

Entité²

French language health planning for the regions of
Waterloo • Wellington Hamilton • Niagara • Haldimand • Brant

FRANCOPHONE IMMIGRATION AND ACCES TO HEALTH SERVICES IN THE WW AND HNHB LHINS



Progress report 3
Juin 2017
Revised septembre 2017

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Introduction

Given an increasingly diverse Ontario Francophonie and only limited data on Francophone immigration in our areas (even though, in Ontario, the demographics of both Francophones and immigrants are well documented), over the last 18 months, Entité² has examined the issue of Francophone immigration in the areas it serves. In March 2016, we submitted to the HNHB and WW LHINs an interim progress report that profiled the current situation in terms of data, services and needs and laid the foundations for collaborating with our community and social organization partners.

The next report was submitted in October 2016, with the objective of painting a more accurate picture of the demographics of Francophone immigrants in our areas. Working from Statistics Canada census data and the 2011 National Household Survey, we assembled and presented geographic data that showed where the largest concentrations of Francophone immigrants had settled in our areas. We also looked into the factors, including country of origin, age, education, and income that might affect the health and access to health services of Francophone immigrants in our areas. This data will help the HNHB and WW LHINs plan services better and take into account the needs of the diverse Francophone population of our areas.

Since then, Entité² has surveyed the general Francophone population on access to French language services, making sure it could isolate immigrants' responses. We found that the preference for French language services was very strong among all Francophones who responded and that it was even more marked when we looked at the responses of Francophone immigrants.

We also met with service providers working with Francophone immigrants to get their opinion on the needs and access challenges they observed among the population they served in both LHINs. They work in community sectors like settlement, primary care, mental health and social support for newcomers.

The objectives of this report are to:

- Provide more detailed information on the demographics of both LHINs' planning sub-regions, using data from the 2011 Census and National Household Survey.
- Get a better handle on Francophone newcomers' needs, priorities and challenges in accessing health services, on the basis of our analysis of responses to our survey on access to services and our consultations with service providers working with this population.
- Explore potential solutions that emerged from consultations with the community (through our survey) and social and community stakeholders, including the most pressing challenges faced by Francophone immigrants and the population as a whole.

Section 1 – Francophones in the WW and HNHB LHINS– Demographic Data by Sub-Region

Background and Methodology

In December 2015, the Ministry of Health and Long-Term Care announced *Patients First*, an initiative that transformed how health services are planned across the province. One of its major points was the creation of sub-regions, smaller areas within the LHINs, with a view to planning service delivery better suited to the communities in each sub-region. Of the LHINs with which we work, Waterloo Wellington was divided into four sub-regions while Hamilton Niagara Haldimand Brant was split into six sub-regions. To get a better picture of the demographic profile of the Francophones and Francophone immigrants in each of these sub-regions, we redid the work presented in our second report on Francophone immigration and now present the profile of the Francophones of each sub-region.

Demographic Analysis Methodology

Data on the population of HNHB and WW came from Statistics Canada's 2011 National Household Survey and 2011 Census, the two most recent population surveys from which we could obtain data on language and immigration status. The social determinants of health were selected with the help of our community partners, with a view to developing a better picture of Francophone immigrants: age, place of birth, income and education as well as time of arrival in Canada. In 2011, the variables on language and immigration status were taken from two surveys, the National Household Survey and the Census, and they had to be combined to produce a profile of Francophone immigrants. We therefore worked with a consultant from Statistics Canada who created an algorithm that allowed us to extract data using the Inclusive Definition of Francophone (IDF) as defined by the Office of Francophone Affairs rather than by mother tongue. Several sub-regions in Entité²'s area do not have many Francophones and so have very few Francophone immigrants. In some sub-regions, there are no recent Francophone immigrants. We have not reported certain variables for sub-regions where the population was too small for the analysis to be relevant.

To develop the demographic profile of Francophones by sub-region, the populations of the census subdivisions in each of the sub-regions were combined. The list of census subdivisions corresponding to each of the sub-regions was obtained from the LHINs.

Table 1 Census Subdivisions in WW Sub-Regions

Sub-region	Census subdivisions
Cambridge North Dumfries	Cambridge Dumfries Nord
Guelph Puslinch	Guelph Puslinch
Kitchener-Waterloo-Wellesley-Wilmot-Woolwich	Kitchener Waterloo Wellesley Wilmot Woolwich
Wellington	Southgate Erin Mapleton Minto Wellington Centre Guelph/Eramosa Wellington North

Table 2 Census Subdivisions in HNHB Sub-Regions

Sub-region	Census subdivisions
Burlington	Burlington
Hamilton	Hamilton
Brant	Brantford Comté de Brant Six Nations
Haldimand Norfolk	Haldimand Norfolk New Credit
Niagara	Fort Erie Port Colborne Wainfleet Pelham Thorold Niagara Falls Niagara-on-the-Lake Welland St. Catharines
Niagara North West	Lincoln Lincoln Ouest Grimsby

Definitions

Francophones: *Those persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home.* (Ontario Office of Francophone Affairs, 2009). The inclusive definition of Francophones was used by the Statistics Canada consultant for this analysis.

Francophone born in Canada: Francophone who is a Canadian citizen by birth (Statistics Canada).

Immigrant: *Immigrant refers to a person who is or has ever been a landed immigrant/permanent resident. This person has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years, while others have arrived recently. Some immigrants are Canadian citizens, while others are not. Most immigrants are born outside Canada, but a small number are born in Canada. In the 2011 National Household Survey, 'Immigrants' includes immigrants who landed in Canada prior to May 10, 2011.* (Statistics Canada)

Recent immigrant: *Immigrant who landed in Canada between 2001 and 2011.* (Statistics Canada)

Place of birth: With a view to reducing the number of countries included in the analysis, only *Organisation internationale de la francophonie* (OIF) member states were selected.

Income: The income variable applies to the income declared for 2010 by residents over 15.

Waterloo Wellington Region

The area included in Waterloo Wellington was divided into four sub-regions: Cambridge North Dumfries, Guelph Puslinch, Kitchener-Waterloo-Wellesley-Wilmot-Woolwich (KW4) and Wellington.

TABLE 3 FRANCOPHONES IN WATERLOO WELLINGTON REGION

Sub-region	Francophones born in Canada	Francophone immigrants	Recent Francophone immigrants
Cambridge North Dumfries	2030	275	95
Guelph Puslinch	1860	250	55
KW4	4530	1385	655
Wellington	810	65	20

Distribution of Francophones in Waterloo Wellington Region

Francophones Born in Canada

Almost half of (49%) Francophones born in Canada live in the KW4 sub-region. Except for the 9% in the Wellington sub-region, the others are distributed almost equally between the Cambridge North Dumfries and Guelph Puslinch sub-regions.

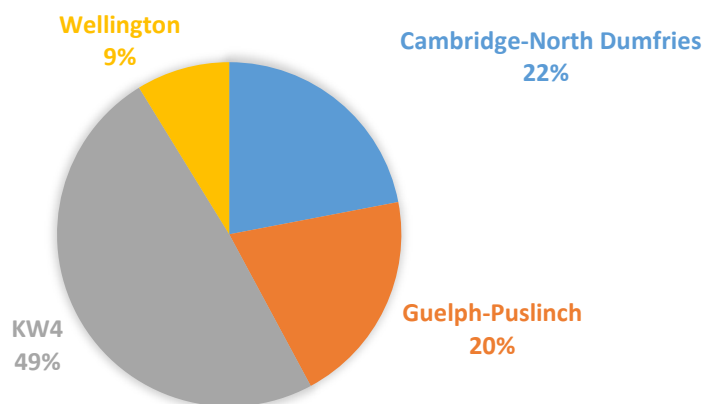


FIGURE 1 DISTRIBUTION OF WW FRANCOPHONES BORN IN CANADA BY SUB-REGION

Francophone Immigrants

The KW4 sub-region is home to 70% of Francophone immigrants. Once again, the Cambridge North Dumfries (14%) and Guelph Puslinch (13%) sub-regions each have an almost equal share of other Francophone immigrants, aside from those who have settled in the Wellington sub-region.

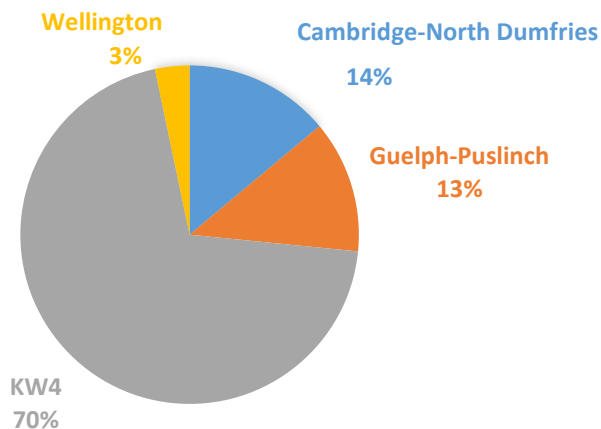


FIGURE 2 DISTRIBUTION OF WW FRANCOPHONE IMMIGRANTS BY SUB-REGION

Recent Francophone Immigrants

Four out of five recent Francophone immigrants (79%) have chosen the KW4 sub-region. Almost twice as many recent Francophone immigrants have settled in the Cambridge North Dumfries sub-region (12%) as in the Guelph Puslinch sub-region (7%) while only 2% live in the Wellington sub-region.

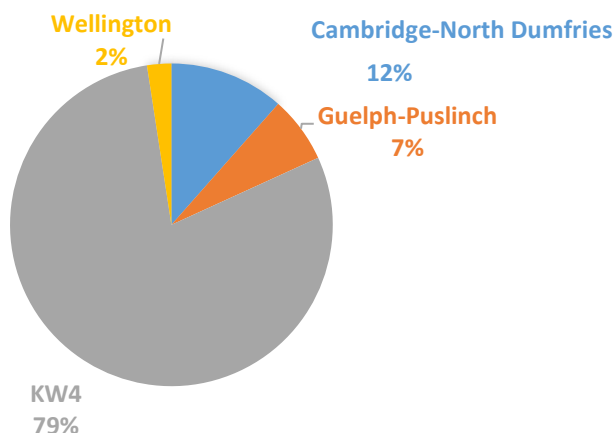


FIGURE 3 DISTRIBUTION OF RECENT WW FRANCOPHONE IMMIGRANTS BY SUB-REGION

Cambridge North Dumfries Sub-Region

In 2011, the Cambridge North Dumfries sub-region had a population of 134,365, including 2,315 Francophones (1.7%). Of these Francophones, 12% were immigrants and a little more than a third of the immigrants (34%) came to Canada between 2001 and 2011.

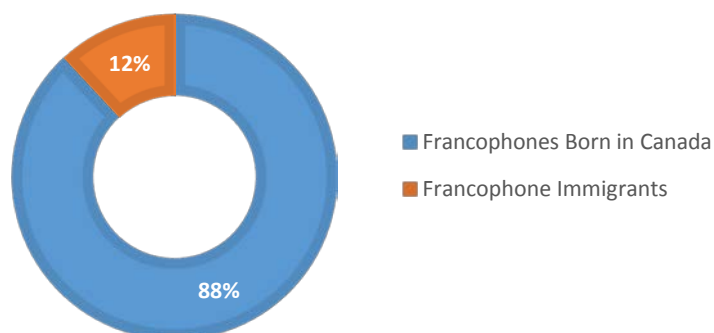


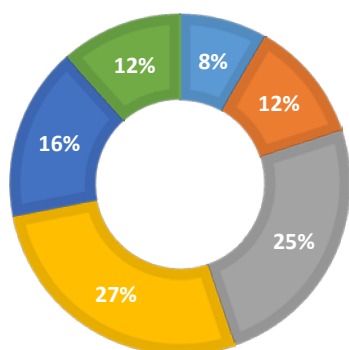
FIGURE 4 PROPORTION OF IMMIGRANTS AMONG FRANCOPHONES IN CAMBRIDGE NORTH DUMFRIES SUB-REGION

Age of Francophones in the Cambridge North Dumfries Sub-Region

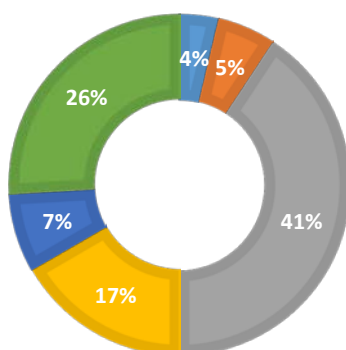
Although the proportion of Francophone immigrants under 45 is a little higher than that for Francophones born in Canada, note that 26% of Francophone immigrants are over 65. If we include those over 55, a third of Francophone immigrants are seniors.

Most recent Francophone immigrants (79%) are under 45 years of age.

Francophones Born in Canada



Francophone Immigrants



Recent Francophone Immigrants

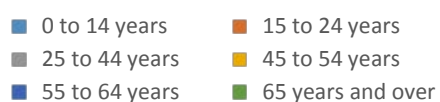
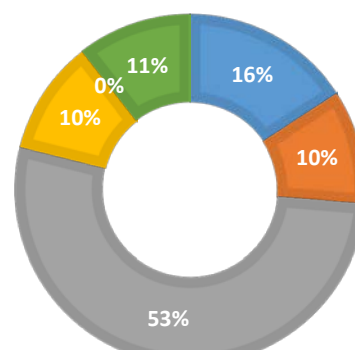


FIGURE 5 AGE OF FRANCOPHONES IN CAMBRIDGE NORTH DUMFRIES SUB-REGION

Education of Francophones in the Cambridge North Dumfries Sub-Region

Francophones born in Canada have the highest number of people who have no diploma or have a high school diploma or equivalent. Over half of Francophone immigrants (54%) have a postsecondary education below the bachelor level, up to 60% among recent Francophone immigrants.

