

SERVICE OFFER



Jeffery Hale Community Services



HÔPITAL

Jeffery Hale-Saint Brigid's

Issued by	Saint Brigid's – Jeffery Hale Hospital
Approved by	Board of Directors of Saint Brigid's – Jeffery Hale Hospital (September 2010) <i>Comité de direction de l'Agence de la santé et des services sociaux de la Capitale-Nationale</i> (July 2010)
Initially adopted on	September 21, 2010
Date of revision	
Effective date	September 21, 2010
Anticipated date of revision	September 2015
Recipients	Health and social service institutions in the Capitale-Nationale Region

Location of Services

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section 1 **Introduction**



Studies confirm that English-speaking minority communities face certain risks to their health status (Bouchard et al., 2009a, CHSSN, 2008, Pocock, 2006a; Trân et al., 2004). In fact, members of this community age more quickly, experience a higher rate of unemployment and have a lower household income (CHSSN, 2008). Their social and geographic isolation is a significant factor when it comes to accessing health and social services. The social context and lack of social support networks leave them vulnerable, increasing their isolation and further compromising their access to services. As a result, English-speaking Quebecers rank last in terms of several key indicators, such as having a family doctor, being satisfied with the quality of care and having access to health information.

On the clinical front, the mental health issues affecting English speakers increase their need for services. In fact, needs in this area clearly demonstrate the importance of having access to health and social services in one's mother tongue, since cultural and linguistic barriers can, at times, further complicate clinical treatment of mental health problems.

Since 1991, the health and social service offer for the English-speaking community has developed in line with the needs of this community. English-language health and social services in the Capitale-Nationale Region (CNR) are based on a partnership and social and community development model. The regional access plan derived from the Ministry's frame of reference has helped promote this model. In 2006, *le Plan régional d'organisation des services intégrés de la Capitale-Nationale* (PROSI, 2006) recommended that Jeffery Hale Hospital, Saint Brigid's Home and the Holland Centre make English-language care and services available. On April 1, 2007, Saint Brigid's – Jeffery Hale Hospital emerged as a single institution integrating the Holland Centre, now known as Jeffery Hale Community Services (JHCS), which offers primary CLSC-type services to the English-speaking community in the Greater Quebec City region. Based on the recommendations of the provincial access committee, this regional team is able to exercise both a regional and supra-regional mandate (MSSS, 2006).

1. Legal context

The right to receive health and social services in English is clearly stated in *Québec's Law on Health and Social Services* (LRQ, c. S-4.2).

"Every English-speaking person has the right to receive health and social services in English, taking into consideration the organization and the human, material and financial resources of the establishments which provide these services and to the extent that a program of access is anticipated as intended in Article 348" (LRQ, c. S-4.2, a.15).

2. Our mission

Jeffery Hale Community Services (JHCS) has a delegated responsibility to offer primary, CLSC-type services to the English-speaking population in the CNR, as well as support a coordinated, consolidated service offer for this community. Through alliances with community partners, we work on ensuring the development and vitality of the English-speaking community. JHCS provide youth and family services, mental health programs, and for seniors, home care and a day centre.

3. Our vision

JHCS is recognized as a leading provider of high-quality services that promote the health and well-being of English speakers living in the CNR. Its unique interdisciplinary team works together on ensuring the promotion and delivery of innovative, quality services based on a compassionate approach that encourages the autonomy of its clients. The members of its team have the opportunity to grow in a stimulating, supportive professional environment

4. Target population

Members of the English-speaking community can be defined as those who, when seeking care and services from a health or social service institution, feel more comfortable expressing their needs in English and receiving services in that language.

