

Study of health and social services needs and interventions for francophone communities in minority situations: Lessons for practice and training

Sébastien Savard, Marie Drolet and Josée Benoît | School of Social Work | Jacinthe Savard and Claire-Jehanne Dubouloz | School of Rehabilitation Sciences | OASW Social Work Provincial Conference, Toronto, November 9th, 2012 | Contact: Sebastien.Savard@uottawa.ca



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Context of the research

Barriers to access to services

- Documented need to be able to convey one's social and health care requirements in mother tongue (Forgues et al., 2009)
- Language and cultural differences: 2 major barriers in terms of access to health care services (Vaillancourt & Lacaze-Masmonteil, 2010)
- Health care professionals: tendency to overestimate client's second-language skills (Bowen, 2001)
 - overestimation: usually with respect to reading skills
- Diagnostic errors, limited understanding on part of client re: his/her condition, inadequate adherence to care plan
 - client has less information
 - becomes less involved in setting up care plan and in decision-making (Lévesque, 2006)
- 75% of Francophones believe in importance of receiving services
 - 40% have received services from professionals (Gagnon-Arpin, 2011)

Needs of children and youth: Limited information on services

- Insufficient communication and coordination among organizations offering French-language social services
 - referrals between bilingual agencies
 - lack of awareness of existing unilingual Francophone service network (Poirier, 1995)
- Nature of prevailing health-related behaviours, mainly in terms of body image or sexual activity (Gérome, 2001; Picard & Allaire, 2005)
 - Lévesque (2005) brings forth study conducted in 2004 on at-risk behaviours related to health of young Francophones in Grades 10-12 in Atlantic provinces

Needs of seniors citizens: Limited information on services

- Increasing number of Francophones consider themselves less healthy than Anglophones:
 - Francophone women use medical and home care services more often
 - Francophone men less inclined than Anglophone men to seek services of family doctor (Bourbonnais, 2007)

- Major impact of low literacy levels among seniors:
 - on comprehension and social participation (Bouchard & Desmeules, 2011)
- Geographic distribution of long-term care facilities throughout New Brunswick in terms of the number of Francophones in regions and *Act Recognizing the Equality of the Two Official Linguistic Communities in New Brunswick* (Forgues et al., 2011)

Research questions

- What are specific social and health care needs of Francophone families who live in linguistic minority context and have a child, youth or elderly family member in difficulty?
- What are social work and health care practices of professionals who serve these families in Eastern Ontario?
- What types of relationships exist between agencies and organizations that primarily offer services to Francophones in Eastern Ontario? What difficulties are experienced in setting up network of community services to assist these Franco-Ontarian families, and what are factors that facilitate such undertaking?

Methodology

- 8 support groups formed among 50 social work and health care professionals, representing 22 social and health services organizations that provide French-language services (organizations are Francophone or bilingual):
 - 4 groups with participants who work with youth
 - 4 groups with participants who work with seniors
- Sessions held: autumn 2011, 90-minute duration
 - moderated by the 6 researchers
 - observed by research associate and assistant
- Verbatim produced using N-Vivo 9
- Codified by means of content analysis based upon the types of annotations proposed by Paillé and Munichielli (2008)
- Reaching the point of data saturation

Findings

Challenges in health care and social services intervention

- Challenges:
 - Francophone clients make few demands on services to which they are entitled
 - Complex nature of problems
 - Fear of being stigmatized
 - Difficulties in recruitment and participation
 - Shortage of programs and services
 - Services offered in English only
 - Quality of services offered in French
 - Diversity of communities
 - Inconsistencies in bilingualism
 - Low income levels
 - Few Francophones employed in services required
 - Burnout
 - Intervention geared to clients
 - Management training

Challenges in intervention

- Inconsistencies in bilingualism:
 - We have to avoid activities that are classed as 'bilingual' or 'French and English' because we know they will end up being Anglophone since the majority of Francophones speak English, but not vice versa."*
 - "In the workplace, we easily slip into speaking English since you say to yourself, 'Well anyway, this is Ottawa and we know we'll be understood if we speak their language.'"*
- Few professional-level Francophones:
 - work-related burnout
 - increasing awareness among managers
 - "They have to hear horror stories about Francophone experiences with the health care system before these managers get the message."

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Success stories in social and health care services intervention

- Factors of success:
 - Spirit of collaboration among professionals
 - Positive contacts on same "playing field" with clients
 - Intense commitment of Francophone staff
 - Capacity for adaptation
 - Efforts and extra time
 - Claim the right to services
 - Presence of Francophone staff
 - Intervention with clients
 - Support from management

Discussion

Lessons for social work practice and training: Ongoing offer of French-language services

- Offer of services to be sustained, visible and "heard of":
 - Services available in French throughout entire chain of social and health care services
 - Cultural tone maintains linguistic slant
 - Organizational identity open to Francophone reality: adaptation
 - Quality of social and health care services
 - Information user-friendly, thorough and readily accessible
- Waiting lists and times reasonable
- Good grasp of the "French fact" and the community's diversity (LeBlanc, 2003, French-Language Health Services Network of Eastern Ontario)