

RESEARCH OBJECTIVES



Document the challenges of intervention in the context of linguistic diversity and health crises.



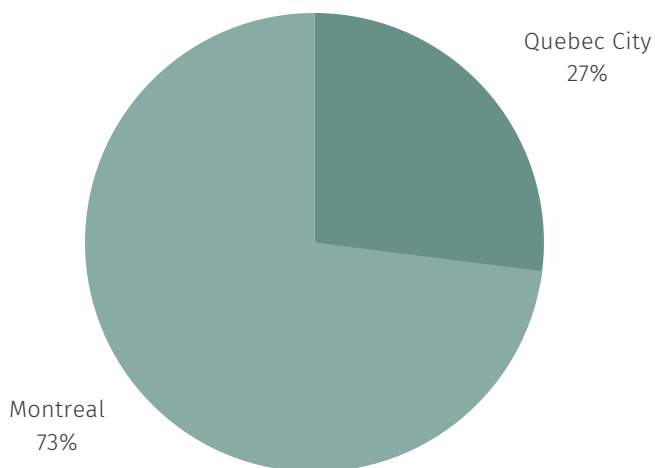
Identify current or innovative practices developed by practitioners in the field.

METHODOLOGY

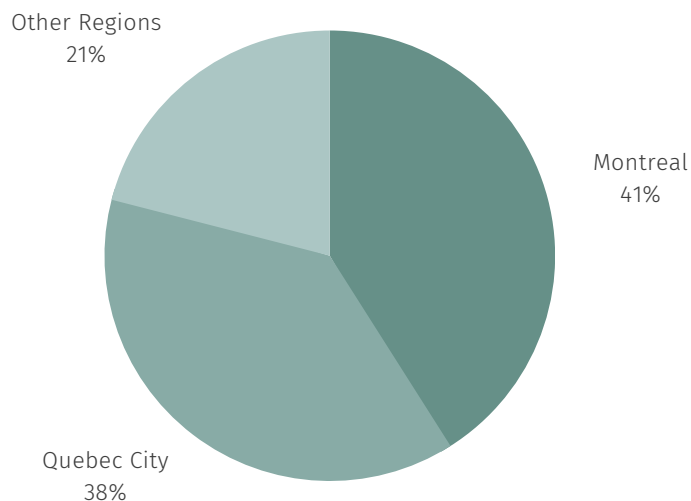
- Online questionnaire (from October 2020 to October 2021) for health and social services network and community organization practitioners and interpreters.
- 362 responses from practitioners analyzed.
- 67 responses from interpreters analyzed.

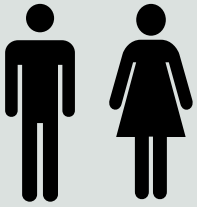
PROFILE OF THE RESPONDENTS

In which region of Quebec do the interpreters work?



In what region of Quebec do the practitioners work?





The majority of the respondents were women (practitioners and interpreters).

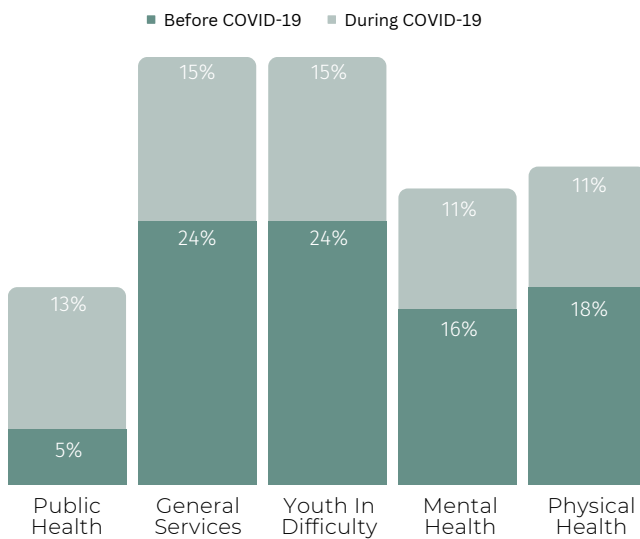
91%

of practitioners work in the public health and social services network.