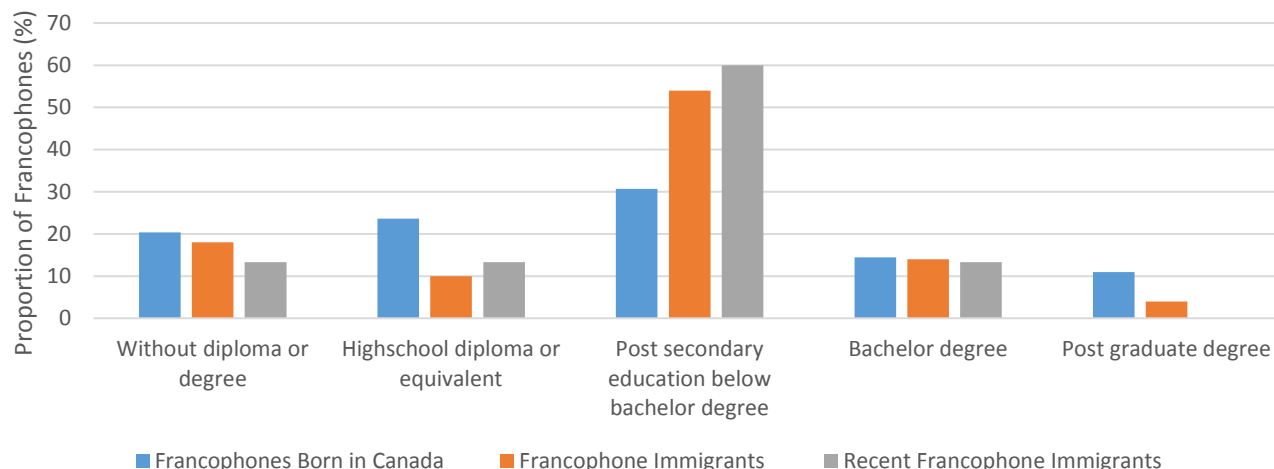


FIGURE 6 EDUCATION OF FRANCOPHONES IN CAMBRIDGE NORTH DUMFRIES

Income of Francophones in the Cambridge North Dumfries Sub-Region

When we compare the income of Francophones born in Canada with that of Francophone immigrants, we find that higher numbers of Francophone immigrants are low-income (under \$30,000) while higher numbers of Francophones born in Canada are middle-income (\$40,000 to \$60,000). Although the small number of recent Francophone immigrants probably contributed to the unequal income distribution for this group, over 70% reported an income of less than \$30,000.

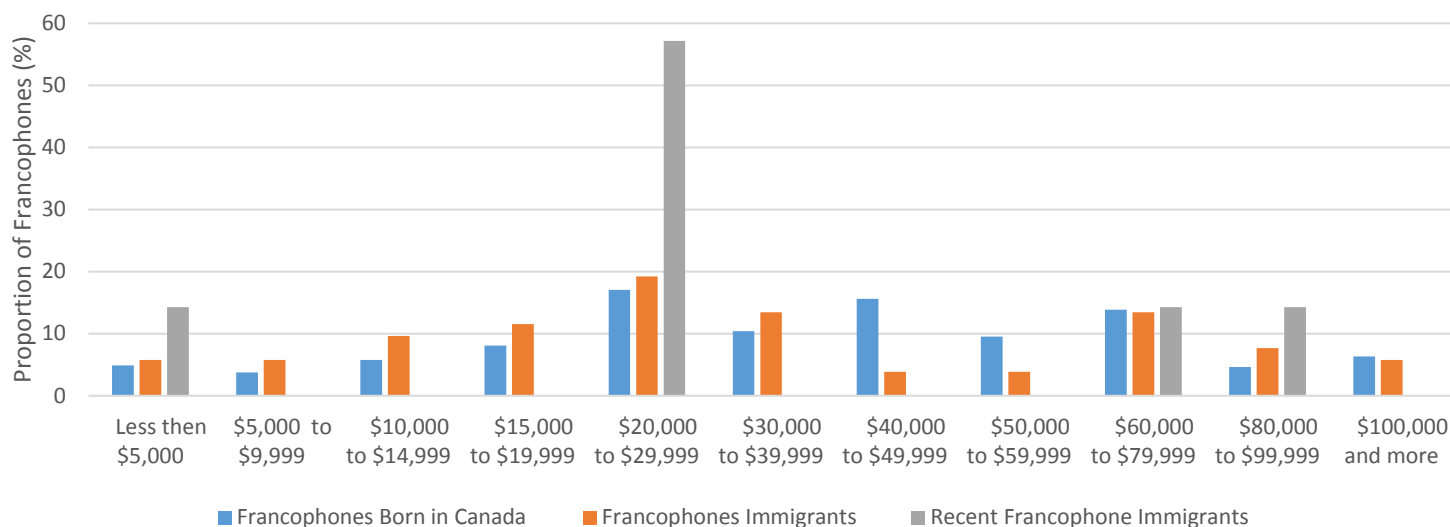


FIGURE 7 INCOME OF FRANCOPHONES IN CAMBRIDGE NORTH DUMFRIES SUB-REGION

Place of Birth of Francophone Immigrants in the Cambridge North Dumfries Sub-Region

Francophone immigrants in Cambridge North Dumfries were born primarily in non-OIF member states. The largest number of Francophone immigrants born in a member state were born in France, followed by Egypt, Laos and finally Romania.

Guelph Puslinch Sub-Region

In 2011, the population of the Guelph Puslinch sub-region was 127,490, including 2,125 Francophones (1.6%). Of these Francophones, 12% were immigrants, of whom 23% came to Canada between 2001 and 2011.

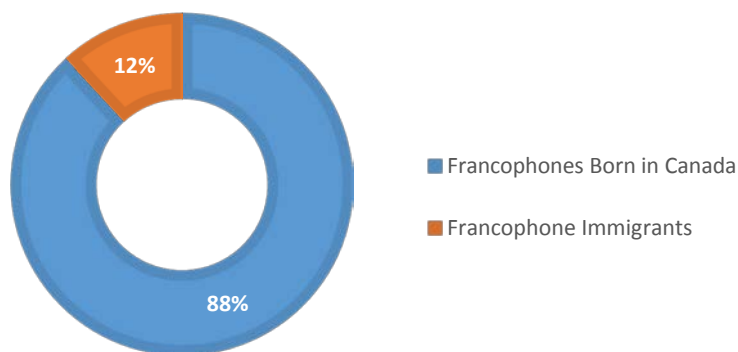


FIGURE 8 PROPORTION OF IMMIGRANTS AMONG FRANCOPHONES IN GUELPH PUSLINCH SUB-REGION

Age of Francophones in the Guelph Puslinch Sub-Region

Francophone immigrants in Guelph Puslinch were older than Francophones born in Canada; 41% of Francophone immigrants were 55 and over while 34% were under 55. In contrast, recent Francophone immigrants were much younger; 55% were under 25 while none were over 55.

Francophones Born in Canada

Francophone Immigrants

Recent Francophone Immigrants

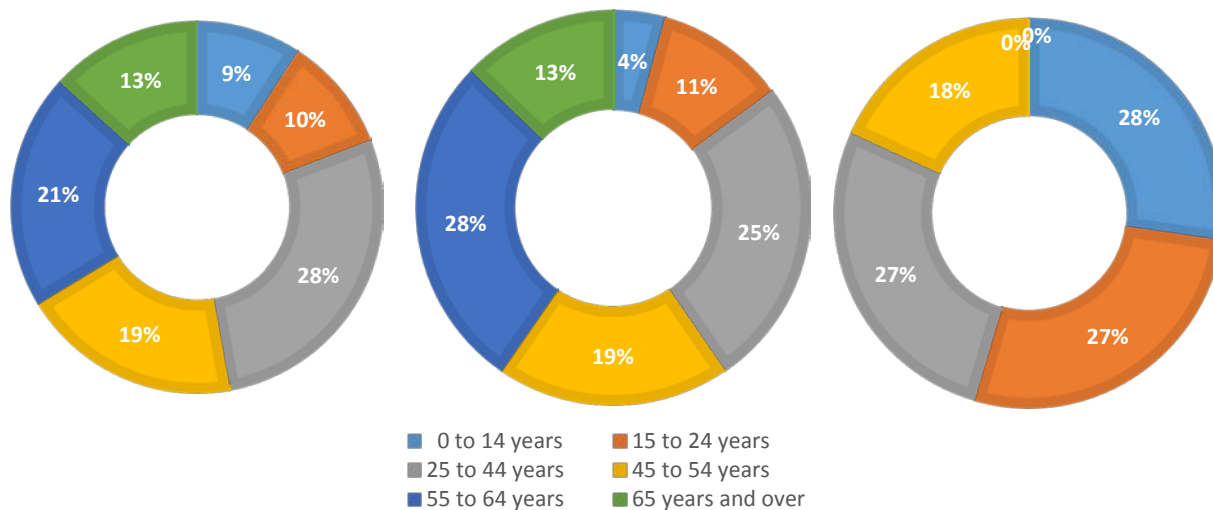


FIGURE 9 AGE OF FRANCOPHONES IN GUELPH PUSLINCH SUB-REGION

Education of Francophones in the Guelph Puslinch Sub-Region

In the Guelph Puslinch sub-region, a far higher number of Francophone immigrants than of Francophones born in Canada have a postsecondary education; over a quarter (31.1%) reported having a degree higher than a bachelor level while only 10.1% of Francophones born in Canada did. Few Francophone immigrants did not have a diploma (4.4%). Only a quarter of Francophones born in Canada had completed a bachelor level degree or higher and 20.3% had not finished high school. Because the number of recent Francophone immigrants is small, it was not possible to analyse their education.

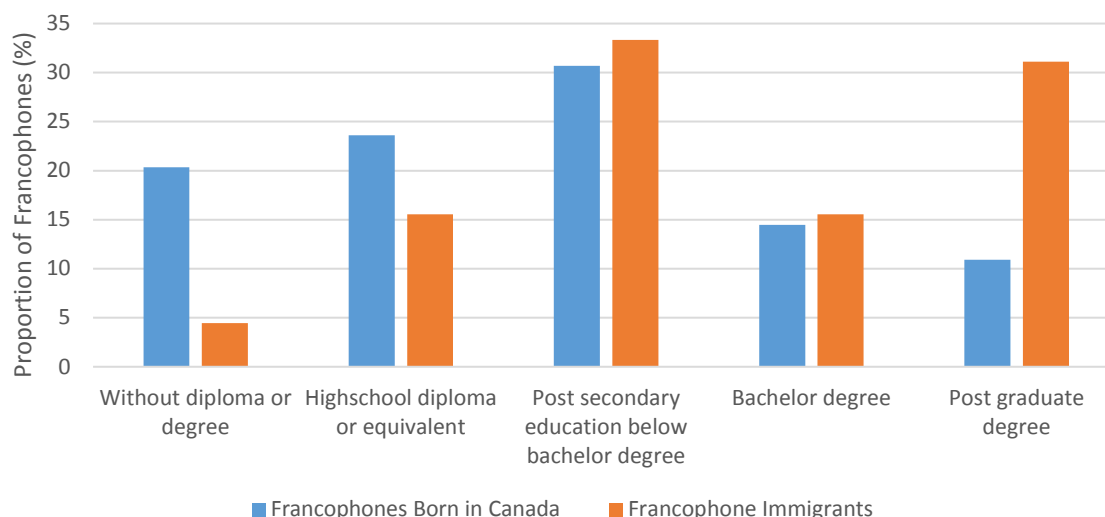


FIGURE 10 EDUCATION OF FRANCOPHONES IN GUELPH PUSLINCH SUB-REGION

Income of Francophones in the Guelph Puslinch Sub-Region

The incomes of Francophones in the Guelph Puslinch sub-region are very similar, whether they were born in Canada or another country, although there was a marked difference in a few categories. For example, over 20% of Francophone immigrants reported incomes between \$30,000 and \$39,999 and none had an income between \$40,000 and \$49,999. Because the number of recent Francophone immigrants is small, it was not possible to analyse their income.

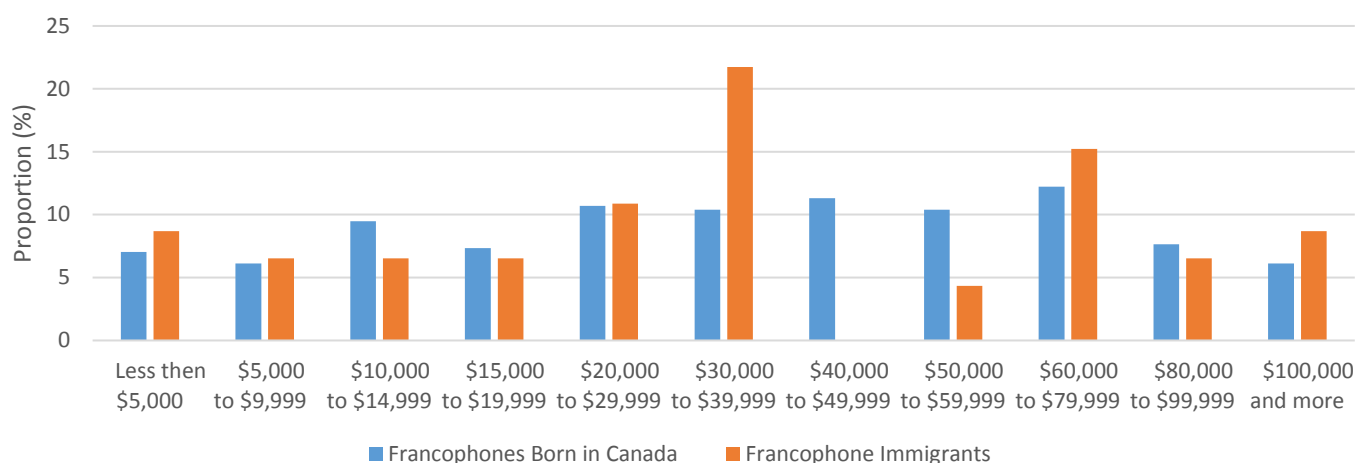


FIGURE 11 INCOME OF FRANCOPHONES IN GUELPH PUSLINCH SUB-REGION

Place of Birth of Francophone Immigrants in the Guelph Puslinch Sub-Region

Aside from those born in a non-OIF member state, most Francophone immigrants in the Guelph sub-region were born in a European country: France (70), Belgium (10), Romania (35) and Switzerland (20). Ten were born in Laos.

Kitchener-Waterloo-Wilmot-Wellesley-Woolwich Sub-Region (KW4)

The KW4 sub-region is the most populated area in WW LHIN and had a population of 365,245. This is also where you find the largest number of Francophones in the LHIN. Some 5,980 Francophones have settled there, of whom 1,385 (23%) were born outside Canada. Among Francophone immigrants, almost half (47%) came to Canada between 2001 and 2011.

