Institutions	Guaranteed Services
CSSS de Rouyn-Noranda	
Hospital	General services
CLSC	Reception Home support Psychosocial services Social services in school
Residential centre	Reception Nursing care Assistance care Rehabilitation services
CSSS de la Vallée-de-l'Or	
Val-d'Or hospital	General services
Malartic hospital	Psychiatric services, service corridor
CLSC Senneterre Malartic Val-d'Or	Reception Home support Psychosocial services Social services in school Health services in schools
CSSS du Lac-Témiscamingue	
Hospital	General services
CLSC	Reception Home support Current social services School-based social services
Info-Santé	Info-Santé (Info-Health line) 24/7

List of indicated institutions for service delivery in English (continued)

CSSS de Témiscaming-et-de-Kipawa	
Hospital	Reception, consultations, out-patient/emergency clinic, pharmacy, laboratory, radiology, echography, short-term hospitalisation, physical rehabilitation and physiotherapy.
CLSC	Frontline services: Integrated perinatal and early childhood services, child health, youth 5-18 years-old, dental health, speech therapy, travel health, infectious diseases, diabetes clinics, adult and senior public health, anticoagulation therapy clinic, nutrition, psychosocial assistance, psychosocial care for weekend and legal holiday emergencies, mental health, occupational health, home support, support services for the disabled, social services for seniors living independently and seniors in residential centres
Long-term Residential Centre	Long-term residential care, respite and emergency assistance, volunteer service, intermediate resource beds
CSSS Les Eskers de l'Abitibi	
Hospital	Regional specialised services
CLSC	Reception Home support Social services Social services in school
Long-term Residential Centre	General services
CRDI Clair Foyer	General services – Service corridor
CJAT, Val-d'Or and Rouyn-Noranda Service Points	Psychosocial services provided under the Youth Protection Act and Young Offenders Act – Service corridor

Appendix 4

Designated institutions, with a supraregional vocation

Region 03	Institut de réadaptation déficience physique de Québec
	Centre hospitalier affilié universitaire de Québec
Region 06	Constance Lethbridge Rehabilitation Centre
	Hôpital du Sacré-Cœur de Montréal
	Institut Raymond-Dewar
	Institut de réadaptation de Montréal
	Corporation du Centre de réadaptation Lucie-Bruneau
Region 16	Institut Nazareth et Louis-Braille

Appendix 5

**Resolutions
of the institutions' Boards of Directors**

Appendix 6

**Resolution of the Board of Directors
of the Agence de la santé et des services sociaux de l'Abitibi-Témiscamingue**

Appendix 7

Questionnaire on the situation of Abitibi-Témiscamingue's CSSS and regional institutions concerning the access to health care in the English language

Name of institution: _____

Name of program manager: _____

Telephone: _____

Email: _____

1. Is your institution serving English-speaking clients?

Yes No

If yes, can you specify the approximate number of English-speaking persons who used your institution's services in fiscal year 2005-2006.

2. In the past two years, did your institution develop procedures to facilitate access to services for English-speaking persons?

Yes No

If no, please explain why.

If yes, please explain these mechanisms and the departments in which these procedures were implemented. Append a sheet to comment on the strong points and weak points and the improvements to be made.

3. Have you faced obstacles in implementing these mechanisms?

Yes No

If yes, which ones?

How have you resolved them?

4. Human Resources

- a) What is the total number of employees in your institution?
- b) How many of them have the necessary language skills to respond to the needs of the English-speaking population?
- c) Does each of your institution's department have a bilingual staff member to call upon when needed?

Yes No

Please specify

- d) Did your institution provide English training sessions in the last two years?

Yes No

If yes, how many employees attended these sessions?

- From which departments or services?
- In your opinion, were the results satisfactory?
- Who was the training organisation?
- Do you plan to repeat these training sessions?

Please specify

If not, why?

- Do you plan to do it in fiscal year 2006-2007?

Please specify

5. Among your institution's volunteers, what percentage is from the English-speaking community?

What activities are they involved in?

Visits: Reading: Outings: Translation:

Others:

6. Relations with the English-speaking clientele

- a) Can your institution always respond quickly to the needs of the English-speaking clientele?

Yes No

If no, explain and specify the way you manage the situation in such cases?

b) Do you have to refer English-speaking clients to institutions outside of the Abitibi-Témiscamingue region so they can access certain services?

Yes No

Please specify

7. Have you signed agreements with other institutions to provide services to the English-speaking clientele?

Yes No

If yes, can you specify which institutions and services?

8. Generally speaking, do you believe that the mechanisms implemented by your institution to facilitate access to health or social services for English-speaking persons had a positive impact on service delivery to these persons?

a) What indicators did your institution put in place that allow you to confirm this?

b) Do you believe the measures fully respond to this clientele's needs?

Yes No

In your opinion, which would be the points to be improved or developed?

9. Do you have any comments or suggestions to make regarding the Program of access to health and social services for the English-speaking population that is currently being reviewed?

Appendix 8

**Questionnaire on communication mechanisms facilitating access
to health and social services for English-speaking persons in Abitibi-Témiscamingue**

Institution:

	Available						Comments
	Yes	No	Partly	Develop- ment stage	Project stage	No plans	
WRITTEN COMMUNICATION Availability of updated documents <u>in English</u>							
Information pamphlet on services provided by the CSSS							
Institution's organizational chart							
Institution's code of ethics							
Services' rules of conduct							
Website							
Posting/advertising in institutions							
Admission, consent, complaint and other forms							
Prescriptions and surgery follow-up							
Complaint follow-up							
Invitations to general assemblies							
Media information							
Others							

	Available						Comments
	Yes	No	Partly	Develop- ment stage	Project stage	No plans	
ORAL COMMUNICATION Institution's capacity to provides these services in English							
Reception, evaluation and referral							
Telephone reception							
Appointment Centre							
Info Santé (Info-Health)							
Current services - Nursing care - Psychosocial services - Others							
Emergency interventions							
Specialised services							
Rehabilitation services							
Psychosocial services							
Home support							
School-based health services							
School-based social services							
Others							

Appendix 9

Questionnaire on services provided in the institutions of the health and social services network
in Abitibi-Témiscamingue

	Institutions	Missions	Service points	Services provided (to be detailed)	Services available in English	Work shift	Comments and clarifications
Territory	CSSS	Hospital					
		CLSC					
		Residential Centre					
Territory	Institutions with regional vocation						

Appendix 10

**The english-speaking population in Abitibi-Témiscamingue
and in each CSSS territory**

(See appended document)