



# **Improving Access to Health and Social Services and Information in the English Language**

***Presented by:***

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*2018 Community Network Forum*

*Wednesday, February 28, 2018*

*Centre Leonardo Da Vinci*

# Challenges

1. Public sector misconceptions
2. Legislative/Regulatory Framework
3. Awareness:
  - Health & Social Service Establishments
  - English Speaking Community
4. Organisational Support Structures
5. ESC expression of language preference /satisfaction

# Challenges

## I. Public Sector Misconceptions :

- *We have few complaints about access to English language services - we are meeting the needs*
- *Most of our Anglophone clients manage to speak sufficient French*
- *We have a list of staff who have declared that they can speak English and are able to act as interpreters for colleagues*
- *English language access is a legislative issue*

# Challenges

## 2. Legislative / Regulatory Framework

- Focus tends to be upon what cannot be done vs. what can be done
- Divergence among establishments in practices and interpretation of regulations (ex. English is not permitted on the establishment website, we cannot provide translation of client clinical instruction sheets, we cannot survey client satisfaction in English, etc).
- Legislation regulating the public display of written information in health establishments in the English language

# Challenges

## 3. **CISSS/CIUSSS Staff Awareness**

- Limited staff awareness of:
  - the impact of poor language access on the quality, security, effectiveness and efficiency of clinical services
  - access program provisions and existing organisational resources available to support access to services in the English language (interpretation, translation services, translated documents, etc)
- ESC awareness of the regional access plan

## 4. **Organisational Support Structures**

- Disparity in organisational support structures to guide and assist staff in serving the ESC (policies and procedures, practical tools, linguistic competency assessments, directory of translated documents, language training programs etc.)

# Challenges

## **5. ESC Requests for English language services**

- Reluctance to request services and written information in the English language - contributing to lack of establishment awareness of language of preference/ESC needs
- Reluctance to report lack of linguistic access

# Some Solutions

- A paradigm shift
- CHSSN project 2016-2018 :  
recommendations for revision of Access Programs guidelines – key components
- Community-Establishment partnerships :  
promising practices

# A paradigm shift

- Language access is a matter of **quality** of services and management of **risk to patients**
- **Informed consent** requires access to documentation and verbal explanations the client can understand
- It is not up to the patient to **navigate** in the health & social services system, it is up to establishments to guide them towards the required services



# Review of regional Access Programs

## Findings

- Lack of a conceptual framework linking language access to the quality and security of services
- Variable sensitization of managers and staff regarding Access Programs
- Disparities in:
  - modalities for access to services in the English language
  - organisational measures to provide staff support and to ensure the language competency of staff serving the ESC
  - Implementation of communication plans (internal and external)
- Absence of an evaluation framework and few indicators to evaluate access to services in English and the success of improvement initiatives

# CHSSN projet : 2016-18

*Provide recommendations to the MSSS for the revision of the Guidelines for Access Programs which take into account :*

- ***Specific needs of the ESC community for access to services in the English language***

- Quality services
- Comparable services (equity)
- Proximity of services (population responsibility)
- Continuum of services in English

- ***Establishment needs for development and deployment of Access Programs***

- Support mechanisms taking into account the reorganisation
- Transfer of knowledge and best practices
- Harmonized tools and templates