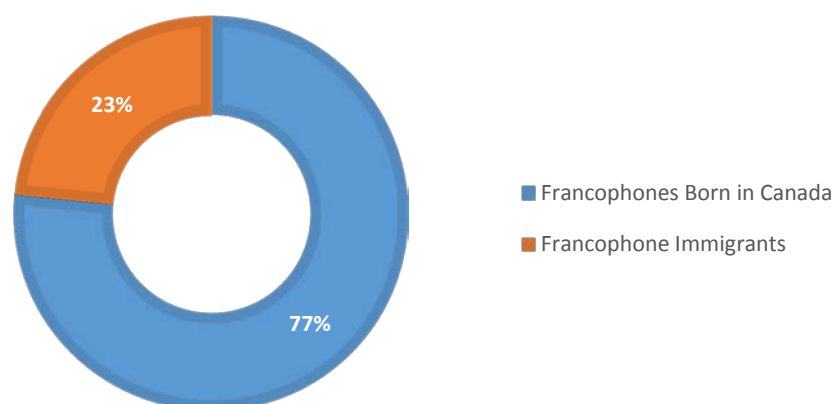


FIGURE 12 PROPORTION OF IMMIGRANTS AMONG KW4 FRANCOPHONES

Age of Francophones in the KW4 Sub-Region

Over a third of KW4 Francophones born in Canada were 55 and over. Francophone immigrants were younger; 65% of them were under 45. Among recent Francophone immigrants, almost half (44%) were between 25 and 44 and a third were children under 15.

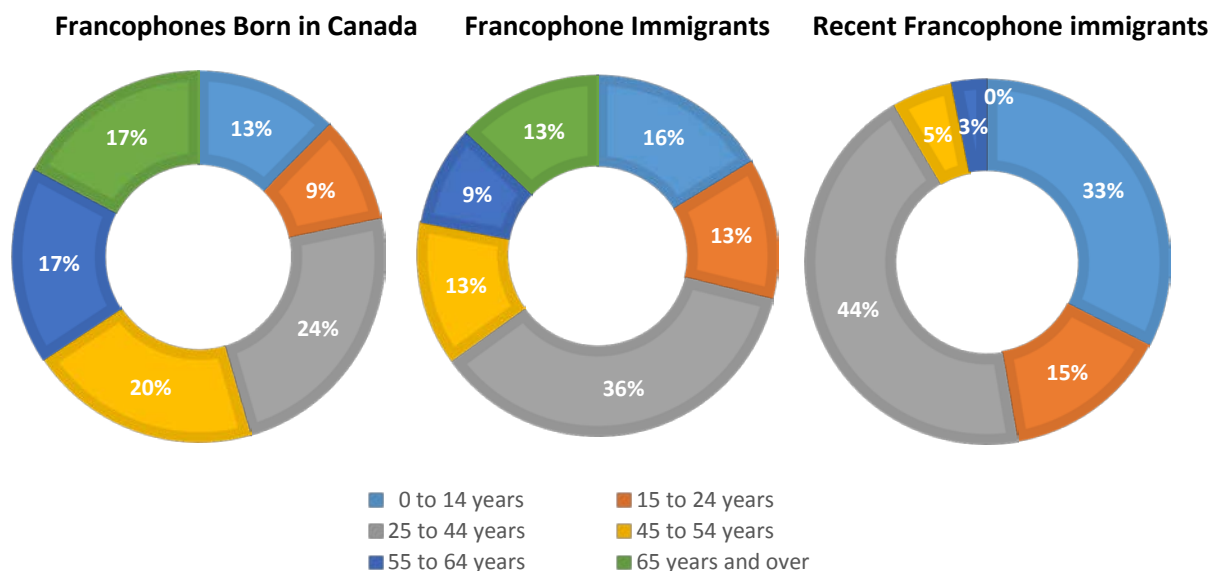


FIGURE 13 AGE OF FRANCOPHONES IN KW4 SUB-REGION

Education of Francophones in the KW4 Sub-Region

Only 15.4% of Francophones born in Canada in the KW4 sub-region have completed a university degree at the bachelor level or higher, although almost half of them have some postsecondary education. On the other hand, both Francophone immigrants and recent Francophone immigrants have more education; 40.4% and 38.1% of them respectively have completed a bachelor's or post-graduate degree.

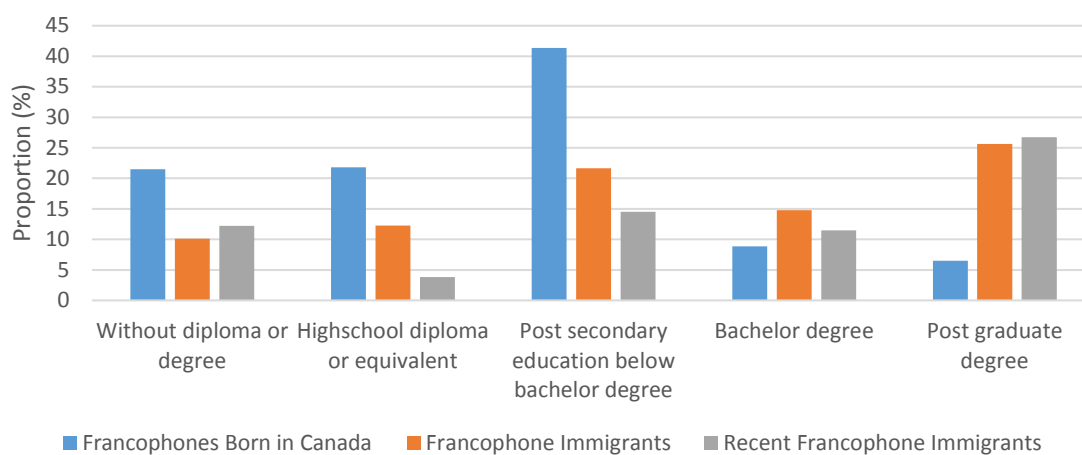


FIGURE 14 EDUCATION OF KW4 FRANCOPHONES

Income of Francophones in the KW4 Sub-Region

The incomes of Francophones born in Canada and both recent and established Francophone immigrants follow substantially the same distribution, although there are some differences. More recent immigrants have an income under \$5000; on the other hand, more of them also have an income between \$50,000 and \$59,999.

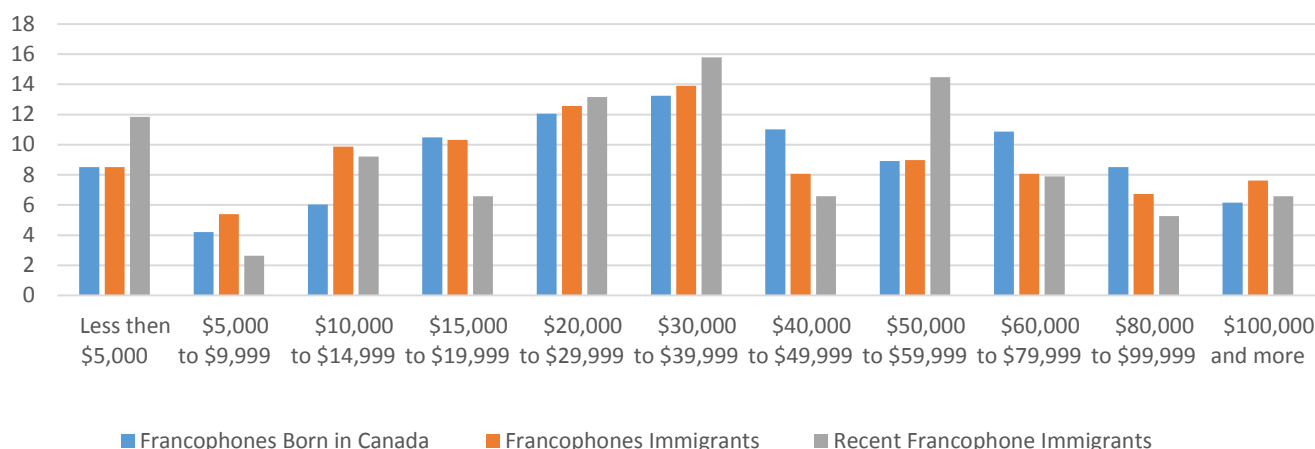


FIGURE 15 INCOME OF FRANCOPHONES IN KW4 SUB-REGION

Place of Birth of Francophone Immigrants in KW4

Francophone immigrants in the KW4 sub-region were born primarily in France (200), Romania (195) and, to a lesser degree, the Democratic Republic of the Congo (80). Slightly fewer than half of Francophone immigrants were born in a non-OIF member state. Among recent Francophone immigrants, their place of birth reveals a new trend in immigrant community origins. Only 15% of Francophone immigrants born in France arrived between 2001 and 2011, while 87.5% of Francophone immigrants born in the Democratic Republic of the Congo landed during this period.

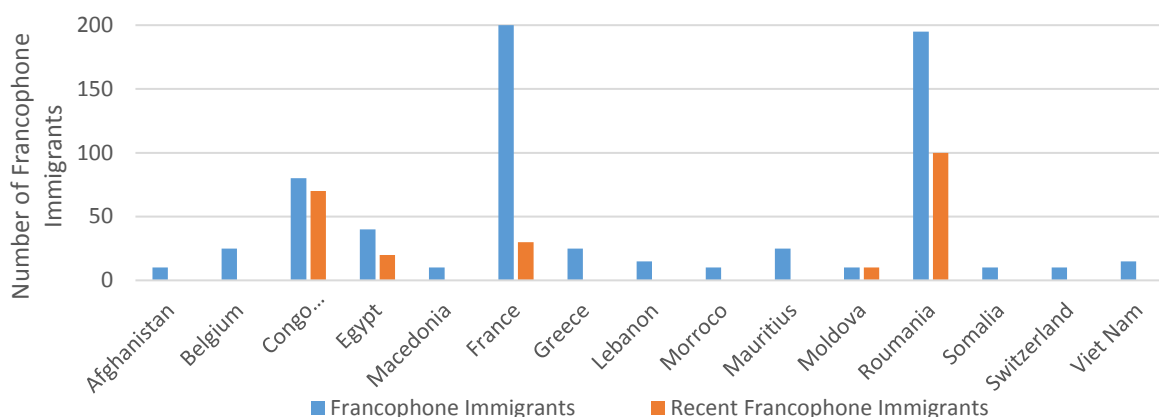


FIGURE 16 PLACE OF BIRTH OF FRANCOPHONE IMMIGRANTS IN KW4 SUB-REGION

Wellington Sub-Region

Few Francophone immigrants (65, of whom 20 came between 2001 and 2011) have settled in the Wellington sub-region and they represent only 7% of the 895 Francophones who live there. Francophones make up only 1% of the population of Wellington.

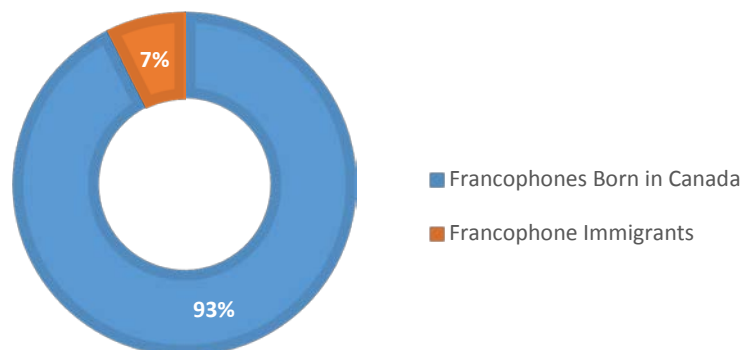


FIGURE 17 PROPORTION OF IMMIGRANTS AMONG FRANCOPHONES IN WELLINGTON SUB-REGION

Age of Francophones in the Wellington Sub-Region

A third of Francophones born in Canada in the Wellington sub-region are 55 and over. Although almost half of Francophones are under 45, only 6% are children between 0 and 14 years of age and 8% are youth between 15 and 24.

Because the number of Francophone immigrants and recent Francophone immigrants is small, it was not possible to analyse their age.

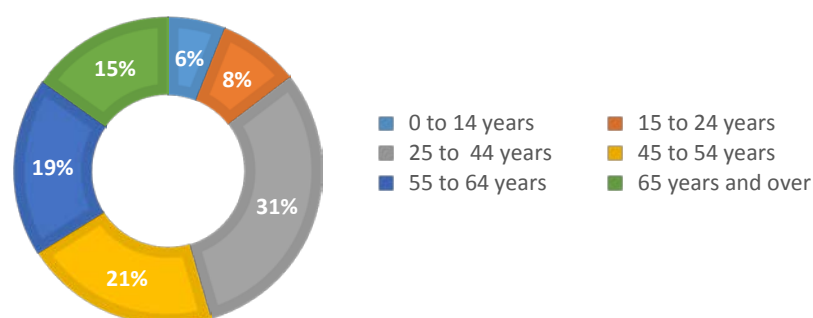


FIGURE 18 AGE OF FRANCOPHONES BORN IN CANADA IN WELLINGTON SUB-REGION

Education of Francophones in the Wellington Sub-Region

The distribution of Francophones born in Canada by level of education shows that more of these Francophones have no diploma (13.6%) or only a high school diploma (2.8%) than have completed a bachelor's (16.3%) or post-graduate (12.9%) degree.

Because the number of Francophone immigrants and recent Francophone immigrants is small, it was not possible to analyse their education.

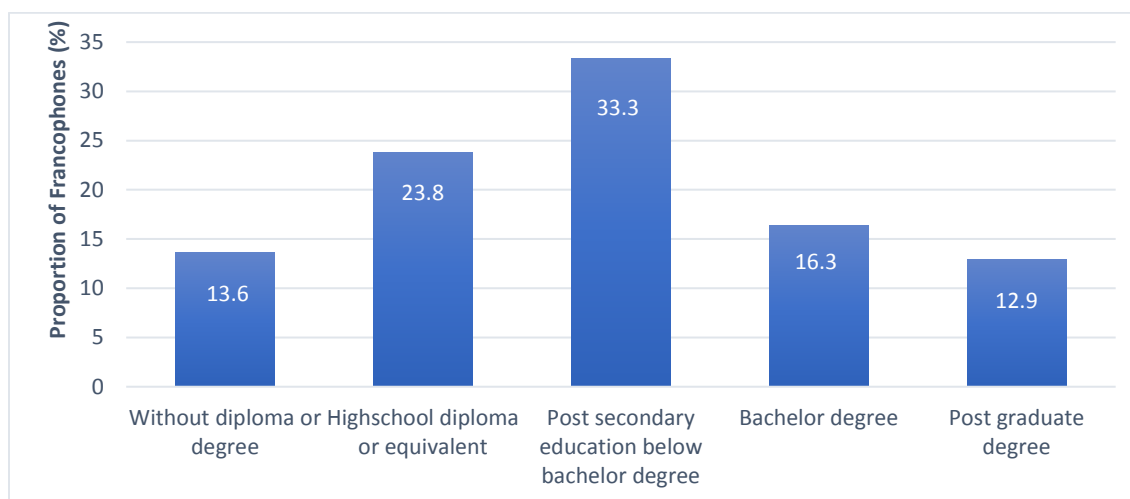


FIGURE 19 EDUCATION OF FRANCOPHONES BORN IN CANADA IN THE WELLINGTON SUB-REGION

Income of Francophones in the Wellington Sub-Region

In the Wellington sub-region, few Francophones born in Canada reported having no income (5.4%). Many of them (18.2%) had incomes between \$60,000 and \$79,999, and when we include the higher income categories, almost a third (30.3%) reported incomes over \$60,000.

