



**Frame of reference  
for the implementation  
of programs of access  
to health and social  
services in the English  
language for the  
English-speaking  
population**



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MARCH 2006



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## FOREWORD

In accordance with the legislation on health and social services, each health and social services agency must develop an English language health and social services access program for the English-speaking population – in collaboration with the region's institutions, and if need be, jointly with agencies of other regions.

Acting in conjunction with the agencies, its principal partners, the Ministry has undertaken to update the *Frame of reference produced in 1994 for the development of English-language health and social services access programs for English-speaking persons*. The new frame of reference reflects the current changes being carried out within the network.

In this context, it sets out the legal and organizational foundations of the access programs, as well as the ministerial orientations, to serve English-speaking Quebecers.

The frame of reference addresses both the issue of the health and well-being of the population and that of the delivery and organization of English language services that are accessible to the English-speaking population.

We are convinced that the commitment of the team of the Secrétariat à l'accès aux services en langue anglaise et aux communautés culturelles, as well as the quality of its partners, in conjunction with the mobilization and interest created by the production of this document, are guarantees of success in the production of your region's access program.

Philippe Couillard  
Minister of Health and Social services

## INTRODUCTION

The right of English-speaking persons to receive health and social services in the English language is specifically affirmed in the Act respecting health services and social services.<sup>1</sup>

The frame of reference for English language health and social services access programs for English-speaking persons is a guide produced by the Ministère de la Santé et des Services sociaux for the health and social services agencies and their partners, namely the local authorities called Health and Social Services Centres (hereafter referred to as CSSS), as well as for the other institutions of the local network and the representatives of English-speaking communities. The frame of reference is composed of a coherent set of indicators and criteria derived from ministerial objectives and orientations<sup>2</sup> intending to support the delivery of English language services in association with the nine service programs<sup>3</sup>.

Because of the organizational changes to the health and social services network, the Ministry has found it necessary to amend the 1994 frame of reference, to reflect the present situation. In respect for its partners who develop and implement access programs, the Secretariat responsible for these access programs, has relied on the expertise of the network in setting up a task force committee, which has made the production of the current frame of reference possible.

The following principles have guided the committee throughout the revision and have enabled it to finalize the new framework. First principle: *the coordinated integration of access programs* within a health and social services system based on local networks and on the new population-based responsibilities vested in the local authorities (CSSS's) and their network partners.

The second principle is the *flexibility* required for the revision of existing access programs and for the creation of new service delivery models in order to:

- improve, where necessary, the response to the needs of English-speaking users,
- adapt services delivery to local and regional circumstances, and
- integrate the access programs with the clinical and organizational projects.

The final principle is the *co-existence* of the right of English-speaking persons to receive services in the English language and of the right of caregivers to work and practice their activities in French.

1. Act respecting health services and social services (RSQ, chapter S-4.2)

2. Ministère de la Santé et des Services sociaux. *Définition et articulation d'un certain nombre de concepts couramment utilisés au Ministère de la Santé et des Services sociaux*, 1993 (document préliminaire)

3. For the record: 1. general services, 2. public health, 3. decreased autonomy related to ageing, 4. physical disability, 5. intellectual deficiency and invasive developmental disorders, 6. youth in difficulty, 7. addictions, 8. mental health, 9. physical health.

The information contained in Part One of the document is intended to clarify the foundations and objectives of the frame of reference. In order to set out more precisely the stakes and challenges of the revision of access programs, the legal and organizational contexts are described herein. Part Two defines the access programs, the ministerial orientations guiding the means of accessing services, the approach to be taken in revising the access programs, the components of the access program, as well as the responsibilities of the various partners regarding the access programs.



## PART ONE

F r a m e w o r k



## FOUNDATIONS AND OBJECTIVES OF THE FRAME OF REFERENCE

This new frame of reference rests on the following foundations:

- The Act respecting health services and social services<sup>4</sup> (hereafter referred to as the “Act”), which specifically provides for the requirement for health and social services agencies to develop access programs to English language services, as well as for the right of English-speaking persons to receive health and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program;
- Bill 83, assented by the National Assembly on November 25, 2005, amends the Act in order to support the new organizational model established in compliance with the Act respecting health services and social services network development agencies<sup>5</sup> (hereafter referred to as the “Act respecting development agencies”);
- Clinical and organizational projects under the responsibility of the CSSS, and their frame of reference<sup>6</sup>, serving as leverage for the implementation of access programs and making it possible to meet the network’s obligations to English-speaking persons;
- The *Aide-Mémoire*, Short Summary, drawn up in March 2005 by the Secretariat responsible for the access to English language services: “To define clinical projects taking into account the needs and characteristics of English-speaking persons and of the existing legal framework”;
- The 1994 frame of reference for English language health and social services access programs for English-speaking persons;
- The sum of all the regional access programs as approved by decree in 1999.
- The Charter of the French language.<sup>7</sup>

The objectives of the frame of reference are the following:

- *To ensure a common understanding* of the requirements and stakes regarding accessibility to English language health and social services for English-speaking persons, as well as the preferred orientations;
- *To clarify the definition* of an access program;
- *To define the modalities of application* of the sections of the law recognizing accessibility to English language health and social services for English-speaking persons, while taking into account other government laws and policies in matters of language;
- *To define the parameters* surrounding the revision of access programs to English language services;
- *To foster cohesiveness* in the tasks to be undertaken by the health and social services agencies, the institutions and the Ministry regarding the formulation and revision of access programs;
- *To support the decision-makers and their various partners*, including representatives of English-speaking communities, in the formulation of their access program.

