

ENGLISH-SPEAKING INFORMAL AND FAMILY CAREGIVERS IN QUEBEC

A PORTRAIT OF THE POPULATION AND ITS NEEDS

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This fact sheet is a tool to raise awareness among individuals who work with informal and family caregivers about the specific needs of English-speaking caregivers in Quebec and the challenges they face. It also aims to raise awareness about the importance of linguistic accessibility in services and the consequences of its absence.

It is based on an analysis of data from the study “The Experiences of Informal and Family Caregivers in Quebec Who Belong to an Ethnocultural Minority Group.”

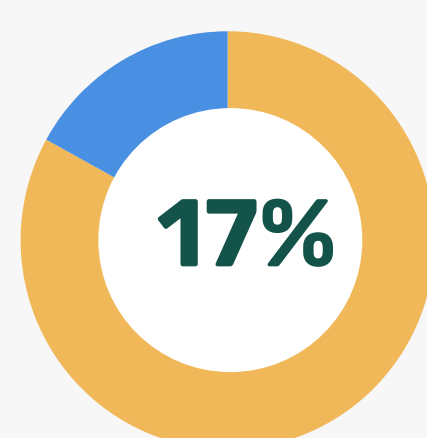
[Read the full research report \(in French\)](#)

WHO ARE THEY?

The term “**English speaker**” refers to a person whose mother tongue is English or who is more comfortable communicating with services in English than in French.

Definitions, as well as population proportions, vary across different reports and studies, as does the proportion of English speakers in Quebec. English speakers are estimated to represent between 13.8% [1] and 14.9% [2] of the total population of Quebec.

There is a gap between the needs of this population and the availability of English-language services in the health and social services network. For example, 23.2% of English speakers who did not receive service in English at a CLSC had nevertheless requested it. This proportion rises to 48.5% among people who speak only English [3].



of English speakers provided unpaid care to a vulnerable or dependent person in 2019 [4]

[1] Pocock, J. (2022). *Le modèle de liaison communautaire : Améliorer l'accès aux services de santé et aux services sociaux pour les communautés d'expression anglaise du Québec*. Réseau communautaire de santé et de services sociaux (CHSSN).

[2] Pocock, J. (2023). *Portrait des régions (toutes les régions)*. CHSSN.

[3] Pocock, J. (2019). *L'accès aux soins de santé et aux services sociaux en anglais au Québec. Rapport de données de base 2018-2019*. CHSSN.

[4] Pocock, J. (2020). *L'accès aux soins de santé et aux services sociaux au Québec, profil provincial. Rapport chronologique: Enquêtes CHSSN/CROP 2005-2019*. CHSSN.

PORTRAIT

In Quebec, compared to the French-speaking majority, English speakers are:

More likely to identify as a **visible minority**

Younger
(less likely to be over 65)

More likely to be **immigrants**

More likely to be **unemployed**

More likely to experience **difficulty balancing their personal and professional lives**

Less likely to have **health insurance or a family doctor**



Several reasons may explain why some caregivers in Quebec are not comfortable expressing themselves in French:

- Some are monolingual English speakers.
- Some speak French, but are more comfortable using English (their mother tongue) to talk about complex, personal topics.
- Others have recently immigrated to Quebec and don't speak French yet. Some have been here longer, but structural or contextual reasons [5], including their caregiving situation, hinder their ability to learn French.

Ten of our study participants were native speakers of English.

Six of them would have needed, to varying degrees, English-language services or interpreters when communicating with services.

[5] Such as their socio-economic, family, professional and other circumstances.

LANGUAGE BARRIERS

Barriers to communication and linguistic accessibility hinder the use of health care and services within Quebec's public health and social services network.

The challenges faced by English-speaking caregivers are exacerbated by these barriers, and have tangible consequences for their caregiving experiences.

In particular, they are required to:

- 1 **Act as informal interpreters for their loved ones**, which forces them to accompany their loved ones to every appointment
- 2 **Seek other, lower-quality services, or private options**, to overcome language barriers
- 3 **Restrict their service requests**, for fear of being judged or not understanding
- 4 **Rely on the willingness and ability of professionals**, to provide services in English for themselves and their loved ones
- 5 **Find alternative methods and strategies**, to communicate with public network staff
- 6 **Travel more frequently and over longer distances**, to find English-language services outside major metropolitan centres, particularly in rural or suburban areas
- 7 **Manage the discontinuity** of English-language services and face uncertainty in finding new services

These issues must be given special attention from anyone who works with English-speaking caregivers.