Because the number of Francophone immigrants and recent Francophone immigrants is small, it was not possible to analyse their income.

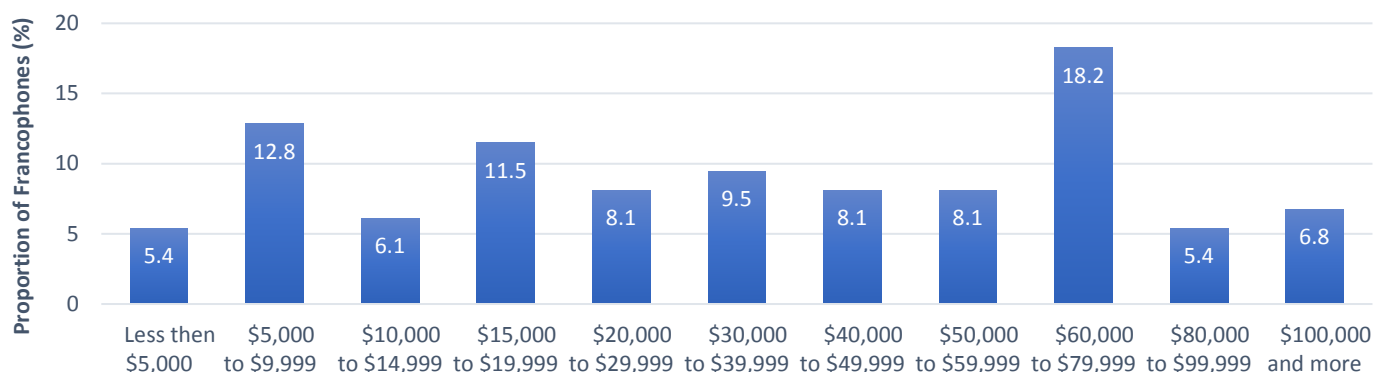


FIGURE 20 INCOME OF FRANCOPHONES IN WELLINGTON SUB-REGION

Place of Birth of Francophone Immigrants in the Wellington Sub-Region

Because the number of Francophone immigrants and recent Francophone immigrants is small, it was not possible to analyse their place of birth.

Hamilton Niagara Haldimand Brant Region

Distribution of Francophones in Hamilton Niagara Haldimand Brant Region

The area included in Hamilton Niagara Haldimand Brant (HNHB) was divided into six sub-regions: Brant, Burlington, Haldimand, Hamilton, Niagara and Niagara North West. Most Francophones in HNHB live in the Niagara sub-region, where they number 13,540, including 1,250 Francophone immigrants. The Hamilton sub-region has the largest number of Francophone immigrants (2,410) of whom 42.3% came to Canada between 2001 and 2011.

TABLE 4 FRANCOPHONES IN HNHB REGION

Sub-region	Francophones born in Canada	Francophone immigrants	Recent Francophone immigrants
Brant	1225	180	25
Burlington	3335	755	260
Haldimand Norfolk	1020	125	0
Hamilton	6385	2410	1020
Niagara	11650	1250	640
Niagara Ouest	590	105	10

Francophones Born in Canada

Almost half (48%) of HNHB Francophones born in Canada live in the Niagara sub-region and a quarter live in the Hamilton sub-region. The last quarter is made up of the 14% living in the Burlington sub-region and the 3%, 4% and 5% in the Niagara North West, Haldimand Norfolk and Brant sub-regions respectively.

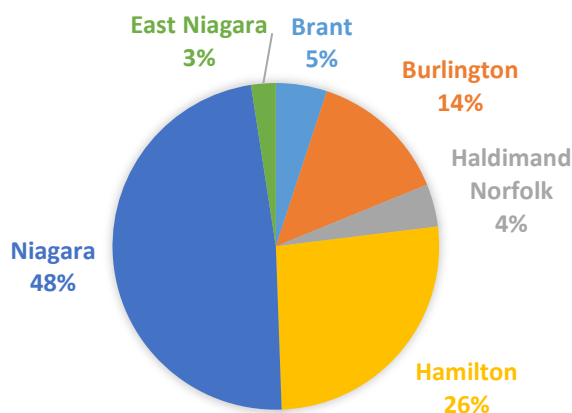


FIGURE 21 DISTRIBUTION OF HNHB FRANCOPHONES BORN IN CANADA BY SUB-REGION

Francophone Immigrants in HNHB

HNHB Francophone immigrants, however, have preferred to settle in the Hamilton sub-region, which is where we find half of them, while the Niagara sub-region is home to over a quarter of Francophone immigrants. The proportion of Francophone immigrants (16%) in the Burlington sub-region is almost the same as the proportion of Francophones born in Canada.

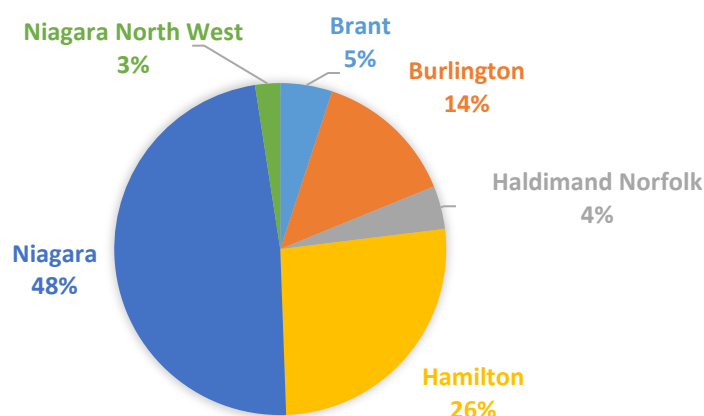


FIGURE 22 DISTRIBUTION OF HNHB FRANCOPHONE IMMIGRANTS BY SUB-REGION

Recent Francophone immigrants in HNHB

Recent Francophone immigrants in the Hamilton sub-region represent over half of recent Francophone immigrants in HNHB. Those who have chosen to settle in the Niagara sub-region represent a third of recent Francophone immigrants. The Burlington sub-region is home to 13% of recent Francophone immigrants and the remaining 2% are distributed over the Niagara North West and Brant sub-regions, while no recent Francophone immigrants have settled in the Haldimand Norfolk sub-region.

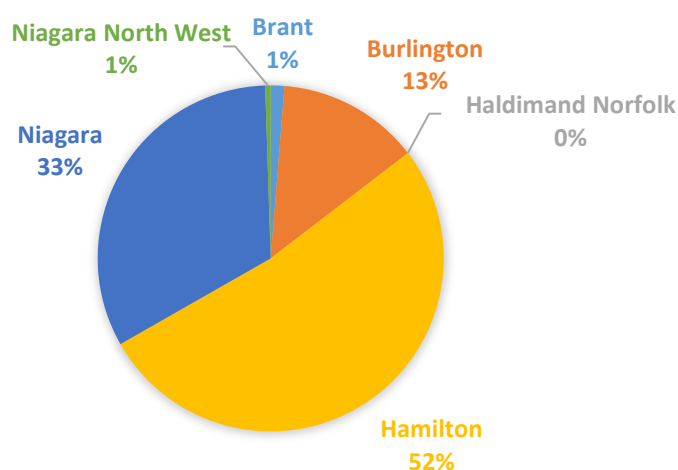


FIGURE 23 DISTRIBUTION OF HNHB RECENT FRANCOPHONE IMMIGRANTS BY SUB-REGION

Brant Sub-Region

The population of the Brant sub-region is 134,190, including 1,420 Francophones (1.1%). Francophone immigrants (180) account for 13% of Francophones in the sub-region, of whom 13.8% arrived between 2001 and 2011.

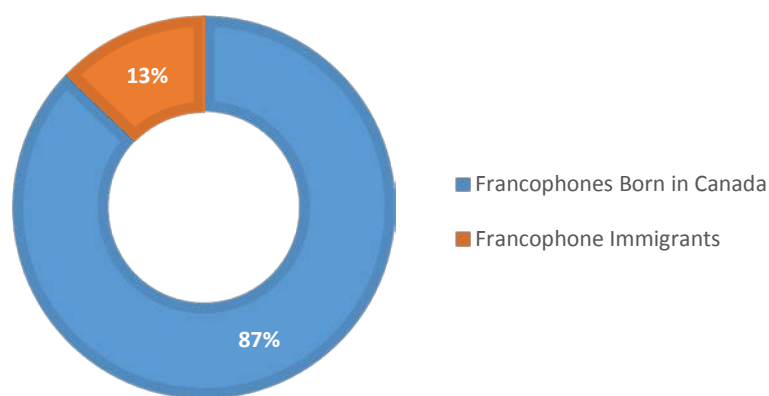


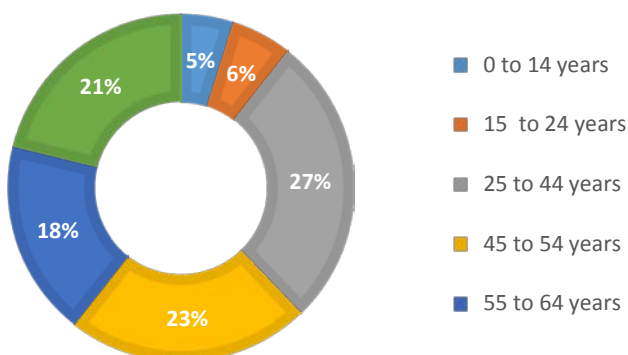
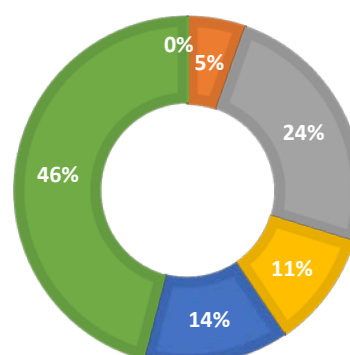
FIGURE 24 PROPORTION OF FRANCOPHONE IMMIGRANTS AMONG FRANCOPHONES IN BRANT SUB-REGION

Age of Francophones in the Brant Sub-Region

Almost 40% of Francophones born in Canada who live in the Brant sub-region are 55 and older and 21% are over 65. Among Francophone immigrants, the proportion of seniors is even higher; 46% are over 65 and when we include people aged between 55 and 64, 60% of Francophone immigrants living in Brant are over 55.

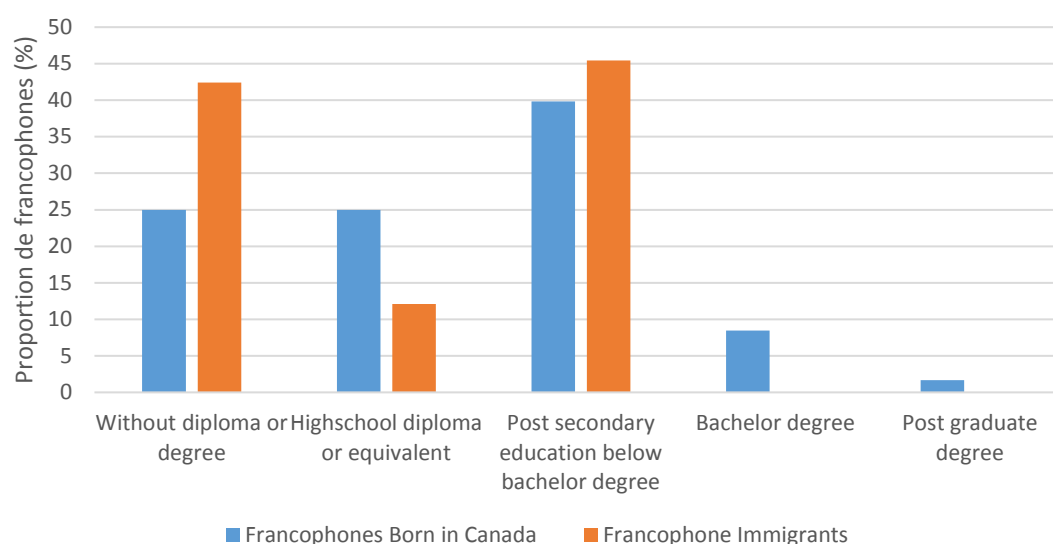
We also find very few young people among Francophones in Brant. Only 5% of the Francophone population born in Canada is under 15 and 6% are between 15 and 24 years of age. Among Francophone immigrants, no children were counted in the census and only 5% were youth between 15 and 24.

Because the number of recent Francophone immigrants is small, it was not possible to analyse their age.

Francophones Born in Canada**Francophone Immigrants****FIGURE 25 AGE OF FRANCOPHONES IN BRANT SUB-REGION****Education of Francophones in the Brant Sub-Region**

In Brant, a large proportion (25%) of Francophones born in Canada have no diploma and only 10% have been educated at the bachelor level or higher. Like Brant Francophones born in Canada, Francophone immigrants do not have much education. Over 40% have no diploma and 45% ended their postsecondary education at less than a bachelor level.

Because the number of recent Francophone immigrants is small, it was not possible to analyse their education.

**FIGURE 26 EDUCATION OF FRANCOPHONES IN BRANT SUB-REGION**

Income of Francophones in the Brant Sub-Region

The incomes of Francophones in the Brant sub-region are quite similar whether they were born in Canada or another country, with a few exceptions. There are more Francophone immigrants in the income categories below \$15,000 while more Francophones born in Canada reported incomes between \$40,000 and \$49,999 and between \$60,000 and \$79,999. Because the number of recent Francophone immigrants is small, it was not possible to analyse their income.

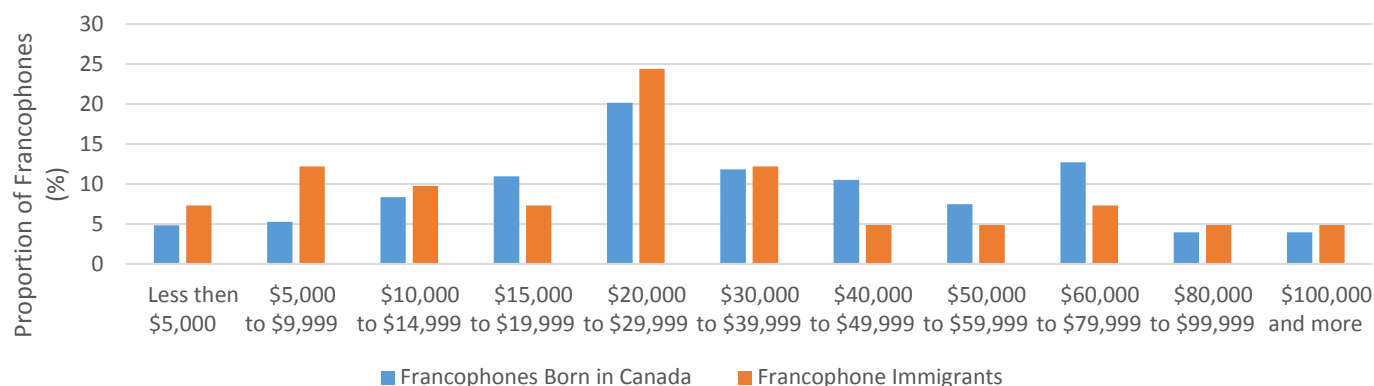


FIGURE 27 INCOME OF FRANCOPHONES IN BRANT SUB-REGION

Place of Birth of Francophone Immigrants in the Brant Sub-Region

Just under half (40%) of Francophone immigrants in Brant sub-region were born in a non-OIF member state. Among the others, 8.3% (15) were born in each of Belgium, Lebanon and St. Lucia while 13.8% (25) were born in Switzerland.