4. RSQ, c. S-4.2.

5. RSQ, c. A-8.1.

6. *Projet clinique, Cadre de référence pour les réseaux locaux de services de santé et de services sociaux*, Document principal, MSSS, Octobre 2004

7. RSQ, c. C-11.



# ACCESS TO ENGLISH LANGUAGE HEALTH AND SOCIAL SERVICES FOR ENGLISH-SPEAKING PERSONS

## LEGAL CONTEXT

Since the formulation of the last access programs to English language service, new circumstances have impacted differently on accessibility to health and social services. Indeed, the reform of the health and social services system as set out in the Act respecting development agencies, as well as Bill 83, has influenced the revision of the frame of reference. The goal of the reform is to optimize the effects of service on the health of the population, it is within this new context that the revision is undertaken.

It should be noted that although Bill 83 brought changes to the organizational configuration of the network as well as to the responsibilities of its key players, and that these changes have had an impact on the means of accessing English-language services, it has not modified the legal framework respecting the right of English-speaking persons to English language health and social services.

First of all, under sections 1 to 3 of the Act, the basic principles underlying the delivery of services offered to all Quebecers is established. In sections 4 to 16, the Act spells out certain rights for all persons, namely that of being informed of the existence of available services and resources, of receiving services in personalized manner, and of being able to choose the professional or institution from whom/which one wishes to receive these services.

As for section 15 of the Act, it specifically recognizes that 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.

This latter provision requires all agencies to “develop, in collaboration with the institutions, a program of access to health services and social services 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”. Such a program, which must take into account the human, material and financial resources of the institutions, must also include any institution in the region designated in accordance with Section 508 of the Act. According to this section, the Government can designate, among the institutions recognized under Section 29.1 of the Charter of the French language, those that are required to make English-language health and social services accessible to English-speaking persons.

## Challenge

*The challenge to be faced in the revision of access programs lies in the harmonization of the responsibilities of CSSS's concerning clinical and organizational projects, on the one hand, and on the other hand, in maintenance of Section 348 and the responsibilities of agencies concerning multi-year strategic plans.*



Furthermore, sections 509 and 510 of the Act provide respectively for the creation of a provincial Committee and the formation of regional committees. Among other responsibilities, the provincial Committee provides its advice on the approval of the access programs submitted by all the regions, whilst the regional committees give advice on the access program to be submitted on behalf of their respective regions.

Enacted in 2003, the Act respecting development agencies<sup>8</sup> has made possible the creation of the new local authorities (CSSS's) through the merger of several existing institutions. Section 35 of this Act provides that institutions which result from the merger of institutions recognized in accordance with Section 29.1 of the Charter of the French language retain their recognition. On the other hand, those which result from the merger of one or more recognized institutions with one or more non-recognized institutions, retain their recognition but only regarding installations that were to previously recognized institutions, in accordance with Section 36 of the Act respecting development agencies. In addition, if the services that an institution mentioned in a program developed under section 348 of the Act was required to make available in the English language to the English-speaking population are transferred to a local authority referred to in section 34, the local authority must maintain those services as if it were mentioned in the program until the program is revised.

As for Bill 83, its objectives were to bring service closer to the people being served, and to facilitate their mobility throughout the network. The Act, as now amended, provides that regional and local authorities have a responsibility toward the health of individuals in their territory, especially regarding accessibility to services and the efficiency of procedures. The Bill has also clarified the roles and responsibilities of agencies and of local authorities. In this regard, agencies must, among other things, facilitate the development and management of local services networks in their regions, ensure the coordination of services within their regions and with those provided by neighbouring regions, support institutions in the organization of services, and facilitate the conclusion of agreements in order to respond to service needs. The CSSS, for their part, must develop clinical and organizational projects in cooperation with their partners.

Considering that clinical and organizational projects must take into account the particular characteristics of the population concerned, including their linguistic characteristics, as well as the orientations determined by the Ministry and regional guidelines set by the agencies, cooperation among all partners becomes essential in order to respect the new responsibilities which have been entrusted to them.

For more information, excerpts from the relevant legislation will be found in the appendix<sup>9</sup>.

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8. Now abrogated by the Act to amend the Act respecting health services and social services and other legislative provisions.

9. Bearing in mind that within the context of Bill 83, the Legislator did not intend to amend the sections respecting the exercise of the rights of English-speaking persons and those related to access programs.



## ORGANIZATIONAL CONTEXT

The responsibility for the revision of access programs to health services and social services for English-speaking persons is entrusted to the health and social services agencies. To this end, the agency identifies the regional strategies and guidelines, taking into account the new organizational model for services created by the reform. Two fundamental principles underscore this reform: the *population-based responsibility* shared among all local network partners, and the *hierarchical organization of services*.

This organizational context has enabled the agencies to create 95 local networks. Since their establishment, it is possible to rely on their key components, both organizational and clinical, to achieve the objectives set forth in terms of accessibility, continuity and quality of health and social services. The elaboration of clinical and organizational projects is at the heart of population-based responsibility. The population – including English-speaking persons – will benefit from these projects. Clinical and organizational projects are dynamic tools which evolve continually in response to the changing needs of the population; they will be implemented gradually over the forthcoming months, even years, as a result of the initiatives taken in different territories and of their particular circumstances.