**Public/Community  
Partnership**

# Key components recommended for revision of access programs

## **Comprehensive information on the current situation**

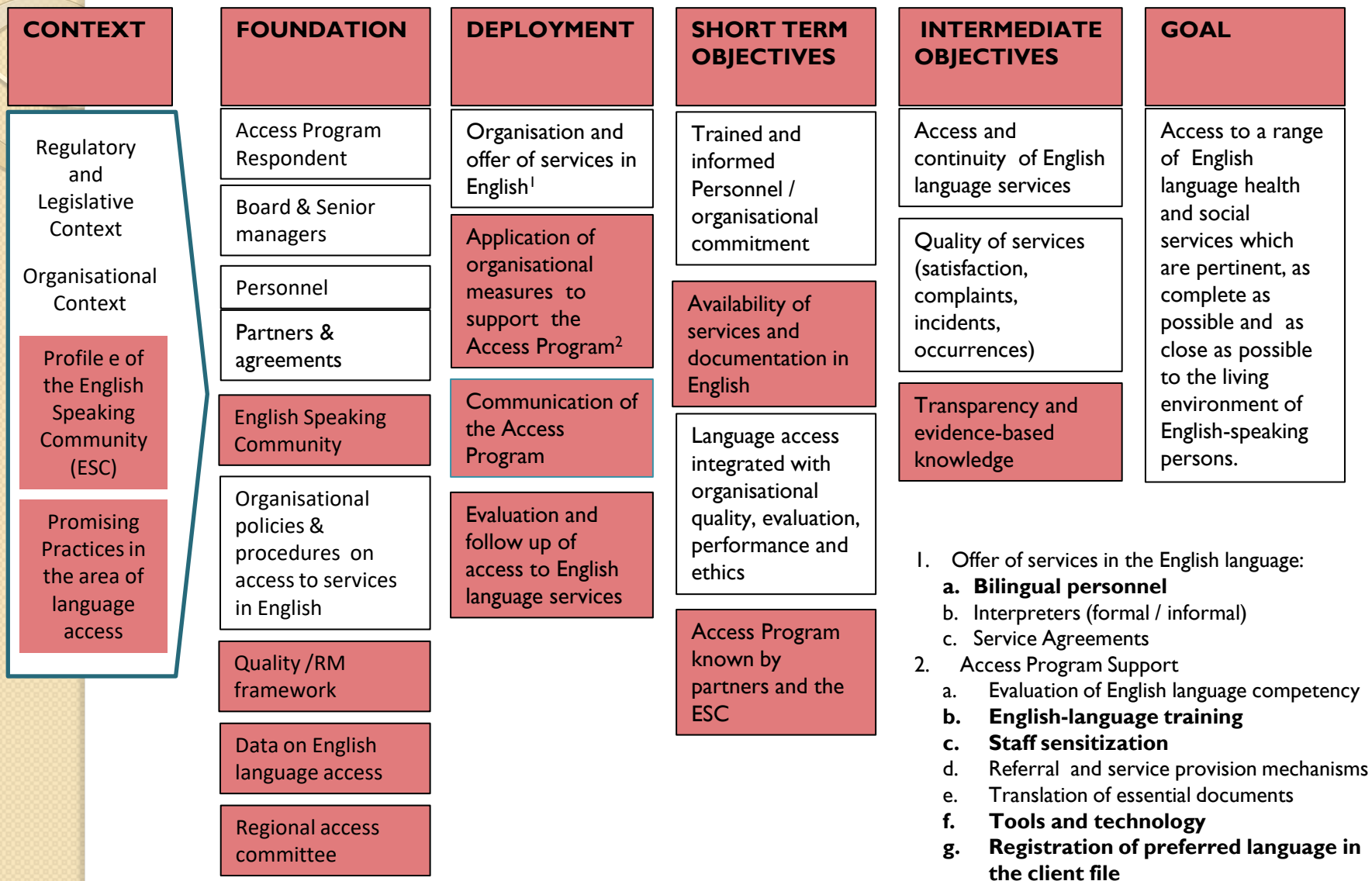
- **What?:** identify the services available in the English language within each program/service along the entire clinical continuum.
- **Where?:** identify the locations (installations)
- **How?:** specify the modalities (bilingual staff, interpreters, service agreements, teleconference, etc.)

*Tools: 3 self-assessment tools developed by the CHSSN and MSSS: governance, leadership, clinical programs-services*

## **In summary:**

1. Identify the needs
2. Inventory the current offer of services
3. Identify the gaps
4. Develop and implement an improvement plan
5. Communicate the plan

# Programs for Access to English language Health and social services : Logic Model



# Community/Establishment Partnerships : **Context** for Access Programs

- Community role at each step of the planning, implementation and evaluation of access programs

Providing the **context**: profile of the ESC

1. Community consultation, forums, partnership tables, surveys
2. Data on socio-economic and demographic profiles of the ESC
3. Data on access to services and information in the English language

# Community/Establishment Partnerships :Providing support in the **Deployment/Implementation** of the Access Program

1. Organisational support measures for staff (ex. directories of English language community services, bilingual student internships to assist establishments in recruitment, community liaison and outreach workers, lunch and learn for maintaining staff English language competency ...)
2. Communication of the Access Program & navigation – English language summary on public sector and NPI web sites, contributions to CISSS/CIUSSS staff newsletters, promising practices such as bilingual staff logo on ID ...)