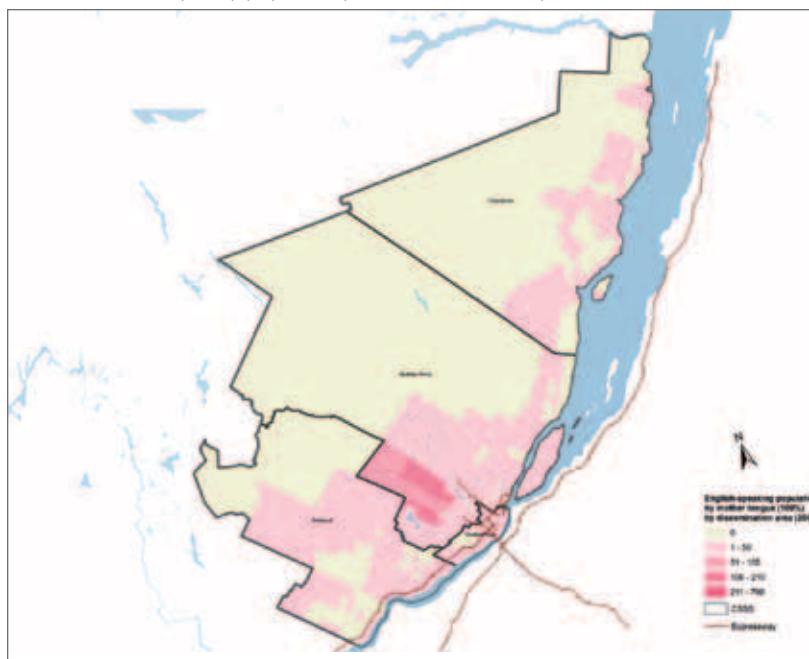
Table 1 Distribution (2001, 2006) and projection (2011, 2016) of the Region 3 English-speaking population based on adjusted mother tongue (Eckler Associés Ltée, 2006)

Age Group	2001	2006*	2011**	2016**
0-4 years old	415	360	445	432
5-24 years old	2,345	2,330	1,889	1,673
25-44 years old	3,565	3,185	2,599	2,379
45-64 years old	3,395	3,660	4,025	3,733
65-84 years old	2,050	2,055	2,162	2,455
85 years old +	265	375	378	373
Total	12,035	11,870	11,498	11,045

* Statistics Canada, 2006

** Projections based on 2001 data from Statistics Canada

Map 1 Distribution of the English-speaking population in Health and Social Service Centres (CSSS) (03), 2006 (Source: Warnke, 2009)



According to mother tongue data, English speakers in the Quebec City region represent approximately 12,000 people – or 1.8 percent of the population (Statistics Canada, 2006). There is also a higher proportion of English-speaking seniors and youth in the area (CHSSN, 2008). English speakers in the CNR are also proportionally older than Francophones in Region 3 (Eckler, 2006).

It should also be noted that between 2001 and 2006 the English-speaking population experienced a high mobility rate. In fact, 43 percent of the population changed residence during this brief period of time. This is relevant since newly arrived English speakers are less likely to have a social network in the CNR and therefore more likely to have particular needs (Voice of English-speaking Québec, 2009).

The region's English-speaking population forms low-density zones and is primarily concentrated in the CSSS areas of Vieille-Capitale (53.9 percent) and Québec-Nord (39.7 percent), more specifically in the municipalities of Valcartier and Shannon. Its presence is marginal in the areas of Portneuf (4.75 percent) and Charlevoix (1.64 percent) (CHSSN, 2009).

5. Our partners

Given our specific mandate with regard to the English-speaking population, our service offer covers the four local networks of the CNR. As is the case for other partners, our organization relies on a network of institutions in order to coordinate, as effectively as possible, the services we offer the community, namely through efforts such as an initiative underway that aims to improve service organization throughout the integrated regional network.

Partnerships are therefore essential to the development and day-to-day functioning of JHCS. These partnerships have allowed us to forge close relationships with the community and assert our role as a top provider of primary health services to the English-speaking population. At this time, our main community partners are Jeffery Hale Community Partners, the Central Québec School Board, Champlain – St. Lawrence College, Voice of English-Speaking Quebec, the Fraser Recovery Program (drug and alcohol addiction) and the network of English-language places of worship. We also enjoy special partnerships with establishments of the public network through formal agreements with the Vieille-Capitale CSSS, Québec-Nord CSSS and the Centre jeunesse de Québec (youth protection).