Because the number of recent Francophone immigrants is small, no analysis was possible.

Burlington Sub-Region

In 2011, the population of the Burlington sub-region was 173,490, with 4,160 Francophones, of whom 18.1% were immigrants. Recent Francophone immigrants represent 34.4% of Francophone immigrants.

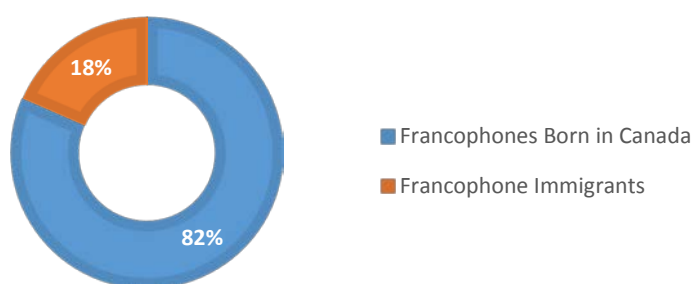


FIGURE 28 PROPORTION OF IMMIGRANTS AMONG FRANCOPHONES IN BURLINGTON SUB-REGION

Age of Francophones in the Burlington Sub-Region

A fifth of Burlington Francophones born in Canada are 65 and over and when we include people between 55 and 65, over a third of Francophones born in Canada are seniors. Among Francophone immigrants, 25% were over 65 and 37% were over 55. In contrast, recent Francophone immigrants were much younger; 78% were under 45, including 21% aged between 0 and 14 and 44% between 25 and 44.

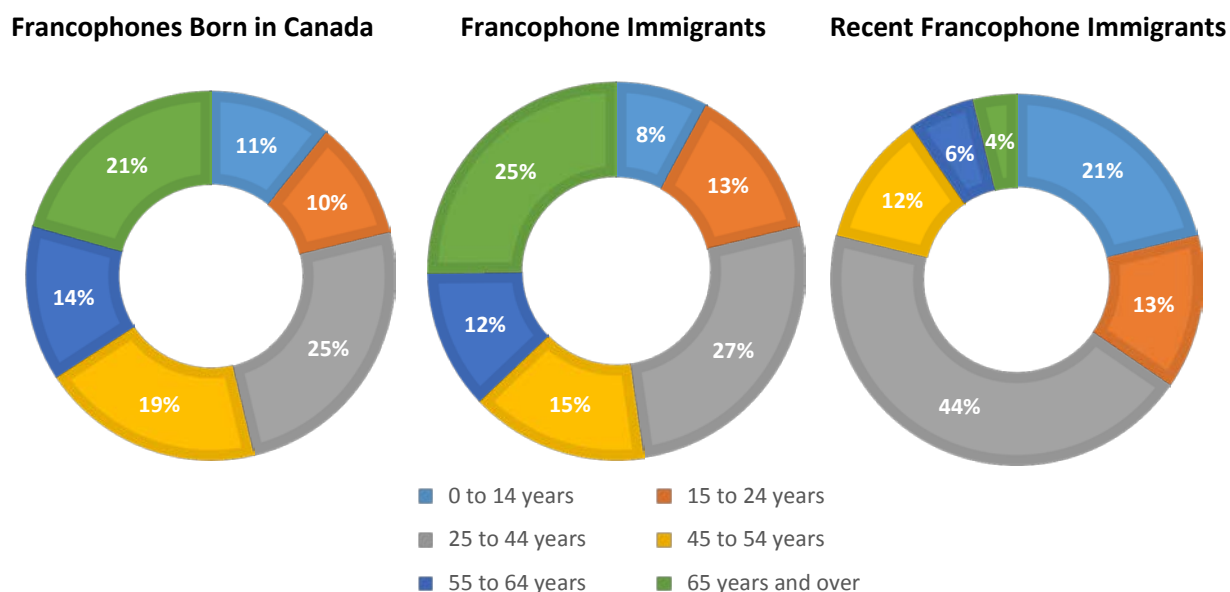


FIGURE 29 AGE OF FRANCOPHONES IN BURLINGTON SUB-REGION

Education of Francophones in the Burlington Sub-Region

The educational profile of Burlington Francophones is relatively similar for all three groups, except for those who have obtained a high school diploma or equivalent or post-graduate degree. Among Francophones born in Canada, 25% have a high school diploma while 15% of Francophone immigrants do and only 5% of recent Francophone immigrants do. Although few Francophones born in Canada have completed a post-graduate degree, over 20% of Francophone immigrants have done so and almost 30% of recent Francophone immigrants have achieved this level of education.

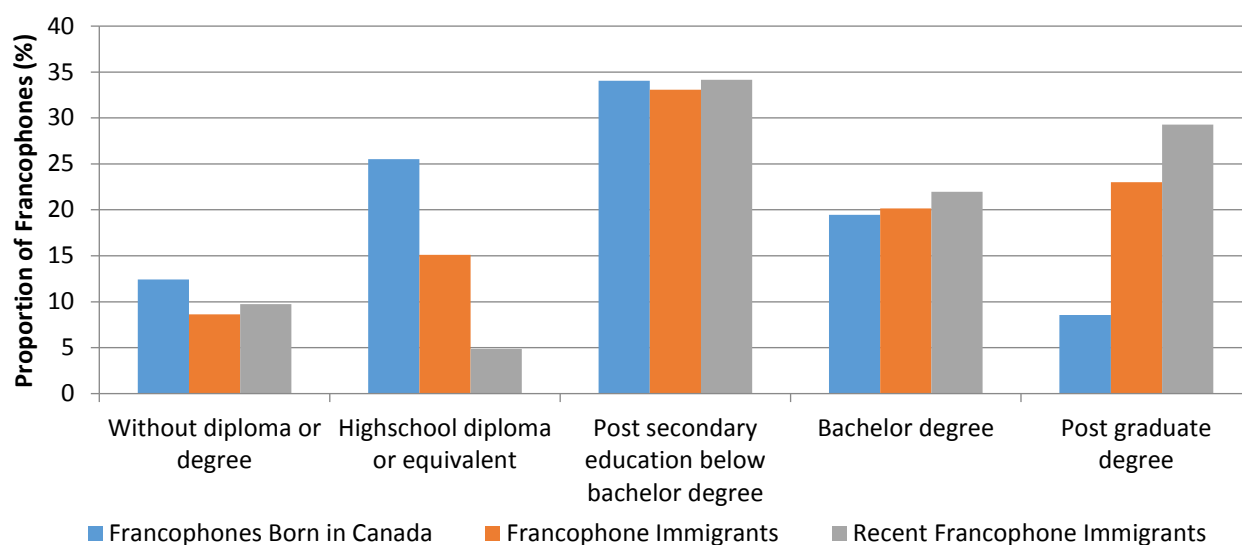


FIGURE 30 EDUCATION OF FRANCOPHONES IN BURLINGTON SUB-REGION

Income of Francophones in the Burlington Sub-Region

Like education, the incomes of Burlington Francophones are similar for all three groups, although more recent Francophone immigrants reported incomes between \$10,000 and \$14,999 and between \$15,000 and \$19,999 as well as between \$80,000 and \$99,999. Almost 30% of Francophone immigrants reported incomes between \$30,000 and \$49,999.

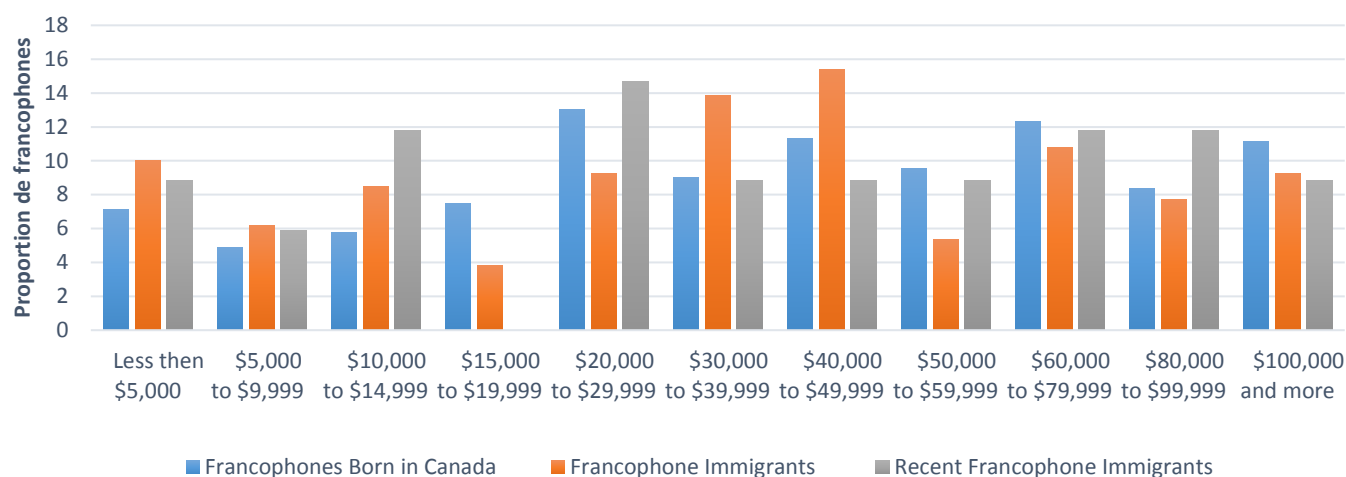


FIGURE 31 INCOME OF FRANCOPHONES IN BURLINGTON SUB-REGION

Place of Birth of Francophone Immigrants in the Burlington Sub-Region

Francophone immigrants in the Burlington sub-region were born primarily in three countries, France (15.2%), Romania (11.9%) and the Democratic Republic of the Congo (9.9%); 33.8% were born in non-OIF member states. Forty per cent of Francophone immigrants born in France and half of Francophone immigrants born in Romania arrived between 2001 and 2011. Except for a few Francophone immigrants born in Egypt and Lebanon, most recent Francophone immigrants were born in non-OIF member states.

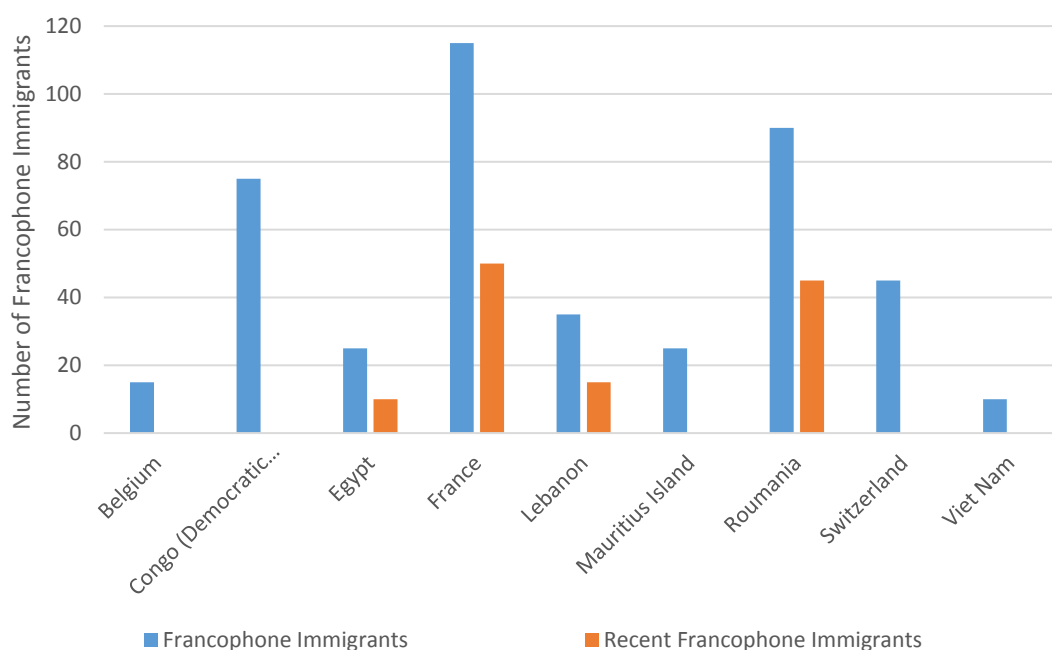


FIGURE 32 PLACE OF BIRTH OF FRANCOPHONE IMMIGRANTS IN BURLINGTON SUB-REGION

Haldimand Norfolk Sub-Region

The Haldimand Norfolk sub-region has few Francophones. Of its 95,155 residents, only 1% are Francophones and there are no recent Francophone immigrants. Francophone immigrants represent 11% of the sub-region's Francophones. There were no recent Francophone immigrants in the Haldimand Norfolk sub-region in 2011.

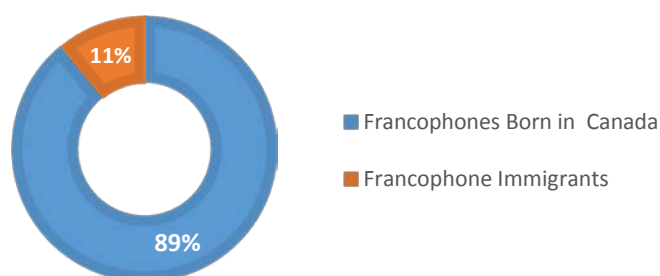


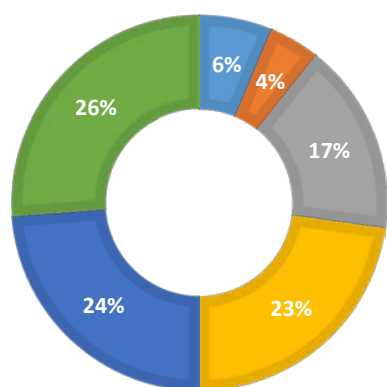
FIGURE 33 PROPORTION OF FRANCOPHONE IMMIGRANTS IN HALDIMAND NORFOLK SUB-REGION

Age of Francophones in the Haldimand Norfolk Sub-Region

The Francophone population of the Haldimand Norfolk sub-region is elderly. Over a quarter of Francophones in Haldimand Norfolk were aged 65 and over, half were 55 and over and only a quarter were under 45. Among Francophone immigrants, 64% were over 65 and there were no young people under 25. Over 70% of Francophone immigrants in the Haldimand Norfolk sub-region came to Canada before 1971.

