



Office of the
Commissioner of
Official Languages

Commissariat
aux langues
officielles

AUDIT

of Direct Health Care Services
by Four Federal Institutions:

Health Canada, Veterans Affairs Canada,
the Royal Canadian Mounted Police
and Correctional Service Canada

FOLLOW-UP
December 2012



www.officiallanguages.gc.ca

To reach the Office of the Commissioner of Official Languages
or to obtain a copy in an alternative format,
dial toll-free 1-877-996-6368.
www.officiallanguages.gc.ca

© Minister of Public Works and Government Services Canada 2012
Cat. No.: SF31-91/2012
ISBN: 978-1-100-54433-5

In July 2007, the Office of the Commissioner of Official Languages published an audit regarding direct health care services provided by four federal institutions: Health Canada, Veterans Affairs Canada, the Royal Canadian Mounted Police and Correctional Service Canada. The report included 30 recommendations (see appendices A to D) to help the four institutions improve direct bilingual health care services to certain official language minority clients and to help the institutions meet their obligations under Part IV of the *Official Languages Act* (communications with and services to the public).

The targeted clientele are the following: members of First Nations and Inuit communities (Health Canada), veterans (Veterans Affairs Canada), recruits and cadets (Royal Canadian Mounted Police) and inmates (Correctional Service Canada).

The 30 recommendations focused on the following points:

- Ensuring that the institutions fully comply with the requirement to provide an active offer in person, on the telephone and on voice mail;
- Raising linguistic profiles for certain bilingual positions in health care;
- Verifying whether incumbents of positions whose linguistic profiles have been raised meet these new requirements;
- Implementing a monitoring mechanism to ensure compliance with language obligations in relation to the provision of health care services;
- Ensuring that health professionals hired on contract have the required language skills;
- Implementing a monitoring mechanism to ensure the quality of services provided in both official languages by health professionals hired on contract;
- Including a language clause in operating agreements with provincial health services and health institutions, service contracts or contractual agreements with health professionals.

In June 2012, the Office of the Commissioner of Official Languages completed a follow-up to assess the implementation of the July 2007 audit recommendations and measure the four institutions' progress in providing direct bilingual health care services to their clientele.

Our analysis of the progress reports, supporting documents and additional information that the four institutions provided are found in the following pages.

HEALTH CANADA

- The Department regularly sent e-mails to staff concerning the need to provide adequate bilingual out-of-office messages to clients. Reminders and examples were offered to staff several times a year. The Department noted that non-insured health services now have a telephone system that allows clients to select their preferred official language. In addition, in 2011, Health Canada conducted an internal audit of services that their Montréal and Longueuil offices provided to the public via telephone. That audit revealed that high-quality service was provided in the minority language, English.

We believe that, in addition to sending regular reminders to staff, Health Canada would benefit from formalizing the carrying out of regular internal audits on service to the public. The audit findings could be regularly distributed in narrative form to staff of designated bilingual offices.

- In August 2007, out of a total of five nursing positions, the linguistic profiles of three—one at Lac-Rapide and two at Winneway—were raised to BBC. The Department indicated that two nurses at Lac-Rapide who currently do not have level C in oral interaction are on language training. The progress report did not reveal whether the remaining two nursing positions at Lac-Rapide have had their levels changed to C in oral interaction. In addition, the Department raised the previously asymmetrical linguistic profiles (in other words, the profile differed from one language to the other) of 2 eligibility officer positions, out of 10, to BBB, and there is now a French Essential eligibility officer position.

We encourage Health Canada to follow through with its plan to raise the linguistic profile for oral interaction to C for the remaining two nursing positions at Lac-Rapide.

We would also like to remind Health Canada that section 91 of the *Official Languages Act* emphasizes the need for objectivity in setting the language requirements of positions designated bilingual.

- At the time of the audit follow-up, Health Canada had not implemented a formal monitoring mechanism to ensure compliance with its language obligations in relation to the provision of health care services. However, the Department indicated that it conducts internal verifications and follow-ups with the managers responsible and sends reminders to nursing services regarding obligations under the *Official Languages Act*.

We are confident that the development of a formal monitoring mechanism will strengthen Health Canada's efforts to comply with its language obligations in Quebec.