In short, these caregivers:

May feel **humiliated** and inadequate in their caregiving role because they don't speak French

Cannot always access services for themselves and lack information on services available in English

Need to conduct **more research and provide more support** so that their loved ones do not suffer the consequences of the lack of linguistic accessibility in services

May **experience discrimination** in services due to language

DID YOU KNOW ?

Since 1991, the right of all English-speaking individuals to receive health and social services in English has been established in the Act respecting health services and social services (section 15). Nevertheless, in practice, English-speaking caregivers continue to be denied services in English or access to an interpreter.



WHEN CAREGIVERS HAVE TO INTERPRET: THE LIMITS

Caregivers of individuals who do not speak French often have to interpret when interacting and communicating with the public health and social services network. However, one must be wary of informal interpreting, as it has several limitations:

- Interpretation errors may occur—caregivers are not trained in interpretation.
- Caregivers may omit information to avoid distressing their loved ones with information deemed sensitive or negative.
- Caregivers may themselves have difficulty understanding French or may not be familiar with all the medical terms.
- Caregivers may lack information about their loved ones' condition.
- Caregivers may be young.

WHAT CAREGIVERS SAY

Some caregivers, such as Elena, are eager to resume their francization courses so they can improve their French communication skills.

"I know that the government wants us to communicate in French, but at the same time, if they don't [give] access to all families to French lessons [and] at the same time, a place where [...] their kids could be cared for [...] All the families [have to decide] who is the one that is going to work, and [...] who is the one that is going to take care of the kids until they have the age for entering the school. And in my case, that is going to be another year."
(Elena)

In contrast, Lily is the only person in her family who speaks French, which makes her responsible for all communications with health care staff.

These situations highlight concerns about what will happen if caregivers are no longer present to interpret for their loved ones during appointments or if their loved ones can no longer access services in English.

"[she] cannot go to... if she has to go live some place (inaudible) she cannot go to a French one. [...] So yeah... My sib[ling]s have to be able to talk to someone about that too. (inaudible) It worries and frightens me." (Lily)

These concerns are not unfounded. Many people are denied access to services in English, either for themselves or their loved ones. For this reason, Linda feels compelled to continue supporting her loved one, even though it is not entirely her choice, as she is the only one who speaks French.

"People are refusing to speak English in the nursing home that he is in. Umm, it is like nobody speaks any English. [...] but his family CANNOT communicate [in French]." (Linda)

Zihan cares for her child (who is now a young adult). She arrived in Quebec over 20 years ago and is fluent in both her native language and English. She understands French but is not comfortable expressing herself on complex topics in the language. Her child's condition requires regular follow-ups with various doctors and health professionals. Every week, she spends several hours producing a chart summarizing changes in her child's condition, which she must always translate (with the help of her other child) before presenting it to doctors to ensure mutual understanding. In the absence of a formal interpreter or English-speaking health professionals, all her efforts focus on ensuring clear communication with the medical team.

Biases can also influence access to interpreters or English-language services. For example, users with some, albeit limited, command of French are more likely to go without interpreting services because it is wrongly assumed that they can do without them. As a result, some English-speaking caregivers must manage without an interpreter.

"We are meeting quite a few people who don't speak any English. And they usually explain : "Parlez-vous un petit peu de français?", "Oui, juste un petit peu." And then, they proceed to speak French." (Jay)

Conversely, when a person has no knowledge of French, the service provider is more likely to recognize the problem and respond appropriately.

The inability to express oneself fully in French can result in a person not receiving the services to which they are entitled, experiencing delays in care for caregivers and care recipients, or receiving lower-quality services. In some cases, medical errors can occur due to these communication barriers, leading to serious or even fatal consequences for care recipients.

MORE ON THIS TOPIC

[Community Health and Social Services Network's document center](#), for detailed analyses of the realities of English- speakers in Quebec and their access to health and social services in English.

[The Experiences of Informal and Family Caregivers in Quebec Who Belong to an Ethnocultural Minority Group – Research Summary](#), SHERPA University Institute.

[Support services for English-speaking caregivers in the West-Island](#), Webinar, GASO

[Health Profile of Linguistic Communities in Québec](#), Monitoring Report, Tu et coll. (2019), Institut National de Santé Publique du Québec.