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Groupe de recherche sur la formation professionnelle en santé et service social en contexte francophone minoritaire

HEALTH AND SOCIAL SERVICES FOR FRANCOPHONE SENIORS IN EASTERN ONTARIO AND MANITOBA:

GUIDELINES TO IMPROVE THE CONTINUITY OF FRENCH LANGUAGE SERVICES

RESEARCH REPORT- Summary

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HIGHLIGHTS

In a minority language context, service continuity can be enhanced by favouring improvements in the liaison and coordination of French language health and social services.

Professional practices that support the continuity of health and social services for Francophone seniors living in a minority setting are: documenting the senior's language; implementing the active offer of French language services; networking among bilingual service providers; using directories of bilingual services and service providers; and a strong commitment to provide as many services as possible in French.

At the organizational level, access to French language services throughout the care trajectory is facilitated by: the provision of services in French by several agencies that are willing to collaborate and have formalized linguistic variable data collection practices; multidisciplinary care teams; interagency working tables; and shared communication tools.

The vitality of the Francophone minority community and the commitment of its members also foster integrated service delivery thanks to their innovative and collaborative initiatives with actors from social services and health care networks and the strong and trusting bonds built through shared interventions.

However, several barriers hinder the continuity of French language services, such as: the shortage of bilingual professionals and services, or the inadequate optimization of bilingual human resources; the lack of active offer, assessment tools, communication or collaboration; and the absence of a formal intersectoral French language resources directory. Other barriers include the lack of understanding of the impact of language barriers on access to safe, satisfactory and quality care for Francophones living in a minority situation, as well as lack of leadership in implementing strategies that promote collaboration and continuity.

The proposed recommendations emphasize the importance of adopting policies that consider the linguistic variable in service organization. They also highlight the need for an organizational structure that values and ensures leadership on this matter, establishes formal collaborative agreements between designated institutions, fosters networking among various Francophone actors in both social services and health systems, while promoting an active offer of French language services essential for safe and quality care.

Strengthened by the vitality of the Francophone minority community and the commitment of its members, it is entirely conceivable that continuity of French language health and social services becomes a reality.

SUMMARY

For many Francophone seniors living in Eastern Ontario and Manitoba, access to French language health and social services is critical because of this population's sociodemographic profile, precarious state of health and need to communicate in their mother tongue. In many instances, Francophone seniors and their caregivers[2] refrain from asking for French language services for fear of delaying access to services they need. Francophone seniors in minority settings face considerable obstacles in accessing care and services in French, particularly when they must deal with several service providers. Health and social service organizations' staff and professionals[3], even Francophones, frequently have little knowledge of services available in French. For many years and across Canada, efforts have been made toward needs-based service integration for seniors. Access to French language services throughout the continuum of care (e.g. acute care, primary healthcare, community social services) has only recently been highlighted as a main feature of integrated health and social services. However, our previous research on the needs of Francophone seniors has revealed key gaps in the continuum of French language services. Thus, we deem it essential to explore how service organization can facilitate system navigation and reduce fragmentation in service delivery.

This participatory community study was conducted in Eastern Ontario and Manitoba. Our partners included Francophone seniors and their caregivers as well as bilingual service providers and managers from institutions that are either designated Francophone, or bilingual, or provide services to a Francophone clientele. Through individual interviews and focus groups with 25 managers, 37 health and social service professionals and 48 seniors and caregivers, we were able to identify formal and informal mechanisms promoting clinical integration of health and social services intended for Francophone seniors living in linguistic minority settings.

Data analysis was carried out using a framework developed by the *Groupe de recherche sur la formation professionnelle en santé et en service social en contexte Francophone minoritaire* (GReFoPS) (Savard et al., 2017) to map relationships between various actors who influence the trajectory of health and social services in official language minority communities. It draws on health and social services system models found in the literature. This framework was used to develop guidelines for the implementation of clinical practices aimed at fostering French language health and social service continuity within Francophone minority communities. An illustration of this framework can be found on page 20 of this report. An overview of its key features follows.

This framework conceptualizes health and social services as an organized system of actions, within an actual context, at a given point in time. Several groups of actors, such as political decision makers, community leaders, managers, health and social service providers, interest groups, service users and their caregivers interact to meet the system's objectives and their own purposes. This interaction takes place in a social realm defined by a set of structures that guide their actions: symbolic (associated with values), community (composition and resources), political and regulatory (related to laws and regulations) and organizational (resource distribution and organization).

2 Informal caregivers refer to those who, informally and without pay, assist a Francophone senior throughout the health and social services trajectory.

3 The terms *professionals* and *service providers* are used interchangeably throughout this report.

These structures frame the service trajectory in which two main groups convene: a) service providers, and b) users. A user is frequently supported by one or more caregivers, who may or may not participate in all encounters along the service trajectory. Throughout the trajectory, a productive interaction calls for collaboration between users, caregivers, as well as health and social service providers. It also requires coordination among all services a person will need. In an official language minority community, access to services in one's preferred official language throughout the continuum enhances not only the experience along this trajectory, but also health outcomes. Various linguistically appropriate clinical tools, professional practices, care processes and information systems can facilitate French language service continuity.

