

THE CONSEIL COMMUNAUTÉ EN SANTÉ DU MANITOBA IN PARTNERSHIP WITH  
THE DISABILITIES ISSUES OFFICE PRESENTS

# Francophone Full Citizenship...

The Voice of 51 Franco-Manitobans REPORT - SPRING 2008

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## DOCUMENT AT A GLANCE

This document presents the highlights of the first-ever study of Francophones with disabilities in Manitoba. Two main findings emerged from interviews the researchers conducted with more than fifty individuals :

- the situation of Francophones with disabilities essentially corresponds to that of Manitobans with disabilities generally, all language groups combined;
- the needs that are specific to Francophones lie mainly in access to services and programs that are linguistically and culturally appropriate.

In light of these findings, the researchers formulated a set of recommendations aimed at enabling French-speaking Manitobans with disabilities to truly be full citizens

## INTRODUCTION

### *A minority within a minority*

The situation of every person with a disability is unique, and his or her life experience is shaped by a host of factors. Not only does the nature of the person's disability enter into the equation, but so too do the person's social, political, cultural, economic and physical environments. On top of these issues, there are other personal factors including age, gender, level of education, and the geographical region in which the person lives. In Manitoba, there has been little or no research about the interaction of these factors and the situation of French-speaking persons with disabilities.

According to the 2006 Participation and Activity Limitation Survey (PALS), 15.7% of Manitobans and 14.3% of Canadians have one or more disabilities. Clearly, this is a large proportion of the population. However, a more thorough analysis would show that it is not a homogenous group. Faced with the virtual absence of research on the situation of Manitoba's Francophones with disabilities, the Conseil communauté en santé du Manitoba (CCS), the Disabilities Issues Office (DIO) and the Francophone Affairs Secretariat decided to join together to sponsor this study.

This, then, is the first time that the Francophone community has had data gathered on this subject.

“ I would like to have access to support services to guide me through all that. I always felt like I was in the dark; it would have been good to have some support. I didn't ask because I was telling myself to deal with it. ”

## METHODOLOGY

### Our approach

This study was conducted in strict accordance with qualitative research methods. Ethics standards and standards of confidentiality were applied. The data were collected in two ways. Some of the respondents participated in group discussions and others chose to be interviewed privately by phone or in person.

This sample proved sufficient for producing evidence and reinforcing the evidence from previous research. It also contributed new knowledge helping to better understand the reality of Manitoba Francophones with a disability and their caregivers.

The quotes in this summary have been drawn directly from the full study report.

## PARTICIPANTS

### Our respondents

Although the sociodemographic characteristics gathered are limited, they do allow us to draw a preliminary profile of disability among Manitoba Francophones.

#### SAMPLE: 51 INDIVIDUALS

27 persons with a disability  
24 caregivers

33 urban residents  
18 rural residents

## BACKGROUND

### A little-known clientele

Disabilities are classified into four main categories: physical, intellectual, emotional and sensory. According to the statistical data, a large majority of persons with a disability have more than one impairment. Indeed, only 18.4% of disabled persons aged 15 and over in Canada reported only one disability, while 27.9% reported three, and 28.9%, four or five. Among Canadian disabled adults, 35.4% characterized their disability as mild, 24.8% as moderate, 26.3% as severe and 13.5% as very severe. The most common types of disabilities reported among adults were related to pain (11.7%), mobility (11.5%) and agility (11.1%).

In the last few years, some studies have been conducted on the needs of Francophones in the health sector. Although a wealth of data was gathered, the information cannot be used to draw a precise profile of Francophones with disabilities and their caregivers. A few limited studies about Francophones with disabilities in a minority setting have been conducted or are underway.

Two of these studies were done in Ontario. The first was conducted in the United Counties of Prescott and Russell by *Le Phénix*, a community development organization for disabled persons. Researchers studied the demographic and socio-economic situation of Francophones with a disability in an effort to assess their needs and list their interests and skills. The second, a scientific research project, focused on the situation of Francophone mothers of children with attention-deficit hyperactivity disorder. In New Brunswick, research is underway to better understand the integration of Francophones with disabilities in the work environment.

## The most recent data on the situation of persons with disabilities in Manitoba can be summarized as follows:

- In 2006, 169,170 Manitobans, or 15.7% of the entire population, were disabled. This is the sixth highest rate in the country and above the national rate of 14.3%.
- Fifty-three percent of disabled persons were of working age, 4.9% were under 14, and 43% were 65 and over.
- In 2006, 11.7% of women of working age had a disability.
- As is the case elsewhere in Canada, the likelihood of becoming disabled increases with age.