As regards to access programs to services in the English language, the CSSS's and other institutions within the network cooperate with the agencies and become partners in the development of these programs. Based on an understanding of the population's state of health and well-being, as well as its socio-sanitary needs and its distinctive characteristics, the agency supports the CSSS's to determine the specific needs of the population within its territory. Once the CSSS has an understanding of the profile of its general population and of the services offered in English by the local network, the agency and the CSSS together analyse the gaps to be filled and identify the priority clinical targets to be reached which will assist in developing the access programs. Based on the organizational and clinical choices that will have been made, the access programs will aim towards fulfilling the needs that are identified in each milieu.

The access program for services in the English language is distinct from clinical and organizational projects. In this perspective, the program must identify the entirety of the services that are accessible in the English language, even if some of these have not yet been listed in the clinical and organizational projects of the local networks of health and social services. Nonetheless, the access program is closely linked to the clinical projects since in the course of their gradual implementation, they must integrate the various elements of the access program to English language services with which they are associated.

Thus, the development of clinical and organizational projects adds a complementary perspective to the access program, and certain elements of these projects could contribute to the updating of access programs to English language health services and social services. It is nevertheless important to remember that any and all revisions of the program must be approved by the government.

By virtue of the specific mandates of certain institutions, an agency can, where required, complete the list of services that are accessible in the English language, and this, taking into account the human, material and financial resources of the institutions. The agency in its multi-year strategic planning takes into account those institutions that have been designated and the services that have been identified within its region in its access program.

## Challenge

*The challenge is to capture and harmonize the dynamism of the organizational context which is in constant evolution, with the more static access program which essentially takes a snapshot of the state of the delivery of English language services in a specific region at a given point in time.*



# PART TWO

Program



## ACCESS PROGRAM FOR HEALTH AND SOCIAL SERVICES IN THE ENGLISH LANGUAGE FOR ENGLISH-SPEAKING PERSONS

The preceding contents clearly illustrate the changes which have taken place within the health and social services network and those to come. These changes have an impact on the revision of access programs, which will have to be adapted to the current organization of the network. The same applies to the definition and the components of access programs, which require some modification. For purposes of this document, let us clarify the definition of an “English-speaking person”

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

### DEFINITION

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

### GOAL

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

### OBJECTIVES

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

1. Identify, as necessary, the health and social service needs and the particular characteristics of the English-speaking population of the region.
2. Identify the health and social services required to meet the projected needs.
3. Indicate the service providers – by the name of the institution<sup>10</sup>, and if required, of the facility – that is required to provide health services and social services in the English language.
4. Identify the means of access to services in the English language for English-speaking persons.

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10. Besides, agencies must include in their access programs the institutions that have been designated in accordance with Section 508 of the Act.



## PREFERRED ORIENTATIONS

The present frame of reference includes orientations which constitute parameters enabling the agencies to set up regional guidelines in the development of their access programs, and this in cooperation with the health and social services institutions of the region. It identifies the orientations preferred to determine the means to access health and social services, in the English language, for English-speaking persons. These orientations are based on principles derived from the new reorganization of the health and social services network.

**1) Population-based responsibility:** Service providers who offer services to the population of a local territory are called upon to share a common responsibility towards the population concerned.<sup>11</sup> They must provide access to a wide range of services, while ensuring that persons are taken in charge and supported within the health and social services system, and at the same time, fostering the convergence of efforts to sustain and enhance the health and well-being of the population and its member-communities.<sup>12</sup>

**2) Hierarchical organization of services:** Service complementarity is required to facilitate the mobility of persons through the various levels of service, according to referral mechanisms among the service provider. Such mechanisms involve referrals between first-line general and specific services and specialized and super-specialized services.<sup>13</sup> Service accessibility is ensured through agreements or corridors established among these services, and these mechanisms are bi-directional. In order to ensure services, in the English language, the CSSS must guide English-speaking persons toward the required service and to the appropriate facility where their needs can be met in their language, respecting individual rights, ethical norms, and recognized standards of relevance and accessibility.<sup>14</sup>

**3) Mobility of persons within the network made easier:** To be able to meet the needs of each person adequately, the system must adapt accordingly. It should not be left to the English-speaking user to navigate the system, but rather the system should welcome him, ascertain his needs with him, recommend the most appropriate response, and guide him toward an effective service.

**4) Success of clinical interventions:** It is recognized 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 personalized response define the success of a clinical intervention. In order to improve both communication and the response to users' needs in the course of a clinical intervention, information contained in access programs must be made known and be readily available to those caregivers who are responsible to care for and guide the users. Caregivers must be able to inform English-speaking users as to where and how English language services may be provided. To this end, the means of access to service must be public information, and readily accessible to caregivers and to any person wanting to consult them.<sup>15</sup>

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11. See *L'intégration des services de santé et des services sociaux, Le projet organisationnel et clinique et les balises associées à la mise en œuvre des réseaux locaux de services de santé et de services sociaux*, p. 9.

12. See *Projet clinique. Cadre de référence pour les réseaux locaux de services de santé et de services sociaux. Document principal*, p. 11.

13. See *L'intégration des services de santé et des services sociaux, Le projet organisationnel et clinique et les balises associées à la mise en œuvre des réseaux locaux de services de santé et de services sociaux*, p. 10.

14. See *Projet clinique. Cadre de référence pour les réseaux locaux de services de santé et de services sociaux. Document principal*, p. 11.

15. Inspired by Sections 3 and 5 of the Act respecting health services and social services.



**5) Participation of English-speaking persons:** In the field of health and social services, the participation of individuals in their intervention and service plans, as well as in decisions affecting the state of their health and well-being, is necessary to ensure the success of those interventions.