Some research participants noted examples of behaviours or formal and informal service provider practices that support the continuity of French language health and social services, such as: networking; the use of directories of bilingual services and service providers; the Active Offer[4] of services in French; and a genuine commitment among bilingual service providers to provide seniors who so desire as many services as possible in their language.

At the organizational level, these practices are supported by: the presence of multiple French language services; several agencies that are designated bilingual or provide services in French; cooperation between some of these agencies; formalized linguistic variable data collection practices; working tables; and communication tools, which are often computerized and enable timely information-sharing. As for integration, one promising avenue is the emergence of organizations that bring together French language multidisciplinary teams under one roof to provide a greater range of services to Francophone seniors and caregivers.

The vitality of the Francophone minority community and the commitment of its members strengthens these continuity mechanisms. Participants demonstrated heartfelt enthusiasm for innovation and collaboration, especially among key actors who find it important to improve French language services for seniors. These leaders have built trusting relationships with bilingual service providers or managers, thus fostering consultation, dialogue and mutual support.

However, participants also perceived several barriers to the continuity of French language health and social services. At the care provider level, there is limited active offer provided by bilingual staff, a lack of assessment tools in French and no formal intersectoral directory of French language resources. Taken together, these factors hinder the provision of French language services throughout the continuum.

At the organizational level, the lack of bilingual service providers or the insufficient optimization of bilingual human resources is observed, along with a shortage of bilingual services, especially in communities with small Francophone populations. In a complex and fragmented health and social service system, the lack of shared communication tools between the social and health sectors leads to delays and overlaps in assessments, care and services. Financial structures and organizational cultures differ from one agency to another and few mechanisms or formal intersectoral agreements promote resource distribution to ensure the continuity of French language services. Furthermore, the precarious funding of Francophone community social and health service organizations is a substantial issue. Another significant shortcoming appears to be the lack of leadership in implementing strategies to promote the active offer of these services on a continuum.

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4 Simply defined, Active Offer is " . . . a verbal or written invitation to speak in one's preferred official language. The offer to speak in the preferred official language must precede the service request." [Translation] (Bouchard, Beaulieu & Desmeules, 2012, p. 46)

From a political and regulatory perspective, policy developers rarely consider the issue of minority official language in developing service continuity policies. With respect to the symbolic structure, lack of understanding of the impact of language barriers on access to safe, satisfactory and quality care persists.

While conducting this research, we found that current approaches to continuity in the delivery of French language health and social services in a minority context are much more akin to liaison and coordination mechanisms[5] than full integration. Continuity, a dimension of integration, can come into play at several levels when managing services, sharing information and building relationships between service providers, users and their caregivers. Therefore, it would be wise to engage actors from all levels to co-construct mechanisms aimed at improving service continuity, while enhancing liaison and coordination among French language services designed for Francophone seniors and their caregivers.

5 These concepts are defined on page12 of the full report.

GUIDELINES TO IMPROVE THE CONTINUITY OF FRENCH LANGUAGE HEALTH AND SOCIAL SERVICES

Our guidelines set out thirteen recommendations to improve the continuity of French language health and social services. These recommendations draw on suggestions from study participants as well as members of the Advisory Committee and the research team. They relate to various components of the analytical framework that guided this research.

Francophone, Francophile and Anglophone Service Providers

1. Gain the knowledge and skills required to practice active offer.
2. Contribute to service providers' enthusiasm and sense of belonging to the Francophone community.
3. Take part in establishing formal or informal relationships and collaborative networks between Francophone and bilingual service providers, and between individuals or organizations that can provide services in French.

Francophone Communities

4. Increase the Francophone community's visibility within the health and social service sectors in linguistic minority settings.
5. Develop connections between the community and organizations that provide health and social services in French, to expand their visibility and enhance the community's use of these services.

Organizational Structure

6. Raise awareness about, and train managers in, active offer.
7. Organize resources to enable active offer.
8. Encourage Francophone managers and professionals to continue championing the Francophone cause in English-speaking committees and working tables of which they are members.
9. Formalize liaison and coordination processes among French language health and social service providers to promote service continuity.

Political and Regulatory Structure

10. Integrate the concept of active offer into laws and policies overseeing French language health and social services in Canadian provinces and territories.
11. Implement policies that account for the linguistic variable in the organization of health and social services.

Symbolic Structure (values)

12. Draw on values such as patient safety, client-centred services, quality of care, and universal access currently conveyed by health and social service organizations to promote access to services in French.
13. Value Francophone seniors' participation when looking for solutions to improve the continuity of their intended health and social services.

These proposed recommendations underscore the importance of adopting policies that consider the linguistic variable in service organization. They also highlight the need for an organizational structure that values and ensures leadership on this matter, establishes formal collaborative agreements between designated institutions, fosters networking among various Francophone actors throughout the health and social services systems, while promoting an active offer that is evidence-informed and promotes safe and quality care. They emphasize the role of service providers and communities in maintaining this dynamic and collaborative spirit. Strengthened by the vitality of the Francophone minority community and the commitment of its members, it is entirely conceivable that the continuity of French language services becomes a reality.