## Profile of Francophones with disabilities

The nation-wide Participation and Activity Limitation Survey (PALS) conducted by Statistics Canada in 2006 is the most reliable source on the prevalence of disability in Canada. The data provide a general portrait of the situation of persons with disabilities and allow for the tracking of changes over time.

The portrait that PALS provides is limited, however, as the survey does not ask questions about language, ethnicity or country of origin. It is therefore impossible to draw any data from it on the Francophone population.

Statistics Canada thus has no statistical analysis of Francophones living with disability.

A consultant with Statistics Canada, Gretchen Gordon, indicated that raw data on disabled Francophones from the 2006 Census are available, but would only provide a limited profile (personal communication, 14 December 2007).

One interesting fact emerges from the 2006 Census data however. In analyzing the figures, the researchers noted that, in every province in the country, disability is less prevalent among Francophones than Anglophones. It would appear therefore that the language and culture of the respondents has a considerable impact on disability rates.

In fact, Quebec has the lowest disability rate of all the provinces, with a rate of 9.8% as compared to 14.6% for Canada as a whole. The *Quebec Office des personnes handicapées* (Agency for Persons with Disabilities) believes there may be a cultural explanation for this. According to its analysis, Francophones in Quebec and elsewhere in Canada have less of a tendency to report mild disability than Anglophones do. It may thus be that Francophones have a different perception of what constitutes a disability.

## Type of disability

The Participation and Activity Limitation Survey (PALS) shows the disabilities among children to be more severe than those affecting adults and seniors. The data gathered in this study cannot confirm this among Franco-Manitobans, as only three of the research participants were children with disabilities. That said, each of the three had more than one limitation—specifically, limitations related to learning, speech, and intellectual ability.

One of the challenges of disability among children noted in PALS, and confirmed by three parents in this study, is that the disability is sometimes difficult to diagnose. Developmental delay is a term that is often used, but it does not constitute a diagnosis. The three parents confirmed that, without a specific diagnosis and identification of specific limitations, it is extremely difficult to obtain the necessary services and assistance.

The disabilities among the young adults were also related to learning, speech, and intellectual ability. As there were only four participants in this age group, these results cannot be taken to be representative of all young adult Franco-Manitobans with a disability.

According to Statistics Canada, the most common disabilities among adults are mobility-related.

The same is true for Francophones. Of the 35 adults in the study, 19 were mobility-impaired. The remaining adults had impaired vision, hearing or speech, or an intellectual, emotional or learning disability. Eight of the adults were living with two to four physical, intellectual or emotional disabilities.

## Sociodemographic characteristics of study participants

Two procedures were followed to identify the sociodemographic characteristics of the participants with disabilities. Either the data were obtained directly from the person with a disability or they were obtained indirectly from caregivers. All 27 participants with disabilities agreed to provide their sociodemographic data, although one participant declined to give his exact age. Fifteen sociodemographic profiles were obtained through caregivers. The results thus represent the sociodemographic profile of a total of 42 Francophones living with disability. (See appendix).

## Accessibility of French-language services in a minority setting

The accessibility of French-language services in a minority setting has been the focus of a number of recent studies, especially in the health field. As a rule, the studies show a lack of accessibility and availability of French-language services. Two Manitoba studies and one national study provide a glimpse of the realities of Francophones in a minority setting and access to French-language services.

The research shows that language barriers can have negative impacts on the health care that people receive and, ultimately, their health. These negative impacts include:

- less reliance on preventive care;
- more time spent on consultation, testing, diagnosis, and treatment;
- inferior quality of service;
- reduced likelihood of compliance with treatment;
- difficulty obtaining health care.

It is therefore possible to conclude that language barriers may explain the disparities commonly seen between the health of the majority population and that of the minority.

## FINDINGS

### Full citizenship

The theme of full citizenship is tied to the importance that full participation in society represents for persons living with disability.

The social conditions that enhance well-being—acceptance of difference, inclusion, a sense of security and community solidarity, etc.—are essential to full integration in society.