- Health Canada contacted Public Works and Government Services Canada to include a clause in its standing offer indicating the need to test personnel prior to employment. The Department indicated that that clause is now in the standing offer.
- The Department developed a questionnaire in late 2007 that is now offered to clients at nursing homes to determine their satisfaction with the quality of services being provided in both official languages. However, Health Canada indicated that no questionnaires have been completed and that no complaints have been received. Also, the Department indicated that progress reports on activities and initiatives regarding official languages were given to the Regional Director, including regular follow-ups with the Department's Human Resources and the Official Languages Coordinator at First Nations and Inuit Health.
- Currently, there is still no means to verify the quality of services provided by professional workers hired on contract in Quebec. We encourage Health Canada to develop and put in place a formal mechanism to ensure full compliance with its language obligations.

VETERANS AFFAIRS CANADA

- Veterans Affairs Canada indicated that it distributed and posted pictograms in the required areas in June 2007, and new pictograms were ordered and installed in March 2010. The supporting documents also revealed that in March 2009 and August 2010 an internal audit of compliance with visual active offer (signage) requirements was completed. In addition, Veterans Affairs Canada created a policy on visual active offer at Sainte-Anne Hospital in June 2010 and provided it to our office.
- Regarding the linguistic profile for oral interaction for bilingual orderly positions at Sainte-Anne Hospital, Veterans Affairs Canada noted that the review of language requirements was finalized in January 2008, and letters were sent in March 2008 informing orderlies occupying these bilingual positions that their level was raised to B.

According to the Department, its 2006 hiring process for orderly positions demonstrated that only 60% of candidates would meet level B. Based on their findings, they decided to post subsequent processes with varied linguistic profiles (A and B). Because of the shortage of candidates, the Department indicated that it had to meet its needs with candidates who did not meet B-level requirements.

- As for raising the linguistic profile for oral interaction for various bilingual nursing positions at Sainte-Anne Hospital, the Department indicated that the review of language requirements was also finalized in January 2008, and letters were sent in March 2008 informing nurses occupying these bilingual positions that their level was raised to C.

The Department noted that processes for nursing positions have been posted with varied linguistic profiles (C and B) since 2007, but because of the shortage of candidates who meet level C in oral interaction, Veterans Affairs Canada had to meet its needs with candidates who did not meet C-level requirements.

The Department's raising of the linguistic profiles for some bilingual positions was a step in the right direction. However, as the July 2007 audit report mentioned, the existence of varying language levels for one type of bilingual position (A and B for orderlies; B and C for nurses) is contrary to section 91 of the *Official Languages Act*, which emphasizes the need for objectivity in setting the language requirements of positions designated bilingual.

The Department indicated that incumbents of bilingual orderly positions and various bilingual nursing positions at Sainte-Anne Hospital, whose language requirements have been raised, meet their linguistic profiles. Veterans Affairs Canada did not elaborate on how it verified this fact.

- The Department monitored its compliance with language obligations via a question on its end-of-life care survey from 2006 to present, as well as via a question on its 2011–2012 resident satisfaction survey.
- We encourage the Department to formalize its monitoring mechanism to strengthen its compliance with its language obligations in the provision of health care services.
- The Department stated that its Advance Contract Award Notices posted on MERX by Public Works and Government Services Canada state that the contractors selected must sign a statement included in the request for proposals that they meet the stated language requirements and that they must provide services in both official languages. However, Veterans Affairs Canada does not have a method of assessing the second-language abilities of potential health professionals it hires on contract.
- Regarding the implementation of a monitoring mechanism to ensure that the services provided in both official languages by health professionals hired on contract at Sainte-Anne Hospital are of equal quality, Veterans Affairs Canada did not indicate what measures had been taken since the July 2007 audit.

In addition to the requirement written into Advance Contract Award Notices that stipulates the provision of services in both official languages, we strongly encourage Veterans Affairs Canada to establish a monitoring mechanism to ensure that the services provided in both official languages by contract health professionals at the hospital are of equal quality.

ROYAL CANADIAN MOUNTED POLICE

- The Royal Canadian Mounted Police (RCMP) indicated that its North West Region's official languages unit regularly distributes and makes available information packages outlining its employees' official languages obligations with regard to service to the public (recruits and cadets) at the Medical Treatment Centre in Regina. The RCMP also noted that the manager of the North West Region's official languages unit personally meets with staff at the Centre to outline obligations, answer questions and provide clarification, as required.

However, the RCMP should update some of its older publications that it provides to staff pertaining to the official languages program. New materials would reflect the evolution of jurisprudence, as well as the changing roles of government institutions and agencies in the domain of official languages.

