

PROVINCIAL BRIEFING DOCUMENT 4: EXECUTIVE SUMMARY

Health Care Services for Abused Immigrant, Refugee, and Non-Status Women

Abused immigrant, refugee, and non-status women and their children in BC face a range of challenges in accessing health care. Despite the province-wide availability of Provincial Language Services, most health authorities in BC do not have formal interpretation policies and/or do not utilize appropriately trained interpreters in their health facilities. Women and children who are ineligible for free essential health care or do not have access to appropriate interpreters are put at risk of untreated or inadequately treated health problems, including injuries resulting from the violence itself. In addition, training of health care providers on the specific needs of abused immigrant, refugee, and non-status women and their children is essential.

Recommendations

Immediate

1. Ministry of Public Safety and Solicitor General should include both health ministries on inter-ministry bodies responsible for developing and implementing a response to violence against women.
2. Citizenship and Immigration Canada (CIC), the police, provincial justice ministries, provincial health ministries, Regional Health Authorities, and hospitals should work together to ensure that abused non-status women who are hospital patients are not placed at risk of deportation.
3. BC health ministries should work with health authorities, hospitals, clinics, and other health care professionals to develop province-wide policy and guidelines to ensure that regardless of where a non-English-speaking patient in BC seeks health care services, she will be provided with appropriate interpretation services in a timely fashion. Policy and guidelines should address best practices for provision of language interpretation.
4. BC health ministries should work with health authorities, hospitals, clinics, health care professionals, universities, the Provincial Language Service, and other relevant interpretation services to ensure that appropriate ongoing training is provided to front-line staff on interpretation issues. (ongoing)

Medium-term

5. BC health ministries should work with CIC, health authorities, hospitals, clinics, and health care professionals to develop a multi-pronged approach to ensure that all non-English-speaking persons using health care services have accurate information in their own language on accessing appropriate interpretation services.
6. BC health ministries and health authorities should work with the Provincial Language Service and other relevant interpretation services to ensure that interpreters are adequately trained in the nature and dynamics of domestic and sexual violence, including how this violence may impact on immigrant, refugee, and non-status women and their children.
7. CIC and the Province should work together to ensure that specially adapted and expedited temporary resident permit (TRP) and Humanitarian and Compassionate (H&C) processes are implemented for abused immigrant, refugee, or non-status women so that these women and their children have access to emergency and essential health and dental care while awaiting the outcome of an H&C application.

Longer-term

8. As part of the Province's *Domestic Violence Action Plan*, health ministries should work with Regional Health Authorities and CIC to establish clinics and other strategies across BC to provide accessible health care services to abused non-status women and their children, as well as health care services specifically targeted to abused immigrant and refugee women.



PROVINCIAL BRIEFING DOCUMENT 4

Health Care Services for Abused Immigrant, Refugee, and Non-Status Women¹

ISSUE: Abused immigrant, refugee, and non-status women and their children in BC face a range of challenges in accessing appropriate health care services.

KEY POINTS

- Abused immigrant, refugee, or non-status women and their children who are ineligible for essential health care are put at risk of untreated health problems, including injuries resulting from the violence itself. The cost of essential medical services for someone who is ineligible for free health care in BC and has no other health insurance is prohibitive.
- It is important that ways be found to provide emergency and essential health care services to all abused immigrant, refugee, or non-status women regardless of their immigration, refugee, or insurance status. Vancouver's Pine Clinic provides a model for the delivery of such medical services to people who have no medical coverage.
- An amended and expedited temporary resident permit (TRP) process and process based on humanitarian and compassionate (H&C) grounds (see federal Briefing Document 1, *Needs of Women Without Status as a Result of Leaving an Abusive Spouse*) will ensure that abused immigrant, refugee, and non-status women have access to essential health and dental services while they await permanent resident status in Canada.
- There is a need for coordination between CIC and the police, provincial justice ministries, provincial health ministries, and other provincial services such as health authorities and hospitals regarding the handling of domestic violence cases involving non-status women. The threat of deportation will prevent many such women from reporting abuse or seeking essential health care, thus putting them and their children at risk.
- It is important that any new training initiatives developed as part of BC's *Domestic Violence Action Plan* include health care providers and a focus on the particular health care needs of immigrant, refugee, and non-status women and their children.
- Appropriate language interpreter services are crucial for abused immigrant, refugee, and non-status women seeking health care services, because interpretation affects not only the quality of health care for women and their children's, but also their safety.

¹ For purposes of this document, immigrant women may include participants in temporary foreign worker programs such as the Seasonal Agricultural Worker Program or the Live-in Caregiver Program.