The message in *Full Citizenship: A Manitoba Provincial Strategy on Disability* is clear and unequivocal:

“ The most urgent problems facing disabled persons have little to do with disabilities as a biological condition. In fact, the most pressing problems are conditions in society, most importantly, barriers which deprive people of their right to enjoy all aspects of daily life. ”

The Government of Manitoba recognizes that changes are necessary to achieve the vision of full citizenship and an integrated society. By establishing the Disabilities Issues Office in 2002, the Government of Manitoba better equipped itself to achieve this vision. The following quote provides the framework for its integration strategies:

“ People don’t listen to me, we feel abandoned by the system. ”

“ Policies and programs must embody the changing needs of persons with disabilities and evolving public attitudes. To allow persons with disabilities to be full participants in society, we must continue in our efforts to remove barriers and systemic discrimination.”

The above comment sums up the remarks of a number of the respondents. Persons with disabilities may feel vulnerable because they often live in isolation and are not always equipped to assert their rights. Among the challenges they face on a daily basis are physical and psychological pain, impaired mobility, learning difficulties, deafness, blindness and often limited schooling. To then go to battle to find services in a minority language can be too overwhelming.

## SERVICES

Where are they?

“ French-language services are just as important as English-language services, and this is especially true for young children, seniors and newcomers.”

Every social group is made up of various subgroups of individuals. This study shows that persons with a disability face different realities depending on their age and social status.

Particularly children, seniors and newcomers feel insecure when people communicate with them in a language other than their mother tongue. These participants are more at ease in French and feel that, to receive quality care, it is vital to understand what people say to them and to make themselves understood.

Schools provide some support. There are screening services and support staff for children with acute health problems and learning difficulties. Parents of preschool-age children however have to navigate a complex system. Often, they have to interpret for their child and express their child's needs in a language that the child does not understand.

“ When you're hurting and you're able to say so in French, it gives you relief. You twist your tongue to try to say it in English and it doesn't come out the same.”

This was a comment often voiced by seniors. Being misunderstood was only one of the seniors' fears. The other was that they might be placed in a residence somewhere far away from their community.

In terms of newcomers to Manitoba, there is very little data as the phenomenon of immigration is relatively new in the minority Francophone community. However, it is not unreasonable to think that they, like children and seniors, would feel better served in a language they speak and understand.

“ You assimilate to get good service.”

This attitude was conveyed by a portion of the adult group that has over the years learned to adapt. Like children, seniors and newcomers, these adults have not often found the services they need in French and so they have learned to “do business” in English. They did however add that, if they were referred to French-language services, they would use them. Thus some continue to demand service in French, but others are resigned to look for the best possible care in English. People want quality service that is timely and meets their immediate needs.

Francophones who are fluent in English feel more comfortable receiving written information in English. Some participants said that they prefer filling out forms in English because they have mastered the vocabulary pertaining to their situation in that language.

Nearly all of the participants (48 out of 51) said that they were not aware of the services available. They said that the lack of information and referral applies equally to English and French-language services in health, transportation, housing and other areas that affect them.

“ There are many staff members who speak French but address us in English.”

In the perception and the experience of the research participants, professionals providing French-language services seem to be few or non-existent. Some participants had the impression that even Francophone or bilingual professionals did not feel comfortable, or were unwilling, to provide service in French. This attitude further reduces potential access to French-language services.

“ I’m always worried about misinterpreting.”

Such is the fate of a number of caregivers. They feel that their presence is essential for ensuring good communication between professional service providers and the persons in their care.

## RECOMMENDATIONS

### What can we do?

Briefly put, two main findings emerged from the data that were collected through the interviews, namely:

- the situation of Francophones with disabilities essentially corresponds to that of Manitobans with disabilities generally, all language groups combined;
- the needs that are specific to Francophones lie mainly in access to services and programs that are linguistically and culturally appropriate.

In light of these findings, the researchers formulated a set of recommendations aimed at enabling French-speaking Manitobans with disabilities to truly be full citizens.

“ We’re told that we can do it in English, even if we prefer French.”

The proposed measures are grouped in three categories based on key determinants of health identified by the World Health Organization.

### Social and economic environment

- launch an awareness raising campaign at several levels;
- increase financial support for family caregivers;
- publish a bilingual guide to financial support programs and the related forms;
- adapt recreational programs to meet the cultural and

linguistic needs of the different clientele;

- increase training of volunteers to accompany people with disabilities so that they are able to participate in different activities;
- provide continuing education for professionals working in these sectors;
- develop employment access strategies reflecting the social and linguistic reality of Manitobans with disabilities.