There were no recent Francophone immigrants in the Haldimand Norfolk sub-region in 2011.

Francophones Born in Canada



Francophone immigrants

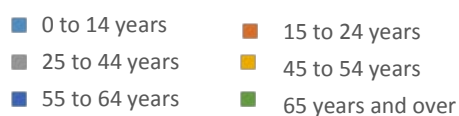
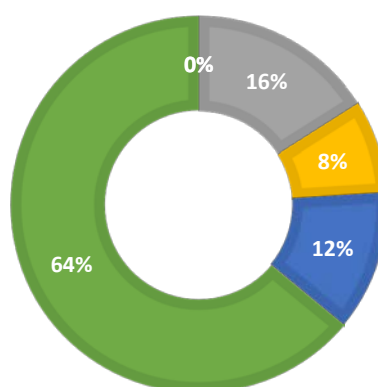


FIGURE 34 AGE OF FRANCOPHONES IN HALDIMAND NORFOLK SUB-REGION

Education of Francophones in the Haldimand Norfolk Sub-Region

A little over 30% of Francophones in Haldimand Norfolk have no certificate, diploma or degree, whether they were born in Canada (30%) or immigrants (32%). Over 40% of Francophones born in Canada have completed their post-secondary education at less than a bachelor level while only 24% of Francophone immigrants have done so. No Francophone immigrants in the sub-region have completed a post-graduate degree and only 1% of Francophones born in Canada have done so.

There were no recent Francophone immigrants in the Haldimand Norfolk sub-region in 2011.

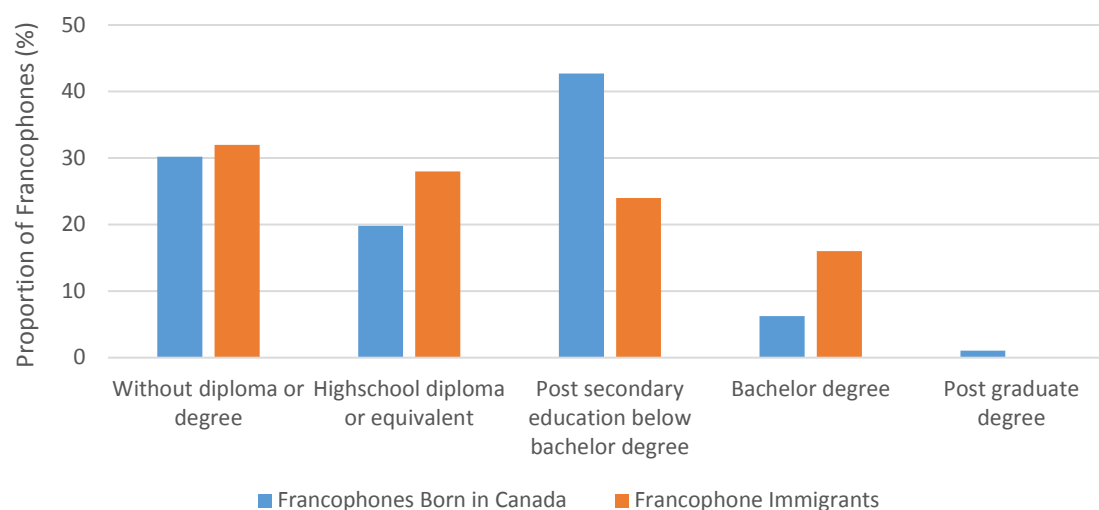


FIGURE 35 EDUCATION OF FRANCOPHONES IN HALDIMAND NORFOLK SUB-REGION

Income of Francophones in the Haldimand Norfolk Sub-Region

No Francophone immigrants in Haldimand Norfolk reported an income over \$80,000 although 16% of them fell into the \$50,000 to \$59,999 income category. When we compare Francophones born in Canada with Francophone immigrants, we find that more immigrants (29,5%) than Francophones born in Canada (19,5%) reported incomes under \$15,000.

There were no recent Francophone immigrants in the Haldimand Norfolk sub-region in 2011.

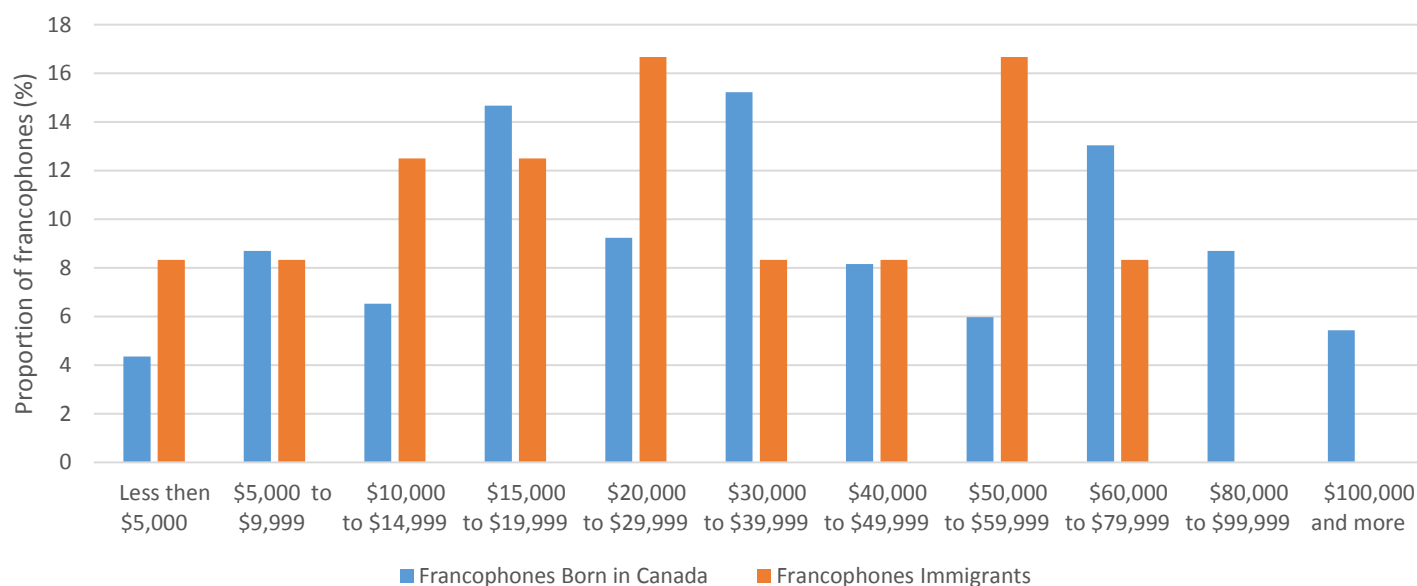


FIGURE 36 INCOME OF FRANCOPHONES IN HALDIMAND NORFOLK SUB-REGION

Place of Birth of Francophone Immigrants in the Haldimand Norfolk Sub-Region

Slightly less than half (48%) of Francophone immigrants in the Haldimand Norfolk sub-region were born in a non-OIF member state. Among the others, 28% (35) were born in Belgium and live in Norfolk County while 24% (30) were born in France and live in Haldimand County.

There were no recent Francophone immigrants in the Haldimand Norfolk sub-region in 2011.

Hamilton Sub-Region

The Francophone immigrant population represents just over a quarter (27%) of the Francophone population of the Hamilton sub-region, which has 8,795 Francophones. The Francophone immigrant population grew a great deal between 2001 and 2011, as Francophone immigrants who have recently arrived in Canada make up 42.3% of immigrants. Although the sub-region ranks second in HNHB for the number of Francophones living there, Hamilton is where we find the largest number of immigrants (2,410).

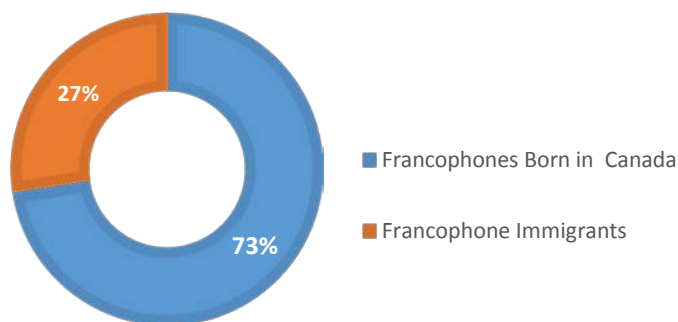


FIGURE 37 PROPORTION OF IMMIGRANTS AMONG FRANCOPHONES IN HAMILTON SUB-REGION

Age of Francophones in the Hamilton Sub-Region

In the Hamilton sub-region, 42% of Francophones born in Canada are over 55 years of age while only 26% of Francophone immigrants are over 55. Among recent Francophone immigrants, there are very few seniors (3% aged between 55 and 64 and 3% aged 65 and over).

Young Francophones between 0 and 14 years of age represent only 9% of Francophones born in Canada while they account for 27% of recent Francophone immigrants. Francophone immigrants make up 30% of residents aged between 25 and 44 while 41% of recent Francophone immigrants fall into this age group.

Francophones Born in Canada Francophone immigrants Recent Francophone immigrants

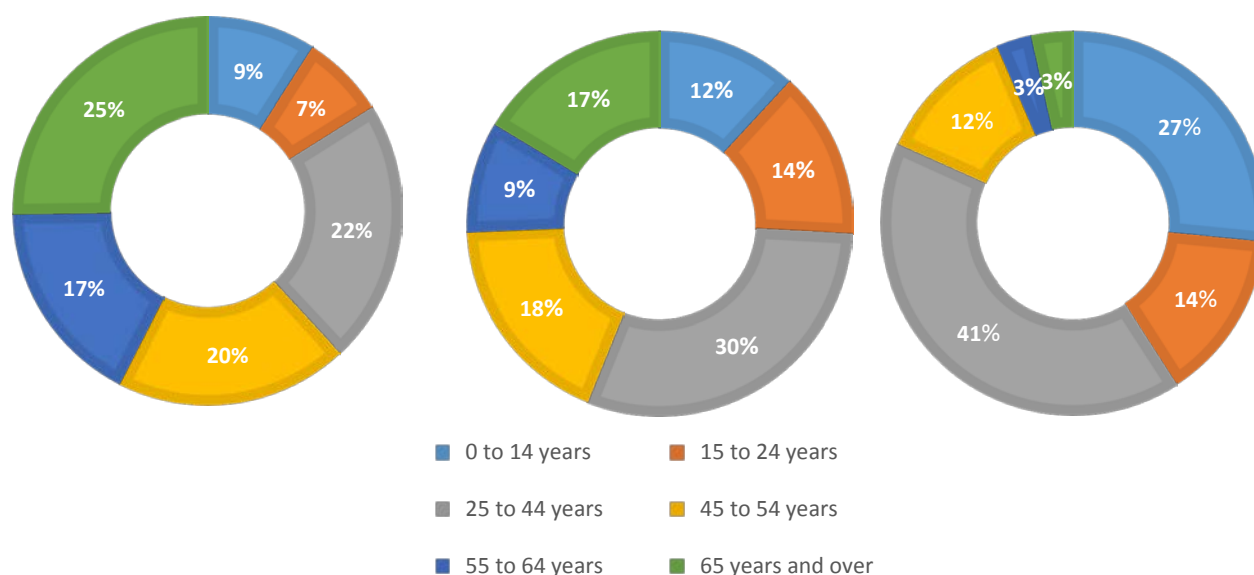


FIGURE 38 AGE OF FRANCOPHONES IN HAMILTON SUB-REGION

Education of Francophones in the Hamilton Sub-Region

The education levels of the three groups of Francophones follow similar trends with a few exceptions. For example, almost a quarter (23.5%) of Francophones born in Canada have no certificate, diploma or degree while this is true for only 16.5% and 12.8% respectively of Francophone immigrants and recent Francophone immigrants. A larger proportion of recent Francophone immigrants than of other groups of Francophones have a high school diploma and more of them have a post-graduate diploma.

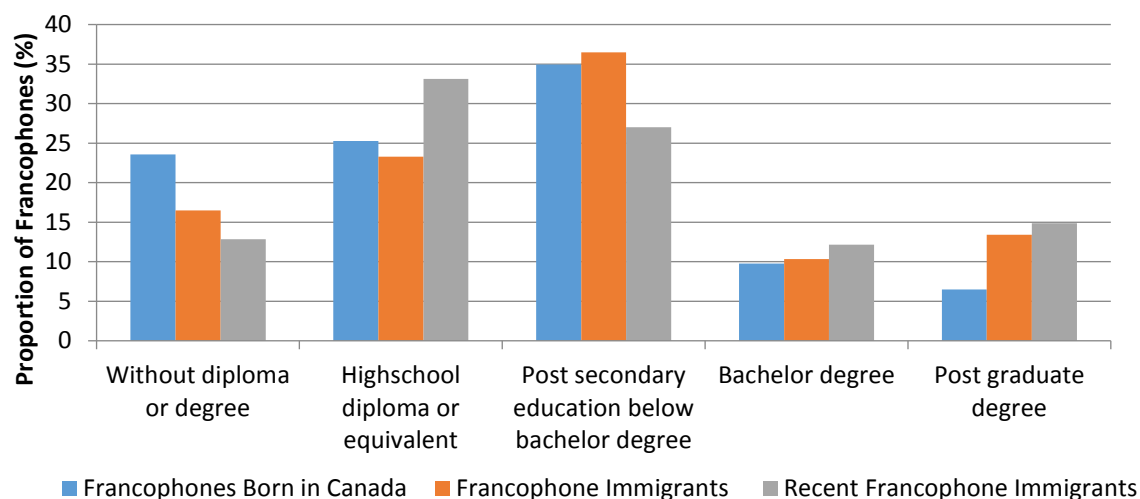


FIGURE 39 EDUCATION OF FRANCOPHONES IN HAMILTON SUB-REGION

Income of Francophones in the Hamilton Sub-Region

A quarter of recent Francophone immigrants in the Hamilton sub-region reported incomes below \$5000 for 2010 compared with 16.8% of Francophone immigrants and only 8.0% of Francophones born in Canada. Furthermore, in the income categories up to between \$15,000 and \$19,999, the proportion of recent Francophone immigrants is consistently higher. Finally, only 12.9% of recent Francophone immigrants reported incomes of \$40,000 and over.