THE CONTEXT

- Immigrant, refugee, and non-status women's access to health care coverage in BC is complex and varies with immigrant or refugee status.
- The BC Medical Services Plan (MSP) website states that:
 - An individual must be a resident of B.C. in order to qualify for medical coverage under MSP. A resident is a person who meets all of the following conditions:
 - must be a citizen of Canada or be lawfully admitted to Canada for permanent residence;
 - must make his or her home in B.C.;
 - must be physically present in B.C. at least 6 months in a calendar year; and
 - dependents of MSP beneficiaries are eligible for coverage if they are residents of B.C.
 -some holders of study and/or work permits issued under the federal Immigration and Refugee Protection Act are deemed to be residents, but tourists or visitors to B.C. do not qualify... (Ministry of Health Services, 2010)
- New BC residents who are eligible for medical coverage through MSP are eligible only after they have completed a waiting period, calculated as the balance of the month in which a person became a BC resident, plus two months. There is an appeal process.
- In limited circumstances – for example, foreign victims of trafficking in persons (VTIPS) who have been issued a 180 day TRP, Government Assisted Refugees (GARs), some refugee claimants – the federal government may provide some initial medical/dental coverage through the Interim Federal Health (IFH) Program. IFH coverage is immediate for eligible persons. However, IFH coverage is not indefinite: it is limited to 180 days for VTIPs and generally limited to one year (renewable if necessary) for refugee claimants. It is not automatic and is provided based on a needs assessment, except in the case of GARs.
- GARs are eligible for regular BC health services on arrival and receive IFH coverage for services not covered by MSP and for some extended benefits, normally for 12 months. For Privately Sponsored Refugees (PSRs) the IFH coverage may extend to 24 months. IFH coverage is not available for independent immigrants or sponsored family class immigrants.
- In order to qualify for medical coverage through MSP, a temporary foreign worker must have a work permit that is valid for six months or more. If a work permit limits a foreign worker to a specific employer, it is the employer's responsibility to enrol the worker in MSP. In certain cases, that employer must provide medical coverage during the waiting period.
- Women who have lost their sponsorship status because they have left an abusive spouse before the sponsorship process is complete may find themselves in Canada without legal status and therefore without access to no-cost medical services.
- While awaiting the outcome of the H&C process, a non-status woman does not have access to essential or emergency health and dental care.
- There are reports from front-line workers that Canada Border Service Agency (CBSA) officials have arrived at hospitals in search of abused non-status women who are patients.

- The TRP process has been adapted specifically for use in the case of trafficking victims. These VTIP TRPs may be issued for up to 180 days and can be reissued at the end of that period. Holders of VTIP TRPs may receive emergency and essential health and dental services through the Interim Federal Health Agreement.
- Few services exist in BC to provide medical care to those without medical coverage. The only such service in the Lower Mainland is Vancouver's Pine Clinic. This is a youth-focused service, providing medical services to those over 24 years old only on weekday mornings. While it does have access to language interpretation services, it is not specifically equipped to provide services to those who do not speak English. It relies primarily on non-English-speaking patients bringing someone with them who can act as an interpreter.
- Vancouver's Bridge Community Health Clinic provides a good model for delivery of services to refugees and refugee claimants, including free primary health care services. Staff include physicians, nurses, interpreters, settlement workers, nutritionist, psychologist, and psychiatrist. Services are offered in partnership with Immigrant Services Society of BC, and BC Multicultural Health Services Society.
- Policy regarding provision of language interpretation services to patients who do not speak English is set at the Health Authority level. Not all Regional Health Authorities in BC have policy that appropriate language interpreter services will be provided to non-English-speaking patients. Health Authority policies are as follows:
 - Vancouver Coastal Health Authority website states:

Spoken Language interpreters are available to help with communication between staff and patients who have limited English. These interpreters may be requested by VCH staff only. If you or your family needs the help of an interpreter, please speak to a staff member.

No other language interpretation policy is in place. Responsibility for language interpretation services has recently moved to the Provincial Language Service, so policy and practice is currently in transition.
 - Vancouver Island Health Authority (VIHA) has no language interpretation policy. The VIHA website directs patients to bring their own interpreter if they require language interpretation services. PIHA personnel also said that if someone requires an interpreter, the switchboard makes an announcement asking for people who speak a particular language to identify themselves.
 - Interior Health Authority has no language interpretation policy. Practices vary from use of whoever may be available on-site to use of Provincial Language Service interpreters.
 - Fraser Health Authority (FHA) website states:
 - At no cost, we are prepared to provide an interpretation or written translation in over 60 different languages and dialects for patients, clients, or residents...
 - To access this service, please inform your healthcare provider when you schedule your appointment that you will require the use of language services. For unexpected

and unscheduled visits, request the service from a staff member on your care team. We will do our best to provide a trained interpreter to meet your needs.

Responsibility for language interpretation in two FHA regions has recently moved to the Provincial Language Service, so policy and practice is currently in transition. Email communication has been used to inform staff about current practice in terms of who to call for interpretation services. Current practice also includes staff orientation and the provision of cards for patients to give to staff to request interpretation services.

- Northern Health Authority, while it has a brief written Interpretation Services policy, relies on volunteer interpreters rather than on qualified paid interpreters such as those supplied by the Provincial Language Service.
- Provincial Health Services Authority (PHSA), including provincial health institutions such as BC Women's Hospital and Health Centre, BC Children's Hospital, and the Provincial Language Service, has a comprehensive Language Access Policy that states:

Effective language access will be achieved using a multi-pronged approach, such as the use of professional interpreters for verbal communication and professional translators for written communication....and

PHSA discourages the use of family and friends as interpreters....and

All patient/client information collected during the course of an interpreting or translation request is deemed, and will remain, confidential.