58%

of interpreters work in the public health and social services network.

DURING COVID-19: PRACTITIONERS' PERSPECTIVE (COMPARED WITH BEFORE)



The use of interpreters has fallen in all areas (Mental health, Addiction, Youth in difficulty, etc.), except for Public health.

The proportion of public health interventions involving interpreters rose by 8% (from 5% to 13%).

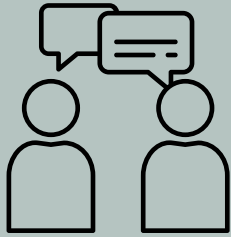


Interpreters were most often needed for Arabic (51%), Spanish (47%), Swahili (20%) and Bengali (18%).



Reliance on interpreters decreased during the pandemic for all populations except for adults aged 25-36 years (from 75% to 78%)

INTERVENTION STRATEGIES FOR ALLOPHONES IN THE PRESENCE OF INTERPRETERS DURING COVID-19



- 51% of practitioners needed an interpreter in person more than once a day.
- 60% of interpreters interpreted in person more than once a week.

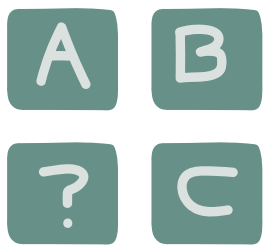


- 57% of practitioners needed a phone interpreter more than once a day.
- 55% of interpreters interpreted by phone more than once a day.



- 5% of practitioners needed an interpreter via videoconferencing more than once a day.
- 40% of interpreters interpreted via videoconference once a month or less.

THE THREE MOST COMMON STRATEGIES USED BY CLINICIANS WHEN A FORMAL INTERPRETER IS NOT AVAILABLE



Simple Language
(74%)



Gestures
(74%)



Linguistic Reference
Tools (59%)

DIFFICULTIES AND CHALLENGES CLINICIANS ENCOUNTERED



- For intervention with interpreters online :
- 41% noted that the necessary technology is not available.
- 38% mentioned the difficulty of creating a working alliance.



For intervention with interpreters **by phone** :

- 58% noted that the users and interpreters are not available at the same time.
- 43% mentioned the (important) duration of the intervention.

ORGANISATIONAL ADAPTATION AND SUPPORT OFFERED TO CLINICIANS

40%

mentioned that the organization installed specific platforms for tele-intervention.

31%

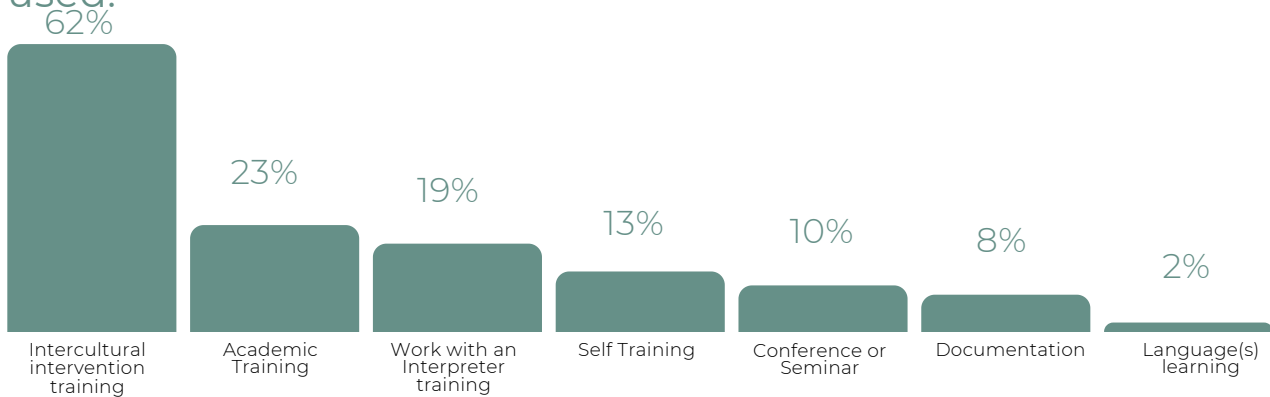
reported that the organization acquired new computers.