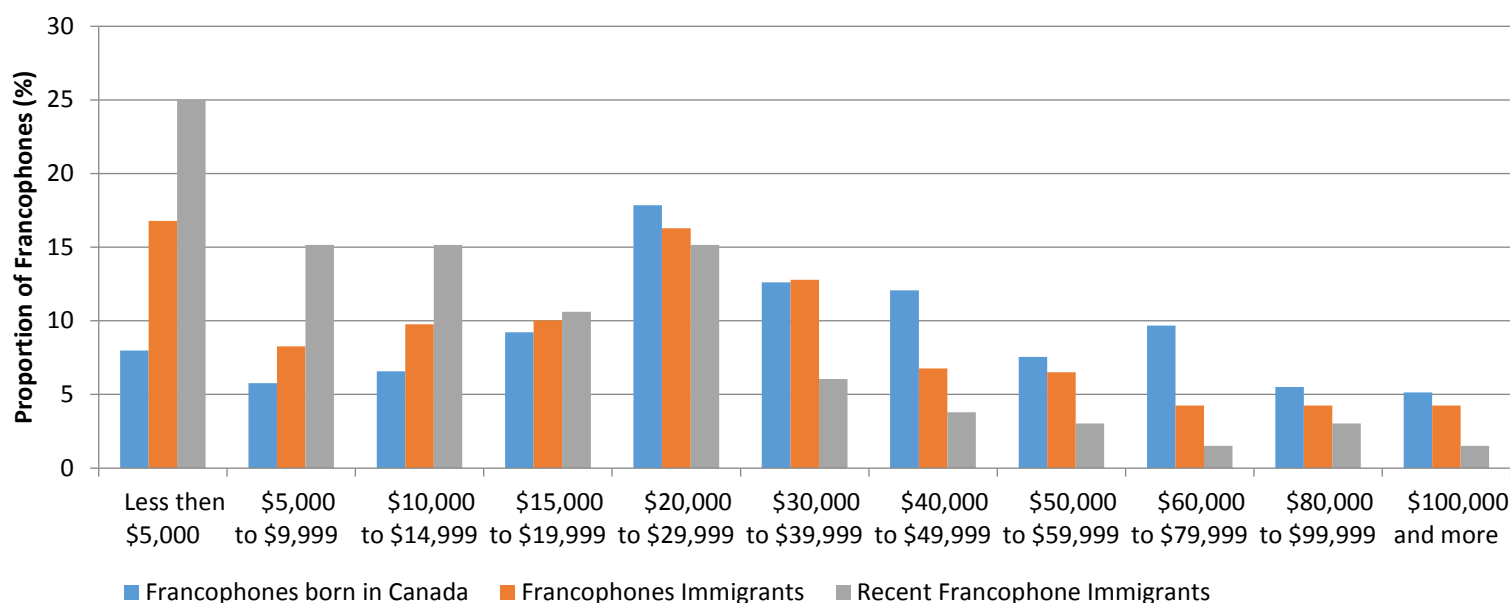


FIGURE 40 INCOME OF FRANCOPHONES IN HAMILTON SUB-REGION

Place of Birth of Francophone Immigrants in the Hamilton Sub-Region

Francophone immigrants in Hamilton sub-region were born mainly in three countries, the Democratic Republic of the Congo, France and Haiti. These immigrants represent 36.4% of Francophone immigrants while 35.3% come from countries other than OIF member states. For the period from 2001 to 2011, the Democratic Republic of the Congo and Haiti remained the countries from which the largest number of immigrants came; 58.2% and 88.9%, respectively, of immigrants born in these countries were recent immigrants. In contrast, in the case of France, only 7.8% of immigrants arrived between 2001 and 2011. In addition, over a third (36.3%) came from non-OIF member states in this decade.

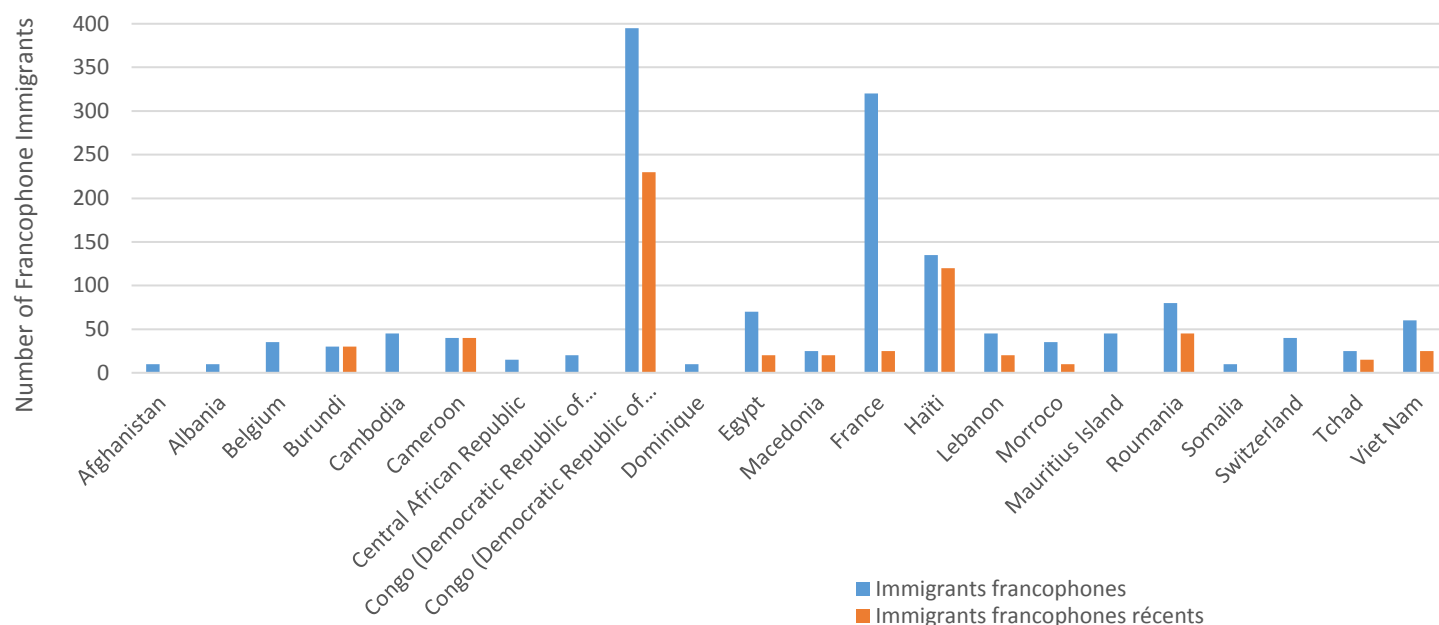


FIGURE 41 PLACE OF BIRTH OF FRANCOPHONE IMMIGRANTS IN HAMILTON SUB-REGION

Niagara Sub-Region

Niagara is the HNHB sub-region with the most Francophones. There are 13,000 Francophones in the sub-region's population of 363,255 and they make up 3.6% of residents. There are 1,250 Francophone immigrants, 10.0% of the Francophone population, and half of them (51.2%) came to Canada between 2001 and 2011.

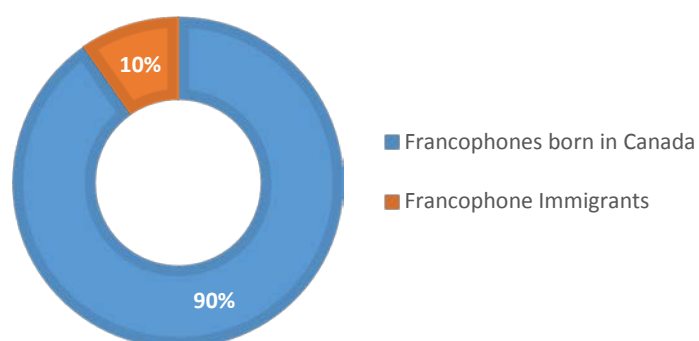


FIGURE 42 PROPORTION OF FRANCOPHONE IMMIGRANTS IN NIAGARA SUB-REGION

Age of Francophones in the Niagara Sub-Region

Almost half of Niagara Francophones born in Canada are seniors, 28% are over 25 while 21% are between 55 and 64 years of age. Only 18% are aged between 25 and 44. Recent Francophone immigrants, however, are much younger. There are no seniors over 65 and only 5% are aged between 55 and 64. Almost half (47%) are under 25 and when we include people aged between 25 and 44, we account for 85% of the recent immigrant population.

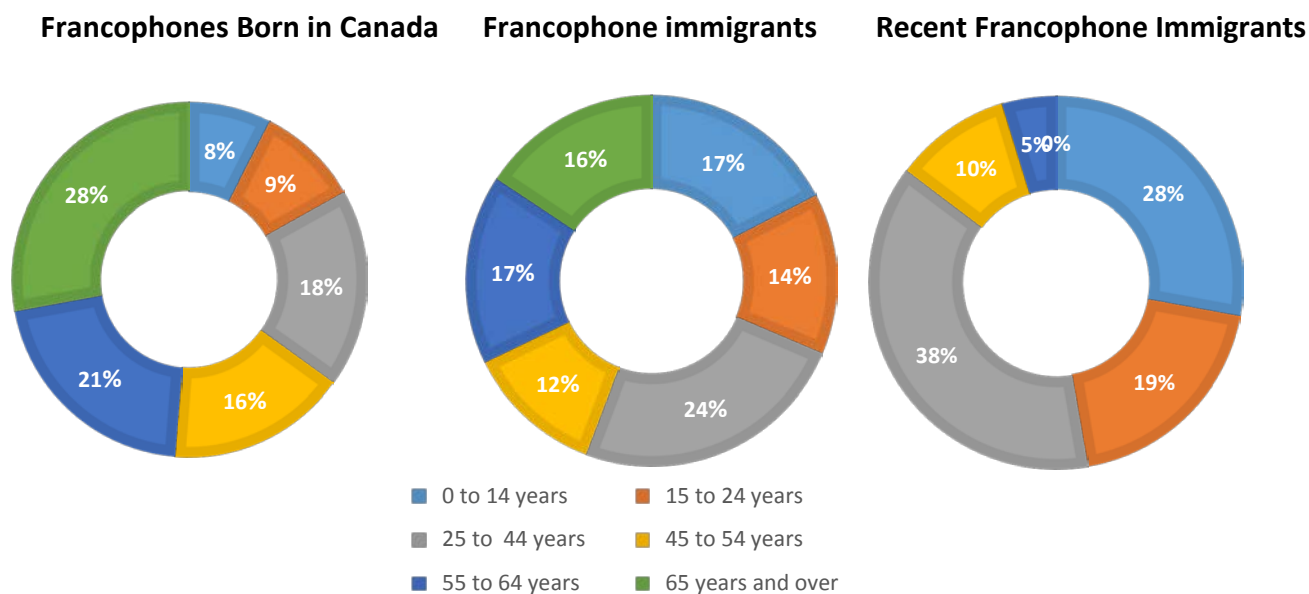


FIGURE 43 AGE OF FRANCOPHONES IN NIAGARA SUB-REGION

Education of Francophones in the Niagara Sub-Region

Fewer than 10% (9.4%) of Francophones born in Canada have completed their bachelor-level or post-graduate studies and 28.9% have no certificate, diploma or degree. Immigrants, both established and recent, are more educated; 17% of them have a bachelor's degree and 12% have a post-graduate diploma.

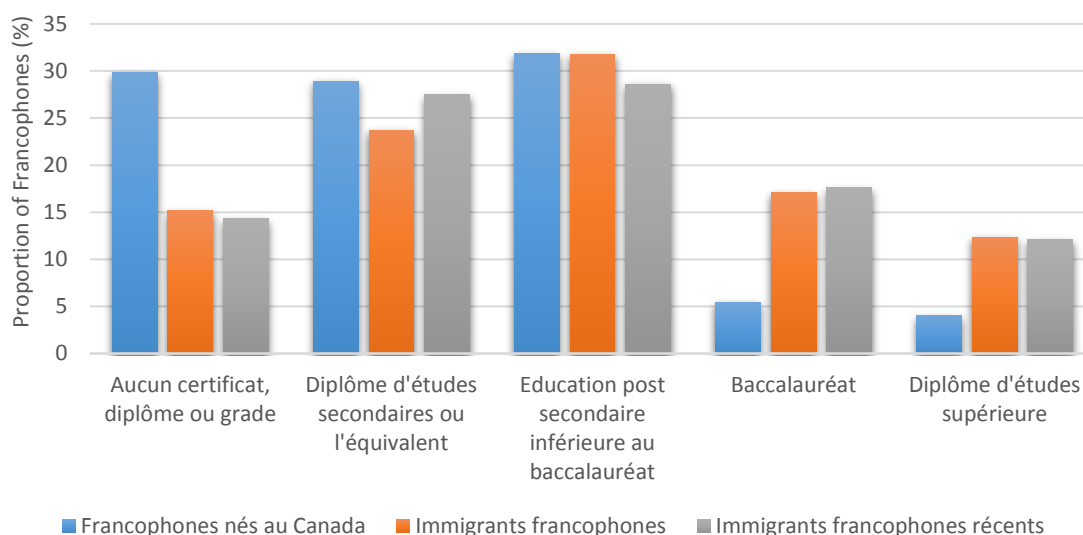


FIGURE 44 EDUCATION OF FRANCOPHONES IN NIAGARA SUB-REGION

Income of Francophones in the Niagara Sub-Region

More than one recent Francophone immigrant in five reported an income below \$5,000 while only 5.8% of Francophones born in Canada did so. A higher proportion of recent Francophone immigrants than of the other groups also reported incomes between \$30,000 and \$39,999 and none had an income over \$80,000.