6. Our qualified regional team

JHCS relies on a bilingual, multidisciplinary staff of dedicated and experienced professionals. Its team includes, among others, special education technicians, social workers, clinical nurses and occupational therapists with credentials recognized by their respective professional orders. All take to heart their role of delivering caring and innovative health and social services in response to the needs of the community they serve. Moreover, our psychosocial team has become the regional expert in the area of crisis intervention for the English-speaking population.

section 2 **Service offer**



JHCS' service offer was developed in response to the needs of English speakers, who request health and social services and whose critical mass and ability to support clinical expertise justify the delivery of such services. In addition to intake, assessment and orientation services, JHCS' programs include health, readaptation and psychosocial services in the mental health, family-child-youth, homecare and day centre programs.

These programs are aimed at the following clientele:

- > Youth and their parents;
- > Individuals with mental health issues;
- > Individuals with age-related loss of autonomy (PALV).

1. Access to Jeffery Hale Community Services

According to the ranking of services set out by the health and social services ministry, the specific and complementary mandates of each institution remain the same even when offering English-language services. However, institutions and English speakers living in the CNR can contact Saint Brigid's – Jeffery Hale Hospital (SBJH) to receive services in English in accordance with the regional organization of services and the resources available. In fact, the SBJH has been mandated by the 2006 PROSI to provide health and social services to the English-speaking community in the Quebec City region.

When an English speaker requests health or social services in English at SBJH, whether referred by a health professional or not, the intake, assessment and orientation process begins. The needs assessment process is carried out by intake staff using standardized tools. The evaluation is completed in English directly with the client or along with their loved ones and other care providers in the health and social services network.

The purpose of the assessment is to clearly understand clients' needs for services and guide them toward the resources that will best meet these needs, whether those of JHCS or of other partners in the local health and social services network. Access to JHCS is described in its *Politique d'accès aux services communautaires de langue anglaise Jeffery Hale (2008)*.

The Jeffery Hale Access Point is your gateway to bilingual health and social services and is currently being implemented and evaluated (2010-2013).

1.1 JEFFERY HALE ACCESS POINT

Saint Brigid's – Jeffery Hale Hospital consider itself to be a complementary, interdependent partner of the health and social services network in the CNR. Our service offer must, therefore,

build on those specific skills which complement the mandate of our regional partners. As a result, SBJH is committed to providing timely, culturally relevant access to services in English in the region in response to the needs of its clients, while respecting the limitations of its partners.

The Jeffery Hale Access Point model provides better access to primary health care services, both for the general population and English speakers in the CNR, guiding them to appropriate services in a timely manner. Staff members provide intake, assessment and orientation or reorientation toward the right resource in the network (CSSS access point, family medicine groups, network clinics). Primary health care workers at SBJH's Access Point, therefore, interact with the internal and external network through existing formal transition channels or those under development.

Services and activities

- > Intake, assessment and orientation of social service requests;
- > Short-term psychosocial intervention;
- > Nursing intervention and liaison.

2. Family, child, youth services

Services that fall under this program aim at ensuring the development, well-being and security of children, youth and their families through a series of integrated, coordinated, high-quality services. There are also several information and support groups to reduce the isolation of parents with young children. The community organizer is in charge of planning and hosting various activities for young families.

2.1 FAMILIES AND CHILDREN

Services for families with preschool children are offered on both an individual and group basis.

The early childhood team serves the needs of English-speaking families who have children aged newborn to four years. Intervention with this group involves cooperation with families, other partners in the community and across the network. Our goal is to facilitate the integration of English-speaking families into Quebec society.

Services and activities

- > Prenatal classes and meetings;
- > OLO program;
- > Integrated Services for Perinatal and Early Childhood;
- > Prevention and socialization activities, such as the Take-a-Break Drop-in and Baby Chat Café;
- > Psychosocial follow-up;
- > Postnatal follow-up;
- > Pediatric services;
- > Direct support to families

2.2 YOUTH

Services for at-risk youth are available to children, adolescents and their families. The majority of these young people (close to 3,000) attend one of the seven elementary schools or one of the three high schools of the Central Québec School Board in the Québec City region.