On a collective level, the participation of members of English-speaking communities is also desirable. In each region, the access program is to be defined in such a manner so as to facilitate the participation of persons from those communities, in making their needs known regarding the delivery of service in the English language. Institutions, especially the CSSS's, are asked to take the necessary measures to provide for these needs in both the planning and delivery of their respective services.

## DATA ON THE ENGLISH-SPEAKING POPULATION

The usual sources of demographic information relating to the English-speaking population do not take into account the definition of English-speaking persons as adopted for access programs, namely, *persons who find it more comfortable to express their needs and receive their services in the English language*. Conscious of this reality, the agencies have nonetheless to draw up a portrait of their English-speaking population from the data contained in the most recent census.

To properly estimate the number of English-speaking persons likely to require service, a comparison and analysis of different variables are required. The maximum potential number of people is identified either on the basis of the "first-spoken official language" or on that of the mother-tongue. The "first-spoken official language" takes into account knowledge of the official languages, the mother-tongue, and the language spoken at home. The "mother-tongue" variable is defined as being the first language learned at home during childhood and still understood by the census-subject at the time of the census.<sup>16</sup> It is necessary to demonstrate that the variables that are used target the largest number of English-speaking persons liable to use the services of the particular institution.

Besides, the MSSS incorporates a differential analysis according to gender (*analyse différenciée selon les sexes*, ADS) in its documentation, and in that of its regions. The ADS relates to all variables, socio-economic and other, which characterize both genders. Population-based data must be able to support this type of analysis and will be important in defining access programs.

Two recognized sources for this data is available: the latest census undertaken by Statistics Canada, as well as data originating from the *Institut de la statistique du Québec*, the organization responsible for official population data management for the whole of Quebec.

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16. 2001 Census Dictionary, Statistics Canada, [http://www12.statcan.ca/francais/census01/Products/Reference/dict/index\\_f.htm](http://www12.statcan.ca/francais/census01/Products/Reference/dict/index_f.htm) [septembre 2005].



## COURSE OF ACTION

The Minister ensures that the revision of access programs takes place at least every three years. He makes an announcement to this effect, if necessary.

The course of action is the following:

1. The agencies initiate the development of access programs in their regions in accordance with the frame of reference. The agencies use the *Aide-mémoire* to undertake this exercise with the cooperation of their partners.<sup>17</sup>
2. The agencies prepare an inventory of accessible English language services at the local, regional and inter-regional levels. The inventory of services already accessible in the English language in the region concerned drawn up with the help of existing access programs and taking advantage of the clinical and organizational projects being developed by the health and social services centres of that region.
3. The agencies prepare their access programs, request the opinion of their regional committees in this regard, and have their programs adopted by resolution of their board of directors.
4. The agencies submit their access program proposals to the Minister for government approval, according to schedule. Each proposal contains the following information:
  - data on the English-speaking population;
  - a profile of health and well-being needs of the English-speaking population, including demographic, socio-economic and socio-sanitary profiles, as well as an outline of the patterns of service-use;
  - an outline of the English language services being offered, namely the resources and services currently available to meet the needs of the English-speaking population, and an analysis of same;
  - the identification of gaps, and of projected measures to offset them;
  - the opinion of the regional committee on the program;
  - the resolutions (adopting the program) of the boards of directors of the agency and of the institutions involved in the program.

The different modalities are set out in detail, and the range of services required to meet the needs of English-speaking persons is defined. The contents of service agreements, as well as the roles and responsibilities of the partners are also described.

5. The Minister receives access program proposals accompanied with the information requested.
6. The provincial Committee for the delivery of health and social services in the English language, receives a copy of each access program.
  - It consults, if need be, the appropriate regional bodies;
  - It submits to the Minister its advice on each proposal for tabling with the government.
7. The Ministry analyses, according to the assessment criteria in place, the access program adopted by the board of directors of each agency and submits its assessment to the Minister, taking into consideration the opinion of the provincial Committee.
8. The Minister tables with the Cabinet a brief on the access program of each region including his recommendations, accompanied by the written opinion of the provincial Committee.
9. The government approves the access program of each region.
10. Each agency can revise its program at any time, but must do so at least every three years.

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17. That is the CSSS's, the specialized and superspecialized institutions, as well as the representatives of the English-speaking population.



## COMPONENTS OF ACCESS PROGRAMS

Each agency, with its understanding of the state of health and well-being of its population, of its socio-sanitary needs, and if applicable, of the particular characteristics of the English-speaking population of the region, determines the various modalities which enable English-speaking persons to access health and social services in the English language, and this, whether they are available locally, regionally, or in another region.

### Services required to meet the needs

Having identified the needs and particular characteristics of the English-speaking persons, the agency determines the services required to meet these needs.

### Providers of services in the English language for English-speaking persons

Taking into account the nature of required services and the mission of the various types of institutions, the agency designates the institutions which are required to offer services in the English-language, and, if necessary, the facility earmarked by the program. Institutions within the region that have been designated under Section 508 of the Act must be included.

Certain regions will prefer to identify service providers by service program, and others by first line, specialized and superspecialized services. No particular model is favoured over another.

### Means of access to English language services

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

In summary, based on a needs assessment of the region's English-speaking population, the access program determines the services required to meet those needs, indicates the English language service providers by the institution's name and, where applicable, that of the facility that offers such services and finally describes the means whereby these services can be accessed.