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**Nom**  
**Prénom**



**Titre d'emploi**



# Promising collaborative practices

- CONNEXIONS - Project with Appui to support English speaking caregivers in the Pontiac region by developing a network of senior volunteers who identify vulnerable seniors and provide them with information about health and social services available in their region.
- CAMI- Senior Resource Guide
- ECOL :A description of the role of their community liaison was distributed in the French language to the CISSS Lanaudière community organisers
- REISA - Directory of public sector and community health and social service resources available to the ESC in the East of Montreal
- MCDC- Internal newsletter *Interligne* at the CISSS Chaudière Appalaches in which the community organisation MCDC contributes articles on issues such as the profile and needs of the ESC



# Promising collaborative practices

## Section Partenaires

### Outils pour soutenir les proches aidants de langue anglaise

Vous êtes-vous déjà trouvé dans une situation où une personne aimée se fait dire qu'elle souffre d'Alzheimer, d'un cancer ou de toute autre maladie grave? Le professionnel de la santé vous fournit toute l'information désirée en français, qui est votre langue maternelle, et malgré tout, vous ne retenez pas 50 % de ce qui vous est dit.

Maintenant, imaginez la même situation, mais l'information vous est fournie en anglais. Même si vous êtes bilingue, votre capacité de rétention de l'information sera encore plus réduite, parce que, alors que vous êtes dans un état de grand stress ou de grande fatigue, on ne vous parle pas dans votre langue maternelle. C'est ce qui se passe pour les proches aidants anglophones.

Le rôle de proche aidant est exigeant et épuisant, que ce soit sur une période qui s'étend sur plusieurs années ou dans les cas de fin de vie. Pour les proches aidants de langue anglaise, la barrière linguistique est un défi de plus à surmonter.

L'organisme communautaire CASE (Centre for Access to Services in English), basé à Drummondville et soutenu par le CIUSSS Mauricie et Centre-du-Québec, a en main une série d'outils pour aider les proches aidants anglophones à mieux comprendre leur rôle, à prendre soin d'eux tout en prenant soin de l'autre et à trouver les ressources nécessaires pour les soutenir.

- « **A Guide for Caregivers** » : Ce guide est destiné à ceux qui doivent prendre soin d'une personne aimée et qui désirent améliorer leur qualité de vie.
- « **Choosing a Nursing Home** » : Ce livret est rempli d'informations et de trucs pour aider à choisir une résidence de soins de longue durée.
- « **Passeport Santé** » : Cet outil aide à la préparation d'une visite avec un professionnel de la santé surtout dans les situations d'urgence.



Ces outils sont disponibles en ligne sur le site de notre partenaire, la MCDC, au [www.mcdc.info](http://www.mcdc.info). On peut aussi en obtenir des copies papier en communiquant avec M<sup>me</sup> Shannon Keenan, agente d'information à CASE. À l'occasion, dans les cas d'urgences, alors qu'aucun interprète ou professionnel de la santé bilingue n'est disponible, Shannon peut également servir d'interprète à distance, par téléphone.

**Vous pouvez la joindre du lundi au jeudi, de 9 h à 17 h,  
au numéro suivant : 1 855 609-9009**

Les proches aidants sont importants. Laissez-nous vous aider à aider les proches aidants de langue anglaise!

# Access to information in the English Language: Key CISSS/CIUSSS Collaborations

- Board– ESC representative, Client representative
- Access Program respondent – coordination of Access program renewal, community consultations, CISSS/CIUSSS population forums
- Director of Quality/Organisational Performance/Ethics – BEEP surveys, complaints, informed consent, risk management committee, Quality/Ethics/Organisational Performance committee
- Complaints Commissioner

# Written and Oral Communication

- On the MSSS web site, a series of standard forms are available to CISSS/CIUSSS service providers, many translated into English (consent forms, public health documentation, etc).
- Regulations allow for the translation of
  - public health documentation
  - Information for a specific individual, upon request, such as documents to allow a client to exercise a right or fulfill an obligation (ex complaint procedures, consent for blood transfusion, clinical information, etc).
  - Web sites : French information / documents by default and summary English translations at the request of the user (choice of English by user)
  - correspondence and documents for an individual upon request (ex. brochures)
- Oral communication upon request
- Registered messages (ex voicemail) – a summary of the menu in French followed by a choice to select an option for English
- Designated and indicated establishments : additional privileges apply

# Conclusion

- A paradigm shift is required : language access is critical for client safety, informed consent, client participation in, and understanding of, treatment plans
- Responsibility for the Access Program does not rest with a single establishment staff member – key success factors include
  - commitment at the senior management and governance levels
  - partnerships and complementarity between the health and social services and community networks
- Public sector establishments must implement organisational support measures and inform their staff
- Organisational evaluation of access programs will require data on language of preference and ESC client satisfaction