### Physical environment

- provide access to affordable housing adapted to the needs of people with disabilities;
- ensure public buildings meet accessibility and bilingual signage requirements;
- develop a directory of residences able to provide specialized services, and identify those that also have Francophone resources;
- provide access to, and better financial support for, technical supports for people with disabilities;
- improve transportation services for persons with disabilities, and acknowledge that users also have needs on the linguistic level.

### Health and social services

- better coordinate the departments and agencies mandated to provide French-language services in the health and social services sectors;
- advertise existing programs and services and help people navigate the system;
- provide support and ensure service continuity for persons making a transition, e.g.: children entering school or seniors moving into a long-term care facility;
- improve access to services in French and English in all areas of the province;
- provide greater access to home support in French;
- ensure that designated bilingual institutions comply with the French Language Services Policy;
- make a concerted effort to fill designated bilingual positions in the health and social services sectors;
- educate professionals on an on-going basis about the importance of culturally and linguistically appropriate services;
- consult Francophones with disabilities and their caregivers about creating new services and programs to meet their needs.

## CONCLUSION

We all want the same rights

Disability rights are fundamental in a society like ours that subscribes to national and international principles of human rights. Manitobans with disabilities are entitled to be treated as full citizens. As such, they have the right to live, develop and be at ease in their community and family environments. These rights can only be fulfilled by creating conditions for equal participation and inclusion.

Manitoba's Francophones with disabilities should have the same rights as Anglophones. This study demonstrates, however, that they face additional barriers when the services they require—be it at work, school, day care, or the health care clinic—are not provided in their mother tongue. They also face the challenge of simply learning about services available to them, as this requires language proficiency to navigate a complex, predominantly English, bureaucracy. Francophones with disabilities are always running the risk of failing to make themselves understood, or misinterpreting a diagnosis or program guidelines. The potential negative impact is enormous, both for persons with disabilities, as well as the caregivers who assist children, spouses, seniors or newcomers in accessing disability services.

This study provided an opportunity to ask Francophones with disabilities whether they have access to the services they need to address their disability, in the language of their choice. The observations that emerge are that the full potential of the services already in place are sometimes underused, and that there is room for improvement in other areas, by creating new programs.

The data gathered in this study are extremely important, as this is the first time that French-speaking Manitobans with disabilities and their caregivers have been consulted directly in a setting that encourages open and frank responses. This study offers service providers important feedback on the quality of services received, and suggestions for improvement. This research is an important starting point. A more thorough analysis of the services and programs available to Francophones would be desirable. Such a process would help identify strategies for developing French-language services and programs comparable to those provided to English-speaking Manitobans with disabilities.

French-speaking Manitobans with disabilities want full citizenship.

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To read this report online, visit the *Conseil communauté en Santé du Manitoba* website at [www.ccsmanitoba.ca](http://www.ccsmanitoba.ca) (click on *Babillard*).

Or visit the Disabilities Issues Office website and follow the link below: [www.gov.mb.ca/dio/index.html](http://www.gov.mb.ca/dio/index.html) (click on *Publications*).

**SOCIODEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS**

		DISABLED PERSONS	CAREGIVERS
<b>GENDER</b>	Male	20	7
	Female	22	17
<b>AGE</b>	0–4 years	1	-
	5–14 years	2	-
	15–24 years	4	-
	25–54 years	12	9
	55–74 years	15	13
	75–89 years	8	2
<b>LEVEL OF EDUCATION</b>	Preschool	1	-
	Some primary school	7	1
	Some secondary school	11	11
	High school diploma	9	
	Some postsecondary study	7	4
	Certificate or diploma from a trade school, community college or university	2	
	Bachelor’s degree	3	8
	Master’s degree or doctorate	2	
<b>FAMILY STATUS</b>	Child living at home	10	
	Single	14	1
	Single parent	0	
	Couple with children at home	11	15
	Couple with no children at home	7	8
<b>HOUSING</b>	House	24	1
	Group home	2	2
	Manor	7	2
	Apartment or condominium	8	1
	Other	1	
<b>EMPLOYMENT</b>	Full-time	1	7
	Part-time	2	1
	Full-time parent at home		1
	Preschool, primary or secondary student	7	
	College or university student	0	0
	Retired	16	11
	Unemployed	2	0
	Unable to work due to disability	13	2
	Unable to work due to another illness	2	
	Other (maternity leave, volunteer work)		2
<b>LANGUAGE MOST COMFORTABLE IN</b>	French	35	17
	English and French	4	7
	English	3	0

NB: Fifteen profiles of persons with disabilities were also obtained from their caregivers.