We acknowledge that the measures that the RCMP has taken regarding the recommendation concerning active offer will help it comply with the requirements of section 28 of the *Official Languages Act*.

Specifically, the RCMP submitted tools to us that it uses to help employees communicate in both official languages, such as sample bilingual voice mail messages and sheets of key phrases in English and French to use with clients.

The RCMP reported that health professionals at the Medical Treatment Centre provide active offer to cadets as a standard practice.

It also revealed that, during the Troop Orientation Session at the Depot Division, cadets are advised that health services are provided in their official language of choice. In addition, the cadets are introduced to the health professionals who will be providing them the services. Correspondence from the RCMP confirms there are bilingual positions that serve as a first point of contact for cadets entering the Medical Treatment Centre.

- The RCMP noted that a staff member at the Medical Treatment Centre meets with each cadet in the troop during the initial vaccination session, which occurs within two days of the cadets' arrival. At that time, the only language of preference that the staff member currently records on cadets' health records is French.

To provide equal treatment to all cadets, we encourage the RCMP to also record the language preference for cadets who choose English.

- Since the July 2007 audit, English and French versions of psychological tests administered to cadets have been made available and continue to be available at the Medical Treatment Centre.
- An RCMP on-site audit report revealed that the North West Region's official languages unit conducts impromptu on-site audits of the Medical Treatment Centre to assess the unit's compliance with its official languages obligations. According to the institution, a checklist entitled "Elements of Services to the Public Examined" is completed during the on-site audit, and feedback is provided in person.

We encourage the RCMP to regularly use on-site audits at the Medical Treatment Centre to assess its compliance with language obligations. Regular use of this measure will help the RCMP to provide effective health care in both official languages to cadets.

CORRECTIONAL SERVICE CANADA

- Correctional Service Canada amended its Intake Health Status Assessment form to specify language preference.

In 2013–2014, the institution will also implement the Offender Health Information System (OHIS), a new electronic health record management system that will include a field for language preference. This will likely facilitate the provision of health care services in offenders' language of choice.

- Correctional Service Canada indicated that it also makes every effort to ensure that at least one bilingual staff member is present on all shifts to be able to provide better health care services in inmates' language of choice and to ensure that inmates are accompanied by a correctional service officer who is able to provide services in the inmate's preferred language.

There is still room for improvement with respect to inmates' being accompanied by a correctional service officer who can provide services in the inmate's preferred language.

- Correctional Service Canada demonstrated that it made efforts to comply with section 28 of the *Official Languages Act*. To remind staff of their active-offer obligations in greetings to the public and in recorded messages, the Commissioner of Correctional Service Canada posted a memorandum in June 2009 on the departmental intranet page.

To facilitate active offer, Correctional Service Canada's Communications and Engagement Sector developed statement cards for employees that provide key words and phrases in English and French.

The institution's official languages improvement action plan for 2009–2010 included a commitment to further promote active offer tools.

Furthermore, Correctional Service Canada provides a quarterly report on active offer to its Executive Committee.

The institution stated that, in regions where an inmate's language of preference is not spoken by staff, interpretation services are provided. However, we continue to receive and address complaints regarding interpretation services in general. We maintain that interpretation services should be used only as a temporary measure.

- The institution indicated that its Quebec and New Brunswick regions are actively recruiting health care professionals from numerous French and English colleges and universities. Correctional Service Canada is also making ongoing efforts to recruit and retain bilingual health services professionals.

We acknowledge that Correctional Service Canada has developed a national recruitment and retention strategy. However, the institution did not gear this initiative specifically toward hiring bilingual health professionals.

- Regarding raising the designation of bilingual professional positions for oral interaction in institutions in the Atlantic and Quebec regions, Correctional Service Canada raised some linguistic profiles for nursing positions. For the Atlantic region, it raised profiles from BBB and English Essential to BBC. However, some nursing positions in the Atlantic region that were designated CCC in 2007 have been lowered to BBC. None of the linguistic profiles of bilingual health care workers in the Quebec region were raised: the bilingual positions are all set at BBB.

Correctional Service Canada's progress report stated that employees who did not meet their positions' new linguistic profile were encouraged to undertake various methods of language training.