## EVALUATION OF AGENCY ACCESS PROGRAM PROPOSALS

To evaluate access programs, the MSSS will use assessment criteria selected in accordance with the objective of the access program, which is to make accessible to English-speaking persons a range of health and social services in the English language, which are as comprehensive as possible and as close to home as possible.

Thus, in the course of this evaluation, particular attention will be given to the components of the access program, as previously described in this frame of reference:

- identification of the needs of English-speaking persons adapted to their particular socio-demographic characteristics;
- identification of services required to meet these needs;
- list indicating those institutions required to offer the needed services in the English language, including where applicable those institutions that have been designated;
- identification of the means of access to English language services for English-speaking persons.

Furthermore, the approach used by the agency to develop its program, including provisions for the participation of representatives of the English-speaking community, is retained as an evaluation criterion.

## FOLLOW-UP AND EVALUATION OF ACCESS PROGRAMS

The Ministry, acting in cooperation with the agencies and the Provincial Committee for the dispensing of health services and social services in the English language, ensures the follow-up and evaluation of access programs. To this end, follow-up and evaluation parameters will be determined by the Ministry, which will define, among other things, the type of follow-up and evaluation to be retained (e.g., follow-up of the implementation of access programs, evaluation of results derived from their realization), priority goals, and methods. Performance indicators will be developed on the basis of available measurement tools and other work undertaken on the subject (for instance, the *Aide-mémoire* of the *Secrétariat à l'accès aux services en langue anglaise et aux communautés culturelles*)<sup>18</sup>. Eventually, certain select indicators retained to evaluate access programs could be included in management agreements.

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18. See *Pour élaborer des projets cliniques en tenant compte des besoins et des particularités des personnes d'expression anglaise et du cadre législatif en place, l'Aide-mémoire*, mars 2005.

## RESPONSIBILITIES OF THE VARIOUS PARTNERS REGARDING ACCESS PROGRAMS

### THE GOVERNMENT

Approves each region's access program.

### THE MINISTER

Determines a date as from which the agencies must undertake the revision of their access programs.

Seeks the advice of the provincial Committee.

Tables with the Cabinet a document including his recommendations on each region's access program, within six months of the receipt of all programs.

### THE PROVINCIAL COMMITTEE FOR THE PROVISION OF HEALTH AND SOCIAL SERVICES IN THE ENGLISH LANGUAGE

Gives its opinion to the Government on the approval, evaluation and modification of each access program, by submitting same to the Minister of Health and Social services.

Undertakes the consultations it deems necessary for the preparation of its opinion.

### THE MINISTRY

Keeps a frame of reference updated.

Assess in its analysis of access programs the level of compliance with the selected criteria.

Submits to the Minister its analysis and assessment of access programs.

Finalizes, in partnership with the agencies, access program monitoring and evaluation indicators.

### THE HEALTH AND SOCIAL SERVICES AGENCIES

Collect information and data regarding the English-speaking population and its needs, relating to accessibility to health and social services in the English language.

Produce an inventory of services accessible in the English language at the regional level and outside of the region.

Develop the regional access program in cooperation with the region's institutions and representatives of the English-speaking population.

Ensure the participation of the institutions through resolutions of their boards of directors.

Recommend, by means of a board resolution, the region's access program to be submitted to the Government.

Transmit to the Minister the access program, including the information requested to analyse and assess the program, as well as other relevant documents.

Inform English-speaking persons in the region of the services, of access modalities, and of the institutions listed in the access program.

Ensure the monitoring of their access program.



Seek the participation of the regional committee in the process of evaluation and modification of the access program.

Seek the advice of the regional committee regarding the access program.

Support and advise, as necessary, the institutions listed in the access program.

Undertake the revision of the access program at least every three years.

### **The CSSS's and local network institutions<sup>19</sup> in cooperation with the agencies:**

Produce an inventory of services accessible in the English language.

Determine the modalities to be developed to make services accessible in the English language, including referral mechanisms and the contributions expected from the various local network partners.

Determine the offer of services available in the English-language.

Identify English language service providers.

Transmit to the agency the resolution of the board of directors of the institution listed in the access program.

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19. Institutions may be CSSS's of the region, including any institution designated by virtue of Section 508, regional hospital or university centres, rehabilitation centres, youth protection centres, or if required, institutions from other regions.

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## LEXICON

### RECOGNIZED INSTITUTION

A recognized 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.

### DESIGNATED INSTITUTION

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

### 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.

### MODALITIES

The manner in which the organization meets the needs of English-speaking persons and informs the population about the services that are accessible in the English language.

Among other things it can refer to:

- the delivery of services in English, in the institution, by the personnel in place;
- a service agreement with another institution of the region, or of another region;
- a referral mechanism and intake;
- a corridor of services;
- a specifically identified service;
- a technology;
- a specific time-slot for the provision of services in the English language;
- a recourse to the use of interpreters;
- a professional service agreement with another institution of the region or of another region;
- a means of information;
- any other possible modalities.

### ENGLISH-SPEAKING PERSONS

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

### 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.

## ANNEX


Excerpts from an Act respecting health services and social services (RSQ, c. S-4.2)

Excerpts from an Act respecting local health and social services network development agencies (RSQ, c.A-8.1)

Excerpts from the Charter of the French language (RSQ, c. C-11)

### EXCERPTS FROM AN ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

1. The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong.  
The plan shall focus mainly on
  - 1) reducing mortality caused by illness and trauma as well as morbidity, physical disabilities and handicaps;
  - 2) acting on health and welfare determining factors and developing individual, family and community responsibility in that respect through prevention and promotion;
  - 3) fostering the recovery of users' health and welfare;
  - 4) fostering the protection of public health;
  - 5) fostering the adjustment or rehabilitation of users as well as their social integration or reintegration;
  - 6) reducing the impact of problems which threaten the stability, fulfilment or autonomy of users;
  - 7) attaining comparable standards of health and welfare in the various strata of the population and in the various regions.
  