25%

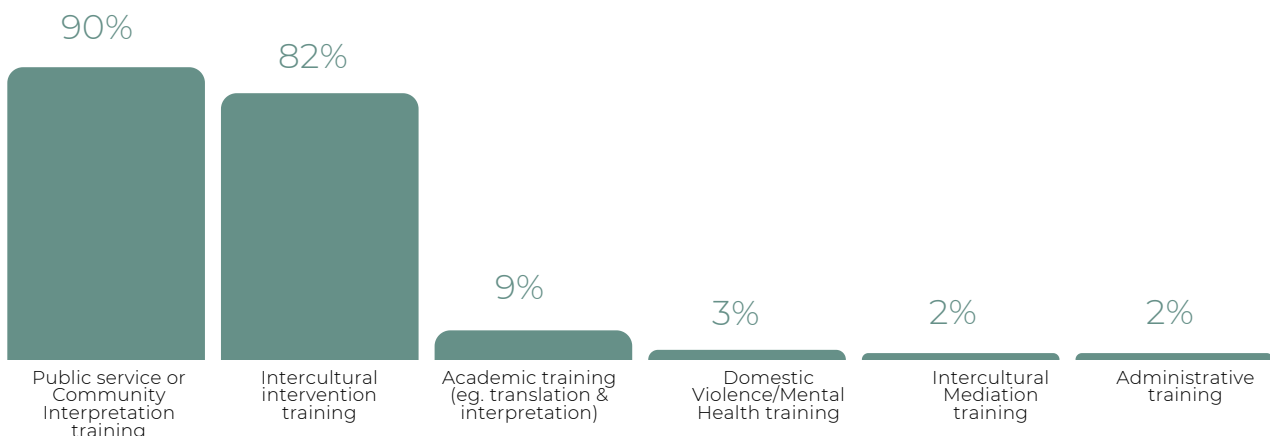
stated that the organization did not put in place any measures to facilitate or allow remote intervention with interpreters.

According to the respondents, there is a lack of training. The little training available is mainly at the technical level, and there isn't enough training on how to work with an interpreter, according to practitioners.

In terms of training, practitioners reported having attended or used:



In terms of training, interpreters reported having attended or used:



PARTICIPATING INSTITUTIONS AND ORGANIZATIONS

- CISSS du Bas-Saint-Laurent
- CIUSSS de la Capitale-Nationale
- CHU de Québec - Université Laval
- CIUSSS de l'Ouest-de-l'Île-de-Montréal
- CIUSSS du Centre-Ouest-de-l'Île-de-Montréal
- CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- CIUSSS du Nord-de-l'Île-de-Montréal
- CIUSSS de l'Est-de-l'Île-de-Montréal
- CISSS de l'Outaouais
- CISSS de Laval
- CISSS des Laurentides
- Several community groups and organizations

PARTNER ORGANIZATIONS

- Secrétariat à l'accès aux services en langue anglaise et aux communautés ethnoculturelles, Ministère de la Santé et des Services sociaux (MSSS).
- Bureau d'intégration des nouveaux arrivants à Montréal (BINAM).
- Table de concertation des organismes au service des personnes réfugiées et immigrantes (TCRI).
- Table de quartier Montréal-Nord (TQMN).
- Cellule communautés ethnoculturelles, Direction régionale de Santé publique (DRSP), CIUSSS du Centre-Sud-de-l'Île-de-Montréal.
- Programme régional d'accueil et d'intégration des demandeurs d'asile (PRAIDA), CIUSSS du Centre-Ouest-de-l'Île-de-Montréal.
- Santé publique et partenariat, Direction des services intégrés de première ligne, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal.



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