- Regarding the recommendation that Correctional Service Canada verify whether incumbents of bilingual health professional positions whose language requirements have been raised meet these new requirements, the institution informed us that linguistic profiles were changed only after affected employees succeeded in their language training and the institution received the employees' Second Language Evaluation results. This seems to be inconsistent with the institution's progress-report statement that employees who did not meet the new linguistic profile of their positions were encouraged to undertake language training.

We would like to remind Correctional Service Canada that it needs to comply with section 91 of the *Official Languages Act*, which emphasizes the need for objectivity in setting the language requirements of positions designated bilingual.

- Correctional Service Canada modified its Commissioner’s directive on offender complaints and grievances to state the following: “When responding to complaints and grievances, decision makers at all levels will ensure that grievors are provided the services to which they are entitled under the *Official Languages Act*.”

The institution also added the following note under “Subject Matter” in its *Guidelines: Offender Complaint and Grievance Process*: “Complaints relating to the *Official Languages Act* (These complaints may be addressed through the offender complaint and grievance process, or sent to the Commissioner of Official Languages).”

- Correctional Service Canada now conducts a monthly official languages active offer monitoring exercise to ensure its compliance with language obligations. A quarterly report on the exercise, which proposes steps to improve active offer, is presented at the institution’s executive committee meetings.
- Correctional Service Canada also developed and communicated an Official Languages Accountability Framework that outlines the roles and responsibilities of the Commissioner and staff.
- In addition, the institution implemented the Management Control Framework, a monitoring process that it conducts annually to verify compliance with various departmental policies. An appendix in the framework outlines general obligations and services to offenders, including a statement of correctional institutions’ obligation to provide health care services in an offender’s preferred official language. Through this framework, the institution can gauge if services are available to offenders in their preferred official language, whether provided by correctional employees or contract professionals.

We are encouraged that Correctional Service Canada implemented a monitoring mechanism that includes official languages as a priority. However, the institution needs to take further steps to evaluate the quality of services that contract health professionals deliver in both official languages. The institution should conduct formal on-site internal audits to determine if inmates receive equal-quality health care services in both official languages—particularly from contract health professionals.

- Since 2008–2009, all new requests for proposals for health professionals in Correctional Service Canada’s bilingual institutions have specified bilingualism as an essential qualification. The requests for proposals also specify that contractors provide services in clients’ preferred official language.
- At the time of the 2012 audit follow-up, Correctional Service Canada had not taken measures to ensure that health professionals hired on contract at its bilingual institutions have the required language skills. The institution should put measures in place to evaluate the language skills of contractual health care professionals at bilingual correctional institutions.

CONCLUSION

The Commissioner of Official Languages is satisfied with the four institutions' efforts to follow up on 12 of the 30 recommendations. However, he is only partially satisfied with another 12 of the 30 recommendations. As well, the institutions must implement recommendations 6, 12, 25 and 29 to fully comply with the *Official Languages Act*. (See appendices A, B, C and D for the implementation status of each recommendation.)

In addition, two recommendations were no longer applicable to this audit follow-up. Recommendation 13 for Veterans Affairs Canada was already addressed before the July 2007 audit was published. Recommendation 19 for the RCMP no longer applies, since the organization no longer requires service contracts with health professionals at the Medical Treatment Centre in Regina, due to a decrease in the number of troops. If that need arises again, the RCMP should include a language clause in service contracts.

Health Canada, the RCMP and Correctional Service Canada all made progress in ensuring that the offices or institutions examined in the July 2007 audit implemented measures to address active offer. Veterans Affairs Canada has taken measures to address our office's recommendation regarding the display of signage for active offer in all reception areas of Sainte-Anne Hospital.

Health Canada and Veterans Affairs Canada must implement monitoring mechanisms to ensure that the services provided in both official languages by health professionals hired on contract—in Quebec by Health Canada and at Sainte-Anne Hospital by Veterans Affairs Canada—are of equal quality.

On the same note, although Correctional Service Canada implemented a monitoring mechanism to ensure compliance with its language obligations, the institution should take further steps to ensure that the health services provided in both official languages by contract health professionals are of equal quality.

For Veterans Affairs Canada, we are aware of the agreement in principle to transfer Saint-Anne Hospital from the Government of Canada to the Government of Quebec in spring 2013. In the context of devolution, the points raised in the July 2007 audit and in this follow-up report will still be valid after the transfer. As a result, we encourage the hospital to fully implement our recommendations.