2. In order to permit these objectives to be achieved, this Act establishes an organizational structure human, material and financial resources designed
  - 1) to ensure the participation of individuals and groups of individuals in the selection of orientations and in the setting up, improvement, development and management of services;
  - 2) to foster the participation, in the various sectors of activity of the community, of all intervening parties whose action may have an influence on health and welfare;
  - 3) to apportion responsibilities among public bodies, community organizations and other parties working in the field of health and social services;
  - 4) to ensure that services are accessible on a continuous basis to respond to the physical, mental and social needs of individuals, families and groups;
  - 5) to take account of the distinctive geographical, linguistic, sociocultural, ethnocultural and socioeconomic characteristics of each region;
  - 6) to foster, to the extent allowed by the resources, access to health services and social services through adapted means of communication for persons with functional limitations;
  - 7) to foster, to the extent allowed by the resources, access to health services and social services in their own languages for members of the various cultural communities of Québec;

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- 8) to foster effective and efficient provision of health services and social services and respect for the rights of the users of such services;
  - 8.1) to ensure users the safe provision of health services and social services;
  - 9) to ensure participation of human resources of institutions referred to in Title I of Part II in the selection of orientations and the determination of priorities;
  - 10) to promote research and education so as to respond more adequately to the needs of the population.
3. For the application of this Act, the following guidelines shall guide the management and provision of health services and social services:
    - 1) the person requiring services is the reason for the very existence of those services;
    - 2) respect for the user and recognition of his rights and freedoms must inspire every act performed in his regard;
    - 3) the user must be treated, in every intervention, with courtesy, fairness and understanding, and with respect for his dignity, autonomy, needs and safety;
    - 4) the user must, as far as possible, play an active role in the care and services which concern him;
    - 5) the user must be encouraged, through the provision of adequate information, to use services in a judicious manner.
  4. Every person is entitled to be informed of the existence of the health and social services and resources available in his community and of the conditions governing access to such services and resources.
  5. Every person is entitled to receive, with continuity and in a personalized and safe manner, health services and social services which are scientifically, humanly and socially appropriate.
  6. Every person is entitled to choose the professional or the institution from whom or which he wishes to receive health services or social services.  
Nothing in this Act shall restrict the freedom of a professional to accept or refuse to treat a person.
  7. Every person whose life or bodily integrity is endangered is entitled to receive the care required by his condition. Every institution shall, where requested, ensure that such care is provided.
  8. Before giving his consent to care concerning him, every user of health services and social services is entitled to be informed of his state of health and welfare and to be acquainted with the various options open to him and the risks and consequences generally associated with each option.  
The user is also entitled to be informed, as soon as possible, of any accident having occurred during the provision of services that has actual or potential consequences for the user's state of health or welfare and of the measures taken to correct the consequences suffered, if any, or to prevent such an accident from recurring.  
For the purposes of this section and sections 183.2, 233.1, 235.1 and 431 and unless the context indicates otherwise,  
"accident" means an action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user, a personnel member, a professional involved or a third person.

- 9.** No person may be made to undergo care of any nature, whether for examination, specimen taking, treatment or any other intervention, except with his consent.

Consent to care or the authorization to provide care shall be given or refused by the user or, as the case may be, his representative or the court, in the circumstances and manner provided for in articles 10 and following of the Civil Code (Statutes of Québec, 1991, chapter 64).
- 10.** Every user is entitled to participate in any decision affecting his state of health or welfare.

He is entitled, in particular, to participate in the development of his intervention plan or individualized service plan where such plans are required under sections 102 and 103.

The same applies to any modification made to such plans.
- 11.** Every user is entitled to be accompanied and assisted by the person of his choice when he wishes to obtain information or take steps in relation to any service provided by an institution or on its behalf or by any professional practising in a centre operated by the institution.
- 12.** The rights of any person which are recognized under this Act may be exercised by a representative.

The following persons are presumed to be representatives, according to the circumstances and subject to the priorities provided for in the Civil Code (Statutes of Québec, 1991, chapter 64):

  - 1) the holder of parental authority of a user who is a minor or the user's tutor;
  - 2) the curator, tutor, spouse or close relative of a user of full age under legal incapacity;
  - 3) an authorized person mandated by the incapable user of full age before his incapacity;
  - 4) a person proving that he has a special interest in the user of full age under legal incapacity.
- 13.** The right to health services and social services and the right to choose a professional and an institution as provided in sections 5 and 6 shall be exercised within the framework of the legislative and regulatory provisions relating to the organizational and operational structure of the institution and within the limits of the human, material and financial resources at its disposal.
- 14.** No institution may cease to lodge a user who has been discharged unless his condition allows his return home or his integration into a home, or unless his admission to another institution or any of its intermediate resources or to a family-type resource is assured and the services required by his condition will be provided to him by such institution or resource.

Subject to the first paragraph, a user must leave the institution where he is an in-patient immediately upon being discharged in accordance with the provisions of the regulation made under paragraph 28 of section 505.
- 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.
- 16.** Nothing in this Act restricts the right of a person or his successors to pursue a remedy against an institution, its directors, employees or servants or a professional by reason of a professional or other fault. In no case may such remedy be waived.

