

Portrait of the Situation for English-speaking First Nations

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

Summary of Research

Presentation to the Viens Commission

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About the Communities

- CESFNCQ members are located in seven (7) of Quebec's eighteen (18) health regions in **isolated**, **rural**, and **urban** areas.
- Six (6) of the CESFNCQ are 'border' communities.
- Approximately **64.5 % of the total Aboriginal population in Quebec** 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

Overview of Research

- CESFNCQ oversaw multi-year research with English-speaking First Nations communities/organization.
- **The research documents challenges and experiences facing English-speaking First Nations (front line workers and community members) when accessing services from health and social institutions in the province of Quebec.**
- **‘Portrait of the Situation’ community-based reports include:** Health Services – Report (2013) and Addendum (2015); Social Services – Report (2016).

PURPOSE

- ❖ The purpose of the research was to **investigate the situation** of English-speaking First Nations of Quebec when accessing health and social services.
- ❖ Research objectives:
 - a) identify **issues and challenges** when accessing services;
 - b.) **Document strategies and solutions** (in place or recommended) to improve access

Methodology

Action-based research approach:

- The CESFNCQ and researcher identified research questions and methods to gather qualitative data.
- Ensure consistent data collection, yet with some flexibility to meet the particular needs of each community or organization.

Research Methods:

- Focus groups, individual or group interviews, questionnaires, and surveys.
- Letters of Invitation sent to all CESFNCQ members
- Community Liaisons assisted with various aspects of the research (e.g., identify participants, organize focus groups, data collection)

Data Collection

All eleven (11) members of the CESFNCQ participated in the research, and a total of 184 individuals took part in the initiative.

HEALTH

- Nine (9) First Nations communities and one (1) organization (total of 135 participants)
- Total of **fourteen (14) focus groups, nineteen (19) individual interviews**, and **five questionnaires** were completed
- Data collection took place in March – July 2013, October 2013, and September – November 2014.

SOCIAL SERVICES

- Ten (10) First Nations communities and one (1) organization (total of forty-nine (49) participants)
- Total of **eighteen (18) in-depth interviews** (group/individual), questionnaires
- Data collection took place in April-June 2015 and Jan. – Feb. 2016

FINDINGS

Access Issues and Challenges: Health and Social Services

- **Double discrimination – language barriers and lack of cross cultural understanding** (*Additional barriers for communities/individuals whose first language is their own Indigenous language).
- **Discrimination and lack of cultural safety**
Participants spoke about provincial workers' lack of understanding about colonial context and policies; lack of understanding about intergenerational trauma; and lack of understanding about Indigenous worldviews/approaches to wellbeing.
- **Attitudes and perceptions**
Participants reported feelings of anxiety and fear over “*not being understood*” when accessing health and social services from provincial institutions because of language and cross-cultural misunderstandings. Some reported “*not going for services*” due to negative perceptions about quality of care.
- **Jurisdictional issues:** i.) Provincial borders (“*being turned away*”); ii) Corridors of Service (“*need to go farther to get services in English just to stay in Corridor*”); “iii) Lack of clarity about federal/provincial responsibilities over First Nations’ health services
- **Dissatisfied with quality of services** in English: issues with assessments, discharge, and follow up

Access Issues and Challenges: Health and Social Services

- **Lack of access to specialized health services in English.** Long wait times for services, longer wait for services in English. Barriers due to distance and/or transportation in isolated, rural and urban areas. **Aboriginal Peoples in isolated and rural communities face challenges accessing both general and specialized health services.*
- **Specialized services that are difficult to access in English include:** Addictions' services, child psychologists, legal aid, occupational therapy, speech therapy, psycho-social and psycho-educational (child development assessments), autism evaluations, dietician. *In Urban areas participants identified challenges accessing secondary housing (particularly for Aboriginal women).*
- **Lack of English language services for mental health.** Reported that 'quality of services' an issue in area of mental health due to language barriers and cross-cultural misunderstandings.
- **Crisis Situations and Critical Care** – Individuals in crisis situations have limited access to mental health services (remote, rural and urban areas). Reports of barriers because of language for individuals in critical care. Some participants noted issues due to language with Emergency Services (emergency room and dispatch).

Access Issues and Challenges: Health and Social Services

- **Lack of English language documentation from province** (e.g., health information, assessments, funding proposals (municipal), placement agreements).
- **Lack of funding for translation services.** Bilingual (*French and English*) workers are providing in-house translation services, over and above their workload. Organizations are paying for translation services from administrative or program budgets.
- **Challenges accessing updates from province** about changes to health and social services' legislation and/or regulations.
- **English-speaking professionals face barriers:** challenges registering with Quebec's Professional Order because of French language requirements.
- **Lack of English language training opportunities in Quebec** (health providers, social services' first and second line workers).

CONCLUSION

The research documented a portrait of the situation for English-speaking First Nations in Quebec when accessing health and social services.

Language and culture are closely connected. The research revealed that English-speaking First Nations face 'double discrimination' when accessing health and social services:

- There are obstacles resulting from language barriers
- Lack of of cross cultural understanding.

The research affirms a desire to improve access by fostering formal and informal *partnerships and communications* amongst English-speaking First Nations, and with provincial and federal health and social services' institutions. The research affirms a desire for English-speaking First Nations to be involved in *decision-making and implementing* of health and social services. Finally, the research affirms a need to ensure *cultural safety*, as well as access to health and social services reflective of *Indigenous understandings* of health and wellbeing.