

Portrait of the Situation for English-speaking First Nations:

Accessing Health and Social Services in English in the Province of Québec

Research Report

Coalition of English-Speaking First Nations Communities in Québec

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INTRODUCTION

- In Québec, English-speaking First Nations communities face challenges when accessing health and social services from the federal and provincial systems.
- In 2012, a Coalition of English-Speaking First Nations of Québec came together to address access issues.
- At present, the Coalition is comprised of nine (9) First Nations Communities and one (1) Aboriginal Organization, including:

Kawawachikamach, Gesgapegiag, Listuguj, Akwesasne, Kanesatake, Kahnawake, Eagle Village First Nation / Kipawa, Kitigan Zibi, Timiskaming, and the Native Women's Shelter of Montreal.

ABOUT THE COMMUNITIES

- The English-Speaking First Nations communities /organization that comprise the Coalition are situated in seven of Québec's eighteen public health regions.
- The Coalition communities are located in isolated, rural, and urban areas.
- With respect to language, approximately 64.5 % of the total Aboriginal population are predominately English-speaking, or English is the first official language spoken after their own Indigenous language.*

*Data source – Aboriginal Affairs and Northern Development Canada, 2012 and Ministère de la Santé et des Services sociaux du Québec, 2012

PURPOSE OF RESEARCH

The goal of the research was to document issues and challenges that English-speaking First Nations communities face when accessing health and social services from federal and provincial systems.

Research objectives:

- **Expose – Access issues and challenges**
- **Identify – Strategies and solutions**

Methodology

- **Action-based research approach:** Researcher worked with the Coalition members to identify research questions; the researcher worked with each community to determine the best way to gather data in keeping with community research protocols.
- **Research Methods:** Data from the First Nations communities was gathered through focus groups, individual interviews and questionnaires. As well, the researcher conducted a literature review to gain an understanding about the provincial healthcare system (Québec's Network).

Data Collection

- Data was gathered from all nine (9) First Nations' communities and one (1) organization. To date, a total of 135 participants have taken part in this research.*
- Data was collected during the following time periods:
 - March 12 – July 24, 2013
 - Oct. 4 – Oct. 12, 2013
 - Sept. 30 – Nov. 3 2014
- A total of fourteen (14) focus groups were held with Community Resource Workers and/or First Nations' Community Members.
- Nineteen (19) individual interviews were conducted.
- Five (5) communities completed questionnaires.

* The numbers reflect all the communities and organizations involved to date.

FINDINGS

Key Access Issues and Challenges

- **Communication** (*Language barriers when communicating with provincial institutions*).
- **Jurisdictional Issues:** i.) Provincial borders; ii) Corridors of Service; and iii) lack of clarity regarding Federal/Provincial responsibilities over First Nations' healthcare.
- **Accessing documentation** and information in English.
- **Cultural discrimination and lack of cultural sensitivity** at provincial institutions.
- **Attitudes and perceptions** about accessing services from provincial institutions.

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Key Access Issues and Challenges

- **Lack of access to specialized services** in English
(**Isolated and rural areas there are challenges accessing both specialized and general services*).
- **Long wait times** for services, and even longer wait for services in English.
- **Limited training opportunities** in English.
- **Emergency / Crisis Services** (*Emergency Room and dispatch services are not always available in English*).
- **Limited funding** for language services (*such as translation and liaison workers*).
- Dissatisfied with the **quality of services** in English.

Strategies and Solutions

Participants spoke about strategies they have in place, or would recommend, to mitigate access issues and challenges:

- **Relationship building and networking** (share information)
- **Agreements, policies and protocols** between institutions
- **Access services from other jurisdictions**
- **Access services from private clinics**
- **Complaints process** (Track clients complaints)
- **Training and employment** (offer more training in English and recruit professionals to work in communities)
- **Advocate and Support** (Workers advocate and support their clientele, in particular when travelling)
- **Cultural Sensitivity workshops**

Strategies and Solutions

- **Support clientele/family members in emergency and crisis situations** (e.g. language support)
- **Provide transportation** (when accessing English language services that fall 'outside' of corridors/out of province)
- **Information and awareness** (where and how to access services)
- **Leadership and vision** (for example, Strategic Plan outlining how First Nations may access services in English)
- **Identify priority areas** (English-language services required in communities)
- **Rights and Responsibilities** (Provide information about language policies and legislation)
- **Increase visibility of Aboriginal culture and Indigenous languages in provincial institutions**
- **Funding for translation services**

CONCLUSION

The research exposed issues and challenges that English-speaking First Nations face when accessing health and social services from the federal and provincial systems.

The research revealed that English-speaking First Nations face 'double discrimination' when accessing services:

- There are obstacles resulting from language.
- There is "lack of awareness" about First Nations communities (history, culture and social needs).

Language and culture are closely connected. Participants spoke about the need to break down barriers among provincial, federal, and First Nations organizations, and to build relationships based on respect.

CONCLUSION

- The research affirms the need to strike a balance between workers' rights to speak French in the workplace, and clients' rights to receive services in English.
- Finally, the research revealed the need for a tripartite approach among First Nations, provincial and federal governments to address the distinct challenges facing English-speaking First Nations in Québec when accessing health and social services.

RECOMMENDATIONS

1. Expand and build partnerships with federal and provincial partners.
2. Develop a strategic plan that reflects the linguistic and cultural needs and priorities of English-speaking First Nations to improve access to services.
3. Establish protocols and agreements with provincial institutions based on the needs and priorities of English-speaking First Nations.
4. Collaborate and network with non-governmental organizations and networks to improve access to services for English-speaking people in Québec.

RECOMMENDATIONS

5. Integrate First Nations history and culture into the planning and delivery of services to foster cultural sensitivity.
6. Share information and raise awareness about which services are available from provincial and federal systems (including English-language services).
7. Long-term funding is required to build and expand partnerships to effectively address access issues and challenges.
8. Formalize the Coalition to enable English-speaking First Nations to address their unique linguistic and cultural needs in order to improve access to services from provincial and federal systems.

