

# English Services Access Program

October 2010

CRASLA is the Comité régional pour les programmes d'accès à des services de santé et des services sociaux (Regional Committee for Access Programs to English-Language Health and Social Services). The Quebec government requires the creation of these committees in each administrative region. They evaluate, suggest modifications and otherwise advise the regional agencies on their access programs.

Work is now underway to prepare an updated version of the 2006 Laurentian program by a committee made up of members of the English communities and the institutions that serve the territory.

A series of laws, beginning with the famous Bill 101, placed many restrictions on the use of English in public institutions. But certain provisions in these laws protect some basic rights for the English-speaking population of Quebec, among them the delivery of health and social services. CRASLA's mandate is to collaborate with the regional agency in identifying services required and the ways to provide them locally, regionally or, when necessary, in another region.

The health and social services institutions are categorized as either *designated*, *indicated* or not listed at all. The Office québécois de la langue française *recognizes* an institution that provides services to a majority of persons who speak a language other than French. A *designated* institution is one that is acknowledged by the Government among the *recognized* institutions and is required to make its health and social services accessible in English. An *indicated* institution is one that has at least one department or service identified in the access program to provide services in English. A caveat is added that the program must consider the availability of human and material resources and the financial means to support them. Establishments are encouraged to go beyond the basic requirements by providing services on a voluntary basis in light of the right of all English-speaking people to have services in their own language. They can fulfil this by ensuring that they hire more bilingual staff, after determining the proportion of the personnel in each role or department who should be able to speak English.

In the 2006-2009 Access Program for the Laurentians, only the Lachute Residence was *designated*, which means that all services there must be provided in both French and English. Many of the CSSSs have different establishments under their umbrellas (hospital, CLSC, long-term care facilities etc.) each with its own *indicated* plan. Some of the institutions, particularly in the farthest north reaches of the territory, do not furnish any English services.

The CSSS des Sommets, with its hospital, three CLSCs and three long-term care CHSLDs, has *indicated* status only in the Philippe Lapointe Pavillon, requiring that reception, assistance care, rehabilitation and nursing be available in English. All other services provided in English throughout the CSSS are on a good-will basis.

Some other institutions serving our region, providing Youth Protection, drug, alcohol, physical or mental rehabilitation, are also included in the list with varying degrees of responsibility to provide English-language services. In addition, the Access Program lists institutions outside the region where services that are not available near home can be provided by agreement with the local agency, including certain Montreal hospitals, the Batshaw Centres for youth and other providers of health and social services.

The Committee is hard at work developing the new program. If you have any comments, Jean-Philippe Vézina at the Agence de la santé et des services sociaux des Laurentides is the person responsible. You can reach him at 450-436-8622 ext. 2226 or by email at [jean-philippe.vezina@sss.gouv.qc.ca](mailto:jean-philippe.vezina@sss.gouv.qc.ca).

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