The same applies to the right to pursue a remedy against a family-type resource.

**99.3.** The purpose of establishing a local health and social services network is to foster a greater sense of responsibility among all the health and social service providers in the network to ensure that the people in the network's territory have continuous access to a broad range of general, specialized and superspecialized health services and social services.

**99.5.** The local authority is responsible for defining a clinical and organizational project in which the following elements are identified for the territory of the local health and social services network:

- 1) the social and health needs and the distinctive characteristics of the population based on an understanding of the state of health and well-being of that population;
- 2) the objectives to be pursued to improve the health and well-being of the population;
- 3) the supply of services required given the needs and the particular characteristics of the population; and
- 4) the organizational structures and the contributions expected of the different partners in the network.

The clinical and organizational project must be consistent with ministerial and regional orientations and recognized standards of accessibility, integration, quality, effectiveness and efficiency, and take into account the resources available.

For the purpose of defining its clinical and organizational project, a local authority must mobilize and ensure the participation, in the territory of its local network, of the institutions offering specialized and superspecialized services, of the various groups of professionals, of the community organizations, of the social economy enterprises, of the private resources and of the key players in the other sectors of activity that have an impact on health services and social services

**99.6.** With a view to improving the health and well-being of the people in its territory, a local authority must offer

- 1) general services, including prevention, assessment, diagnostic, treatment, rehabilitation, support and lodging services; and
- 2) certain specialized and superspecialized services, when available.

**99.7.** In order to coordinate the services required in the territory of the local health and social services network, the local authority must

- 1) define and establish mechanisms for the reception, referral and follow-up of users of health and social services;
- 2) introduce mechanisms or enter into agreements with different partners or producers of services, including institutions offering specialized and superspecialized services, physicians in the territory, community organizations, social economy enterprises and private resources;
- 3) take in charge, accompany and support persons, especially those with particular and more complex needs, in order to provide, within the local health and social services network, the continuity of service required by their state of health; and,

- 4) together with the agency, the regional department of general medicine and the regional panel of heads of departments of specialized medicine, create conditions that foster accessibility, continuity and networking of general medical services, focusing in particular on accessibility
  - (a) to technical/diagnostic facilities for all physicians;
  - (b) to clinical information, including the results of diagnostic tests such as laboratory tests and medical imaging, drug profiles and record summaries; and
  - (c) to specialists by family physicians, when appropriate, with a view to the hierarchization of services.

**99.8.** A local authority must use different methods of informing and consulting the public in order to involve people in the organization of services and ascertain their level of satisfaction with the results obtained.

**105.1.** Every institution, other than a local authority, must make a significant contribution to defining the clinical and organizational project initiated by a local authority, and must clearly indicate to the agency concerned the services it will provide at the local, regional or supraregional level.

Within the time limits set by the agency, such an institution must also enter into the necessary agreements with the local authority to allow that authority to coordinate the services required in the territory of the local health and social services network.

If the agreements are not entered into within the time limits set by the agency, the agency determines the contribution expected of each institution.

**Eff.: August 1, 2006**

**128.** If an agency is of the opinion that the circumstances warrant it, it may, after consulting the institutions concerned, propose to the Minister that two or more institutions that have their head offices in the area of jurisdiction of the agency be administered by the same board of directors. However, the agency must take into account the ethnocultural or linguistic characteristics of the institutions concerned, particularly the institutions recognized under section 29.1 of the Charter of the French language (chapter C-11).

A decision by the Minister to accept the agency's proposal must be approved by the Government, which shall determine the type of board of directors that is to administer the institutions concerned and the day and month when the persons referred to in sections 135 and 137 are to be elected or designated.

The Minister shall table every order made under the second paragraph before the National Assembly within 30 days after its adoption if the Assembly is in session or, if it is not sitting, within 30 days after resumption.

**340.** The main object of a regional board is to plan, organize, implement and evaluate, in the region, the orientations determined and policies established by the Minister.

The other objects of a regional board are

- 1) ensuring public participation in the management of the public network of health services and social services and ensuring that users' rights are protected;
- 1.1) ensuring the safe provision of health services and social services to users;
- 2) formulating priorities in matters of health and welfare according to the needs of the population of the region and within the scope of the objectives fixed by the Minister;

- 3) establishing service organization plans in its territory and evaluating the effectiveness of services. Any part of the service organization plans dealing with medical services requires the advice of the regional medical commission established under section 367 which shall be obtained in the manner provided for in subparagraph 1 of the first paragraph of section 369 and the advice of the regional department of general medicine established pursuant to section 417.1;
- 4) allocating the budgets intended for the institutions and granting subsidies to community organizations and accredited private resources;
- 5) ensuring the coordination of the special medical activities of physicians who are under agreement pursuant to section 360 or section 361.1 and the activities of the institutions, community organizations, intermediate resources and nursing homes accredited for the purposes of subsidies under section 454 and promoting their cooperation with the other agents of community development;
- 5.1) ensuring the coordination of the services in its region with those offered in neighbouring regions and, on the Minister's request, coordinating interregional services;
- 6) implementing measures for the protection of public health and for the social protection of individuals, families and groups;
- 7) ensuring economical and efficient management of the human, material and financial resources at its disposal;
- 7.1) exercising the responsibilities conferred on it by the Act respecting pre-hospital emergency services ( chapter S-6.2);
- 7.2) assessing the results of implementing its strategic plan and ensuring management accountability on the basis of province-wide and regional targets and recognized standards of accessibility, integration, quality, effectiveness and efficiency;
- 7.3) supporting institutions in the organization of services and becoming involved with institutions to foster service agreements entered into to meet the needs of the general public or, if no agreement is entered into, determining the contribution expected of each institution in accordance with section 105.1;
- 7.4) allowing the use of numerous standard agreement models in order to facilitate the making of agreements under subparagraph 7.3;
- 7.5) ensuring that the mechanisms for referral and for service coordination between institutions are established and functional;
- 7.6) developing information and management tools for the institutions in its region and adapting them to the distinctive characteristics of those institutions;
- 7.7) establishing procedures and mechanisms to inform the general public and involve people in the organization of services, and to ascertain their level of satisfaction with the results obtained;
- 7.8) developing mechanisms for the protection of users and for user rights advocacy; and"
- 8) carrying out any mandate entrusted to it by the Minister.