Agreement with the Québec Youth Centre for outpatient services

In order to ensure continuity with our services and offer English-language services to members of its minority community, the Québec Youth Centre has assigned a special education technician to work with English-speaking youth. Based on our premises, this staff member receives referrals from social workers whose clients are aged 0 to 18 years. The special education works first and for most with the Act Respecting Health and Social Services (LSSS) and with the Youth

Protection Act (LPJ) and the Youth Criminal Justice Act (LSJPA) depending on the context of intervention. The educator's interventions are oriented to prevention and are based on clients needs.

Services and activities

- > School-based psychosocial and health services;
- > Immunization;
- > Healthy Schools promotion and prevention programs;
- > Sentinel suicide program;
- > Direct support for families;
- > Rehabilitation services.

3. Psychosocial and mental health services

The mental health services program delivers various professional services to clients experiencing mental health issues or temporary or long-term adjustment problems. The goal is to help people maintain or regain their well-being and independence in various aspects of their lives. The program is open to adults and youth and their families, with the approach being adapted to each age group.

Services and activities

- > General psychosocial follow-up;
- > Crisis intervention (7 hours a day / 5 days a week);
- > Primary mental health services;
- > Variable community follow-up;
- > Psychosocial mental health intervention with youth;
- > Collaborating in evaluating the CSSS' mental health access point;
- > Promotion and prevention programs, such as the Winds of Change.

4. Home care

The purpose of home care services is to help seniors continue to live in their homes while supporting their desire for independence. Continuity of care and specialized services are provided through collaboration with local partners. Significant efforts are also made to ensure access and coordination of complementary services.

Target group:

- > Seniors and other clients facing loss of autonomy;
- > Terminally ill clients;
- > Post-stay, post-op (same-day surgery) patients.

Professional care and services

- > Nursing services;
- > Basic rehabilitation (occupational therapy);
- > Psychosocial services and support;
- > Support for caregivers and loved ones;
- > Respite in a temporary residence;
- > Promotion and prevention programs, such as the Walk Program;
- > Community organization services;
- > Assessment for protective supervision purposes (public curator);
- > Advice and orientation on public and private housing.

Care and services offered through partnerships with the CSSSs in the area:

- > Basic rehabilitation (physiotherapy);
- > Nutrition services;
- > Palliative care.

Home care services

- > Accompaniment and friendly visits;
- > Frozen Meals;

- > Remote monitoring – Lifeline;
- > Telephone Check-in;
- > Civic support activities such as help with forms and budgeting.

Care and services offered through partnerships with the CSSSs in the area:

- > Personal assistance services such as helping with bathing, eating, dressing or certain transfers (from wheelchair to bed, from wheelchair to toilet, etc.).
- > Housekeeping services.

Depending on client needs, home care services may be offered by social economy enterprises, community organizations, volunteer groups, staff hired through the direct allocation program or caregivers.

Services for caregivers

- > Respite;
- > Psychosocial services;
- > Community-based support, such as the caregiver support group.

Care and services offered through partnerships with the CSSSs in the area:

- > Elder-sitting services;
- > Emergency respite;
- > Assistance with daily living activities.

5. The Day Centre

The day centre provides services that help seniors experiencing loss of autonomy remain in their own homes. The activities, which are delivered by a team that includes special educators, an occupational therapist and a nurse, fall under the following categories: physical and psychosocial health and the retention of acquired skills. The purpose of the Day Centre is to delay the

overall deterioration of seniors' health, offer their caregivers respite and reduce their isolation. Activities promote cognitive and sensory awareness, while also providing a place where clients can socialize in English. To reach clients in close proximity to their homes, the day centre has outlets in Valcartier, Portneuf and Stoneham.

Services and activities

- > Nursing services and occupational therapy;
- > Adapted therapeutic activities;
- > Transportation to and from the Day Centre;
- > Lunch.

6. Clinical administrative support

The whole JHCS team relies on clinical administrative support, which is essential to the maintenance of its current service offer. This clinical administrative structure allows the alignment of the various sectors of activities in the region.

Services and activities

- > Centralized call intake;
- > An information centre that houses a series of documents adapted to the needs of the CNR's English-speaking community. This documentation is a valuable tool for JHCS' professionals in their clinical, professional and teaching activities. In addition, the information centre also reinforces our mission by providing a central showcase for all of JHCS' own publications;
- > Administrative support and administrative coordination.