As noted in the July 2007 audit, language requirements for oral interaction for health professional positions at the Health Canada, Veterans Affairs Canada and Correctional Service Canada offices and institutions that were examined were generally insufficient for the complex tasks performed. We found that these three institutions have made efforts since then to raise the level for oral interaction for various positions. In addition, Health Canada and Veterans Affairs Canada indicated that incumbents whose linguistic profiles have been raised meet the new requirements. The July 2007 audit revealed that language requirements of the positions at the RCMP's Medical Treatment Centre in Regina were appropriate and therefore were not re-examined in this follow-up.

Health Canada evaluated incumbents who received language training to determine their language proficiency. However, Veterans Affairs Canada did not elaborate on how it verified that incumbents in bilingual positions at Sainte-Anne Hospital meet their new requirements.

We would like to emphasize the need for objectivity as set out in section 91 of the *Official Languages Act* with regard to setting the language requirements of positions designated bilingual. Linguistic profiles for bilingual positions must be determined objectively with respect to the duties and responsibilities of the position.

In Veterans Affairs Canada's case, the changes to linguistic profiles should be consistently applied to all bilingual positions with the same titles and duties. For instance, for oral interaction, some nursing positions should not be set at B while others are set at C.

In Correctional Service Canada's case, the institution should not change linguistic profiles only after an employee successfully completes his or her language training.

Regarding recommendations that focus on ensuring that health professionals hired on contract have the required language skills, measures taken by Health Canada, Veterans Affairs Canada and Correctional Service Canada varied. For example, Health Canada standing offers now indicate the need to test personnel's language skills prior to their employment.

Veterans Affairs Canada requires contractors selected following the tendering process to sign a statement that they meet the stated language requirements.

To ensure that those hired on contract have the required language skills, Correctional Service Canada relies on requests for proposals for health professionals that include a mandatory requirement for proficiency in both official languages and that include a requirement to provide services in the client's preferred language.

Although Veterans Affairs Canada takes a further step than Correctional Service Canada does, both should still evaluate the second official language proficiency of health professionals hired on contract.

Regarding monitoring of compliance with language obligations in relation to the provision of health care services, all four institutions have taken steps in the right direction.

Health Canada and Veterans Affairs Canada could go further by creating a formal mechanism that regularly monitors their progress toward complying with their language obligations.

Overall, the Commissioner is aware of the difficulty in recruiting health care professionals and of the challenges in hiring qualified bilingual personnel who can provide equal quality services in both official languages.

Nonetheless, we are encouraged by the measures that the four institutions have taken to better provide health care services in both official languages to their official language minority clientele.

APPENDIX A

RECOMMENDATIONS TO HEALTH CANADA

RECOMMENDATION 1

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Health Canada ensure its designated bilingual offices fully comply with the requirements of section 28 of the *Official Languages Act* concerning active offer in person, on the telephone and on voice mail.

RECOMMENDATION 2

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Health Canada raise the linguistic profile of nursing positions for oral interaction and of non-insured health benefits eligibility officers who have an asymmetrical profile, and review the number of bilingual positions required in these two job categories in the Quebec region.

RECOMMENDATION 3

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Health Canada verify whether the incumbents of nursing positions and non-insured health benefits eligibility officer positions, whose linguistic profiles have been raised, meet these new requirements. In cases where the incumbents do not meet these new requirements, the Department must take measures to ensure equal health care in both official languages at all times.

RECOMMENDATION 4

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Health Canada implement a monitoring mechanism to ensure compliance with its linguistic obligations in relation to the provision of health care services in Quebec.

RECOMMENDATION 5

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Health Canada ensure health professionals hired on contract in Quebec have the required language skills.

RECOMMENDATION 6

(NOT IMPLEMENTED)

The Commissioner recommends that Health Canada implement a monitoring mechanism to ensure the quality of services provided in both official languages by health professionals hired on contract in Quebec.

APPENDIX B

RECOMMENDATIONS TO VETERANS AFFAIRS CANADA

RECOMMENDATION 7

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada display signage for active offer in all reception areas of Sainte-Anne Hospital informing patients of the availability of services in both official languages.

RECOMMENDATION 8

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada raise the linguistic profile for oral interaction for bilingual orderly positions and various bilingual nursing positions at Sainte-Anne Hospital.

RECOMMENDATION 9

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada verify whether the incumbents of bilingual orderly positions and various bilingual nursing positions at Sainte-Anne Hospital, whose language requirements have been raised, meet these new requirements. In cases where the incumbents do not meet these new requirements, the Department must take measures to ensure equal health care in both official languages at all times.