**340.1.** An agency exercises its responsibilities by taking into consideration the proposals made by an integrated university health network under section 436.6.

In addition, an agency must seek the advice of the integrated university health network serving its area of jurisdiction on any question relating to technical facilities, medical staff or services corridors. A decision made by the agency following the proposals or advice of an integrated university health network must be substantiated and be sent to the network in writing.

**346.1.** In accordance with ministerial orientations and recognized standards of accessibility, integration, quality, effectiveness and efficiency, and taking into account available resources, the agency is responsible for preparing a multi-year strategic plan identifying the following elements for its region:

- 1) the social and health needs and the distinctive characteristics of the population, based on an understanding of the health and well-being of that population;
- 2) the objectives to be pursued to improve the health and well-being of the population, and organize and manage services;
- 3) the mandates and responsibilities to be assumed by local authorities, the other institutions and the community organizations to reach those objectives;
- 4) the mechanisms for regional coordination and for mobilizing the partners to implement the strategic plan.

For the purpose of preparing the strategic plan, an agency must call on the institutions and community organizations of its region, and ensure the collaboration of the stakeholders in other sectors of activity that have an impact on health services and social services.

**348.** Each regional board, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other regional boards, such a program in centres operated by the institutions of another region.

Such an access program must take into account the human, financial and material resources of institutions and include any institution in the region designated under section 508.

The program must be approved by the Government and revised at least every three years.

**508.** The Government shall designate from among the institutions recognized under of section 29.1 of the Charter of the French language (chapter C-11) those which are required to make health services and social services accessible in the English language to English-speaking persons.

**509.** The Government shall, by regulation, provide for the formation of a provincial committee entrusted with advising the Government on

- 1) the dispensing of health and social services in the English language;
- 2) the approval, evaluation and modification by the Government of each access program developed by a regional board in accordance with section 348.

The regulation must provide for the composition of the committee, its rules of operation and internal management, the manner in which its affairs are to be conducted and its functions, duties and powers.

**510.** The Government shall, by regulation, provide for the formation of regional committees entrusted with

- 1) advising the regional board concerning the access programs developed by that board in accordance with section 348;
- 2) evaluating the access programs and suggesting modifications to them where expedient.

The regional board concerned shall determine by by-law the composition of its regional committee, its rules of operation and internal management, the manner in which its affairs are to be conducted and its functions, duties and powers.

## EXCERPTS FROM AN ACT RESPECTING LOCAL HEALTH AND SOCIAL SERVICES NETWORK DEVELOPMENT AGENCIES

- 34.** If the services that an institution mentioned in a program developed under section 348 of the Act respecting health services and social services (chapter S-4.2) was required to make available in the English language to the English-speaking population are transferred to a local authority referred to in section 33, the local authority must maintain those services as if it were mentioned in the program until the program is revised.
- 35.** Where an institution recognized under section 29.1 of the Charter of the French language (chapter C-11) is amalgamated with an institution holding such recognition, the new institution retains the recognition until such time as, at its request, it is withdrawn by the Government pursuant to that Charter.
- 36.** Where an institution recognized under section 29.1 of the Charter of the French language (chapter C-11) is amalgamated with an institution not holding such recognition, the new institution only retains the recognition for the facilities previously maintained by the recognized institution, until such time as, at its request, the recognition is withdrawn by the Government pursuant to section 29.1 of that Charter. For the purposes of sections 20 and 26 of that Charter, a person who exercises functions or performs work in such a facility is deemed to be an employee of the facility.

## EXCERPTS FROM THE CHARTER OF THE FRENCH LANGUAGE

- 1.** French is the official language of Québec.
- 4.** Workers have a right to carry on their activities in French.
- 29.1.** English language school boards and the Commission scolaire du Littoral are recognized school bodies. The Office shall recognize, at the request of the municipality, body or institution,
  - 1°** a municipality of which more than half the residents have English as their mother tongue;
  - 2°** a body under the authority of one or more municipalities that participates in the administration of their territory, where each such municipality is a recognized municipality; or
  - 3°** a health and social services institution listed in the Schedule, where it provides services to persons who, in the majority, speak a language other than French.

The Government may, at the request of a body or institution that no longer satisfies the condition which enabled it to obtain the recognition of the Office, withdraw such recognition if it considers it appropriate in the circumstances and after having consulted the Office. Such a request shall be made to the Office, which shall transmit it to the Government with a copy of the record. The Government shall inform the Office and the body or institution of its decision.

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