- There are reports from women and from front-line workers of cases in which interpreter services have not been provided to non-English-speaking patients, even in hospitals where policy exists that such interpreter services must be provided.
- As language interpretation is a key safety issue for abused immigrant, refugee, and non-status women, it is crucial that health authorities have comprehensive policies on provision of language interpretation services to non-English-speaking patients that address use of qualified interpreters, the importance of confidentiality provisions, and the need for all front-line staff to be aware of and adequately trained on the language interpretation policy.
- The Provincial Language Service, a program of PHSA, provides in-person interpreter services on an on-call or appointment basis and 24-hour telephone interpreter services in over 150 languages to health care agencies and government institutions.

RECOMMENDATIONS

In the interests of safety for abused immigrant, refugee, and non-status women and their children:

Women's access to health care

1. Citizenship and Immigration Canada (CIC) and the Province of BC should work together to ensure that specially adapted and expedited temporary resident permit (TRP) and Humanitarian and Compassionate (H&C) processes are implemented in the case of abused immigrant, refugee, or non-status women so that these particularly vulnerable

women and their children have access to emergency and essential health and dental care while awaiting the outcome of an H&C application.

2. As part of the Province's *Domestic Violence Action Plan*, health ministries should work with Regional Health Authorities and CIC to establish clinics and other strategies across BC to provide accessible health care services to abused non-status women and their children, as well as health care services specifically targeted to abused immigrant and refugee women.

Information to women

3. BC should work with CIC officials to ensure that linguistically-specific information materials for immigrant, refugee, and non-status women entering BC clearly state who is and who is not eligible for no-cost health care in Canada, the waiting period for medical coverage for new BC residents, options for appealing waiting periods, and the cost of health care if paid for privately, and should strongly recommend that anyone entering Canada who is not eligible for free essential health care services enter with private medical insurance.
4. BC should work with CIC officials to ensure that linguistically-specific information materials for immigrant, refugee, and non-status women entering BC strongly advise that they not allow a temporary permit to expire, that if it expires they renew it without delay, and the consequences – including for health care coverage – of being without legal status.

Coordinated response

5. In order to ensure a specific focus on the health care needs of immigrant, refugee, and non-status women, Ministry of Public Safety and Solicitor General should include both health ministries on inter-ministry bodies responsible for developing and implementing a response to violence against women.
6. CIC, the police, provincial justice ministries, provincial health ministries, Regional Health Authorities, and hospitals should work together to ensure that abused non-status women who are hospital patients are not placed at risk of deportation.

Training

7. BC health ministries should work with Regional Health Authorities, hospitals, clinics, universities, and other health care professionals to ensure that adequate training is provided to health care practitioners in BC on an ongoing basis on the unique needs of immigrant, refugee, and non-status women who are victims of violence.
8. Any inter-ministry committee developing or implementing training as part of the Province's *Domestic Violence Action Plan* should include both health ministries.
9. Any training developed as part of the *Domestic Violence Action Plan* should include a specific focus on the health care needs of abused immigrant, refugee, and non-status women and their children.

Language interpretation

10. BC health ministries should work with health authorities, hospitals, clinics, and other health care professionals to develop province-wide policy and guidelines to ensure that regardless of where a non-English-speaking patient in BC seeks health care services, she will be

provided with appropriate interpretation services in a timely fashion. Policy and guidelines should address best practices for provision of language interpretation, including:

- Importance of using qualified interpreters;
- dangers of using family members or friends for interpretation;
- ongoing training for interpreters;
- confidentiality issues;
- informing patients about how to access interpreters;
- informing staff about the policy and how to access qualified interpreters;
- use of professional in-house interpreters where demand justifies.

11. BC health ministries should work with health authorities, hospitals, clinics, other health care professionals, universities, the Provincial Language Service, and other relevant interpretation services to ensure that appropriate ongoing training is provided to front-line staff on interpretation issues, including:

- health authority and institutional policies regarding the provision of language interpretation services to non-English-speaking patients;
- the key role played by appropriate language interpretation for non-English-speaking patients;
- the particular needs of abused women and their children regarding language interpretation, including interpretation as a safety issue;
- how best to meet the interpretation needs of abused immigrant, refugee, and non-status women and their children.

12. BC health ministries and health authorities should work with the Provincial Language Service and other relevant interpretation services to ensure that interpreters are adequately trained in the nature and dynamics of domestic and sexual violence, including how this violence may impact on immigrant, refugee, and non-status women and their children.

13. BC health ministries should work with CIC and health authorities, hospitals, clinics, and other health care professionals to develop a multi-pronged approach to ensure that all non-English-speaking persons using health care services have accurate information in their own language on accessing appropriate interpretation services.

CONTACT: Tracy Porteous, Executive Director
Ending Violence Association of BC
Telephone: 604-633-2506
E-mail: porteous@endingviolence.org

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This document is one of a series of eight provincial and six federal Briefing Documents produced by the Ending Violence Association's Community Coordination for Women's Safety Program as part of its Safety for Immigrant, Refugee, and Non-Status Women Project.