RECOMMENDATION 10

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada implement a monitoring mechanism to ensure compliance with its linguistic obligations in relation to the provision of health care services at Sainte-Anne Hospital.

RECOMMENDATION 11

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada ensure health professionals hired on contract by Sainte-Anne Hospital have the required language skills.

RECOMMENDATION 12

(NOT IMPLEMENTED)

The Commissioner recommends that Veterans Affairs Canada implement a monitoring mechanism to ensure the quality of services provided in both official languages by health professionals hired on contract at Sainte-Anne Hospital.

RECOMMENDATION 13

(NO LONGER APPLICABLE)

The Commissioner recommends that Veterans Affairs Canada review its 12 operating agreements with provincial health services and health institutions signed prior to 1993 to determine whether, when they are renewed, they should include a language clause in accordance with the obligations set out in section 25 of the *Official Languages Act* and paragraph 6(1)(a) of the Regulations.

APPENDIX C

RECOMMENDATIONS TO THE ROYAL CANADIAN MOUNTED POLICE

RECOMMENDATION 14

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that the Royal Canadian Mounted Police take measures to distribute its official language policies and directives with regard to service to the public in both official languages to the manager and staff members of the Medical Treatment Centre at the Depot Division in Regina.

RECOMMENDATION 15

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that the Royal Canadian Mounted Police ensure staff members at the Medical Treatment Centre fully comply with the requirements of section 28 of the *Official Languages Act* concerning active offer in person, on the telephone and on voice mail.

RECOMMENDATION 16

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that the Royal Canadian Mounted Police indicate the preferred official language of cadets in their medical records.

RECOMMENDATION 17

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that the Royal Canadian Mounted Police take the necessary measures to ensure that the psychological tests administered to cadets by the Regina Medical Treatment Centre are in the cadets' official language of choice.

RECOMMENDATION 18

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that the Royal Canadian Mounted Police implement a monitoring mechanism to ensure that the Regina Medical Treatment Centre provides effective health care in both official languages.

RECOMMENDATION 19

(NO LONGER APPLICABLE)

The Commissioner recommends that the Royal Canadian Mounted Police include a language clause in all of the Regina Medical Treatment Centre's service contracts with health professionals and create a bilingual human resources data bank for the health field in order to ensure that the language rights of the Centre's patients are respected at all times.

APPENDIX D

RECOMMENDATIONS TO CORRECTIONAL SERVICE CANADA

RECOMMENDATION 20

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada review its procedures for admitting offenders in the Regional Reception Centres and other institutions performing this function, in order to provide this service in both official languages, in accordance with the *Official Languages Act* and the Regulations.

RECOMMENDATION 21

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada ensure its bilingual institutions fully comply with the requirements of section 28 of the *Official Languages Act* concerning active offer in person, on the telephone and on voice mail.

RECOMMENDATION 22

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada indicate offenders' preferred official language in their medical records in order to ensure better health care services in their language of choice.

RECOMMENDATION 23

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada develop and implement a strategy for recruiting more bilingual health care professionals for institutions in Quebec and New Brunswick.

RECOMMENDATION 24

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada raise the language designation of bilingual professional positions, especially for oral interaction, for institutions in Quebec and New Brunswick.

RECOMMENDATION 25

(NOT IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada verify whether the incumbents of bilingual health professional positions in institutions in Quebec and New Brunswick, whose language requirements have been raised, meet these new requirements. In cases where the incumbents do not meet these new requirements, the Department must take measures to ensure equal health care in both official languages at all times.

RECOMMENDATION 26

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada include a reference to complaints concerning official languages in its directive on offender complaints and grievances.

RECOMMENDATION 27

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada implement a monitoring mechanism to ensure compliance with its linguistic obligations in relation to health care services.

RECOMMENDATION 28

(FULLY AND/OR SATISFACTORILY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada review its contractual agreements with health professionals to include an appropriate language clause in order to ensure health services in both official languages to the offenders in bilingual institutions.

RECOMMENDATION 29

(NOT IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada ensure health professionals hired on contract at its bilingual institutions have the required language skills.

RECOMMENDATION 30

(PARTIALLY IMPLEMENTED)

The Commissioner recommends that Correctional Service Canada implement a monitoring mechanism to ensure the quality of services delivered in both official languages by contract health professionals at its bilingual institutions.