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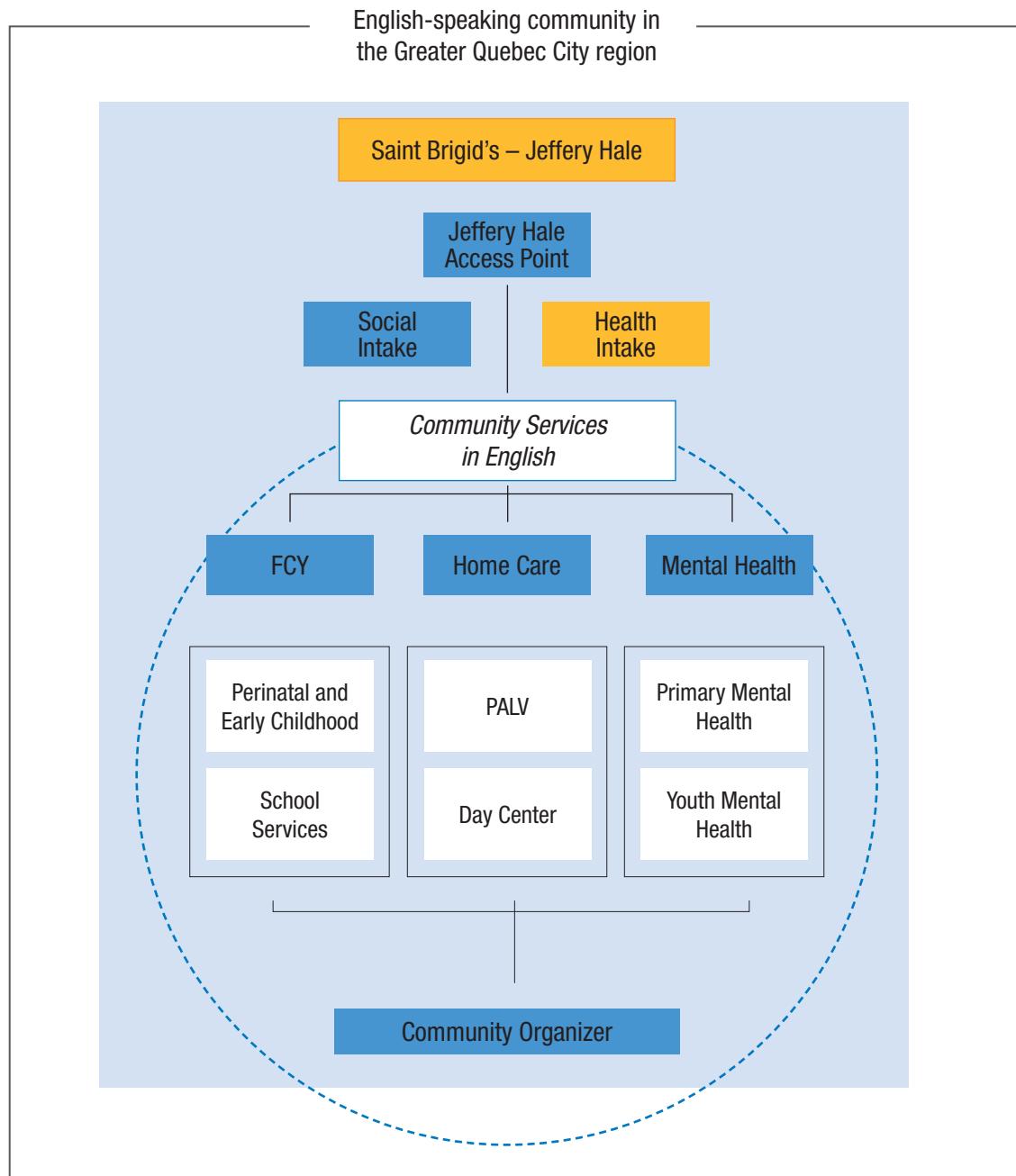
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Appendices



Organizational Chart of Jeffery Hale Community Services



Structure of Client Programs