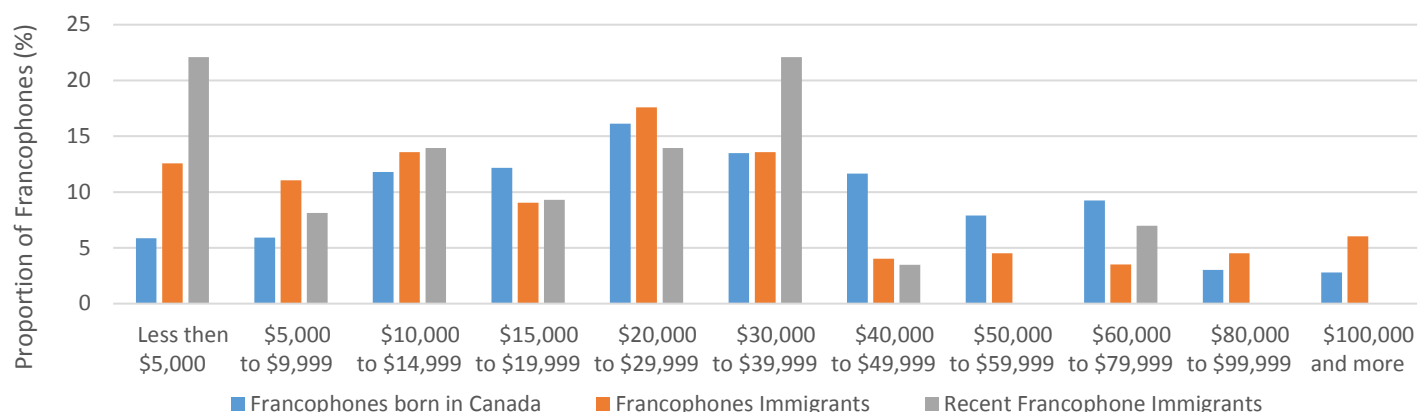


FIGURE 45 INCOME OF FRANCOPHONES IN NIAGARA SUB-REGION

Place of Birth of Immigrants in the Niagara Sub-Region

Immigrants in the Niagara sub-region were born mainly in the Democratic Republic of the Congo (175), France (115) and Haiti (115), which represent 14%, 9.2% and 9.2% respectively. The changes in the countries of birth of Francophone immigrants in the Niagara sub-region are noteworthy. In fact, 88.6% and 100% of immigrants born in the Democratic Republic of the Congo and Haiti, respectively, came to Canada between 2001 and 2011 while no Francophone immigrant born in France landed in Canada during this period. Moreover, 42% of Francophone immigrants were born in a non-OIF member state while only 29.6% of recent Francophone immigrants were.

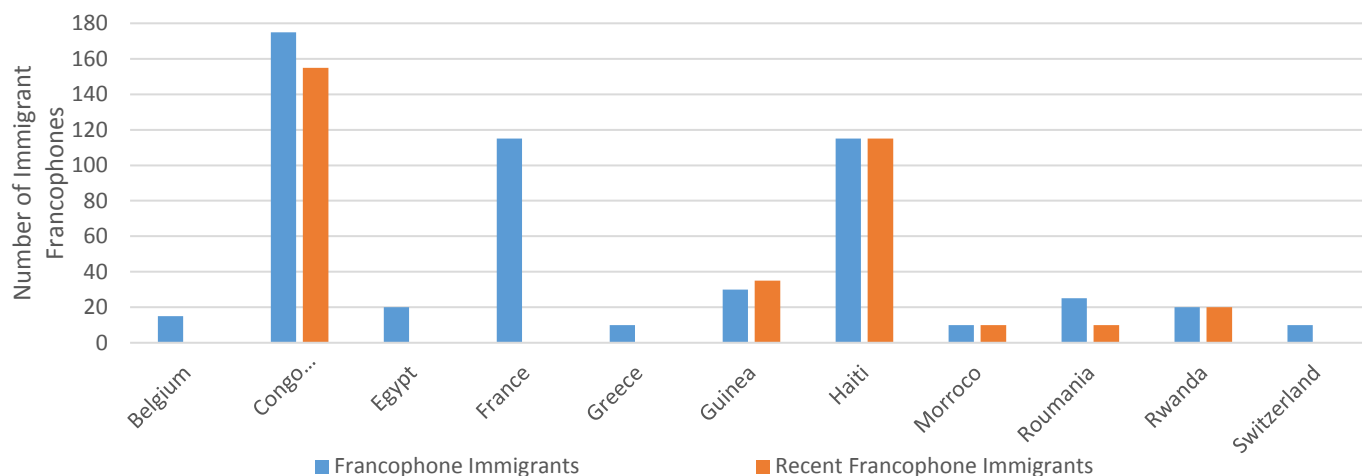


FIGURE 46 PLACE OF BIRTH OF IMMIGRANTS IN NIAGARA SUB-REGION

Niagara North West Sub-Region

The Niagara North West Sub-Region is the HNHB sub-region with the fewest Francophones. There are only 590 Francophones born in Canada and 105 Francophone immigrants (15,1%), only ten of whom settled in Canada between 2001 and 2011. Of the Francophone immigrants, 85 came to Canada before 1971.

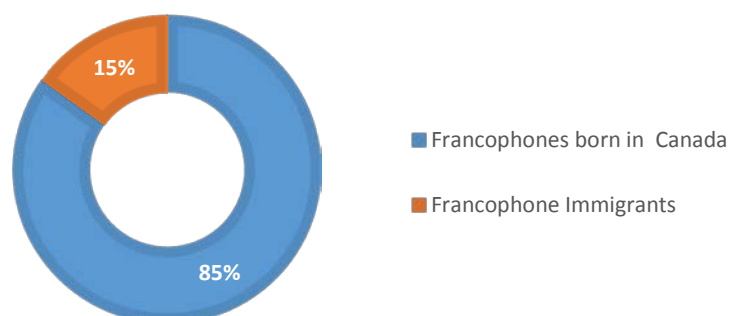


FIGURE 47 PROPORTION IMMIGRANTS AMONG FRANCOPHONES IN NIAGARA NORTH WEST SUB-REGION

Age of Francophones in the Niagara North West Sub-Region

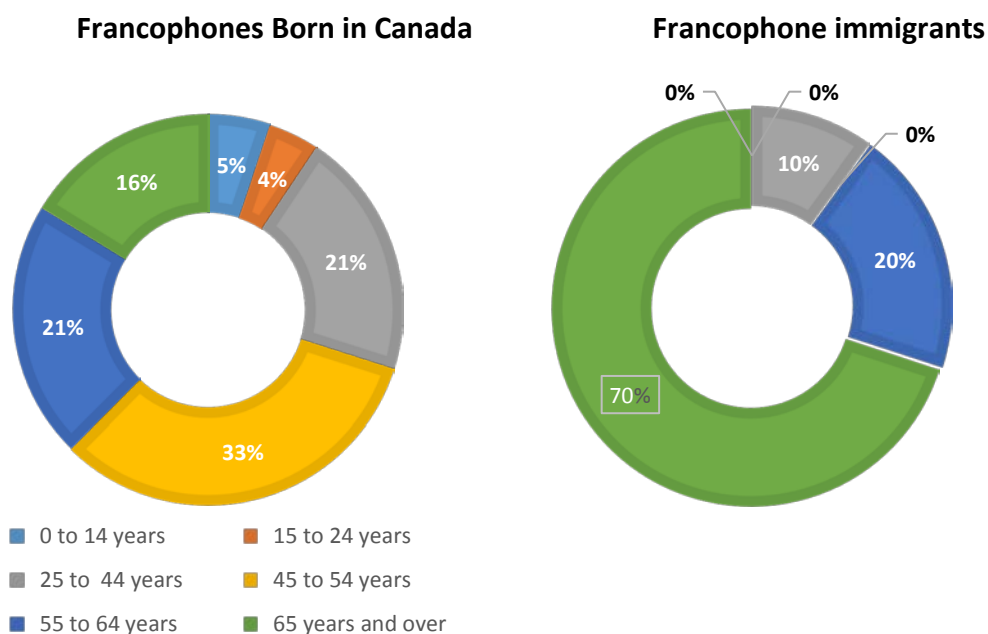


FIGURE 48 AGE OF FRANCOPHONES IN NIAGARA NORTH WEST SUB-REGION

Education of Francophones in the Niagara North West Sub-Region

Francophones born in Canada in the Niagara North West sub-region do not have much education. Although only 14.5% have no certificate, diploma or degree, the same proportion, 14.5%, have a bachelor-level or post-graduate diploma. Some 70.2% of them have a high school diploma or a post-secondary diploma at less than a bachelor level.

However, 90.1% of Francophone immigrants have a post-secondary education at less than a bachelor level while 9.9% have a bachelor's degree.

Because the number of recent Francophone immigrants is small, it was not possible to analyse their education.

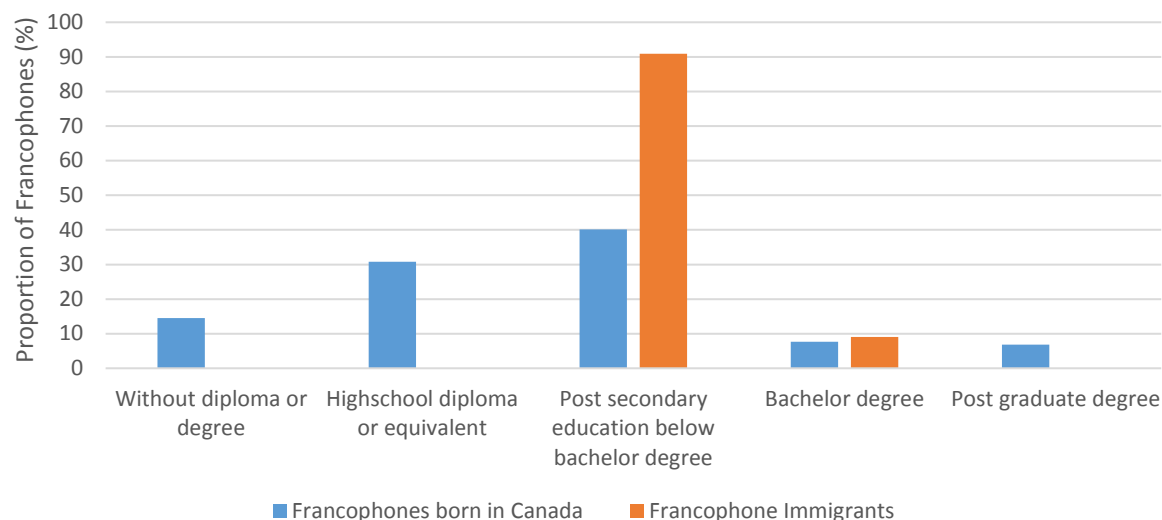


FIGURE 49 EDUCATION OF FRANCOPHONES IN NIAGARA NORTH WEST SUB-REGION

Income of Francophones in the Niagara North West Sub-Region

While the incomes of Francophones born in Canada were distributed across income categories, 58.8% of Francophone immigrants reported incomes between \$20,000 and \$29,999.

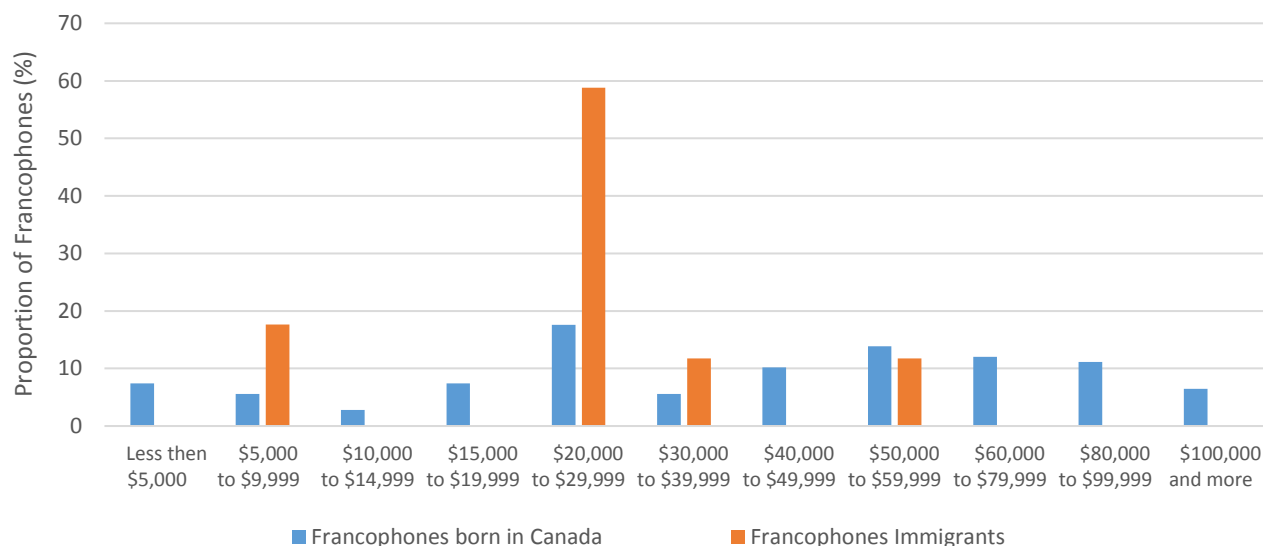


FIGURE 50 INCOME OF FRANCOPHONES IN NIAGARA NORTH WEST SUB-REGION

Place of Birth of Francophone Immigrants in the Niagara North West Sub-Region

Because the number of recent Francophone immigrants is small, it was not possible to analyse their place of birth.

Section 2 – Survey on Access to French Language Health Services in HNHB and WW. Results, analysis and recommendations

Background and Methodology

With a view to better defining the challenges faced by Francophones, and more particularly Francophone immigrants, when they try to access French language health services, Entité² decided to consult the Francophone population by way of a survey dealing mainly with Francophones' language needs around health services. We particularly wanted to know whether Francophones living in the WW and HNHB regions were happy receiving their services in English. We also wanted to know whether people receiving services in English saw themselves as being comfortable enough in English to allow us to conclude that such services were equitable and safe. We also attempted to determine to what extent the health system relies on patients' families and friends to keep them safe, especially in a minority language setting.

The survey was distributed electronically on Entité²'s website and through an email campaign targeting the community, community partners and school boards. In addition, postcards inviting community participation were distributed to our community partners and at community engagement activities.

A 39-question questionnaire was developed to help us better understand access to French language health services and the related challenges faced by Francophones. In addition to asking demographic questions, we tried to better define how French language services are perceived, service needs and preferred methods of learning about available services. The survey was available on the Survey Monkey site from September 27 to December 9, 2016.

Profile of Respondents

The survey was completed by 185 respondents living in both of Entité²'s regions. Of these respondents, 39% lived in Waterloo Wellington and 61% in HNHB. Respondents born in a country other than Canada represented 21% of respondents, which is a little higher than the proportion of Francophone immigrants counted in the 2011 Census. However, this can be explained by the survey's targeted promotion at activities aimed mostly at immigrants, like, for example, the *Club de l'Amitié* meeting, an evening organized by the settlement section of the *Centre de santé communautaire Hamilton/Niagara (CSCHN)* on challenges to integration.

Almost 79% of respondents were born in Canada; almost 50% were from Ontario and 29% from Quebec. Respondents born in another country were primarily from Europe, especially France, or the Democratic Republic of the Congo. Ninety-three per cent of all respondents were Canadian citizens. Respondents born in another country were Canadian citizens (75%) or permanent residents (19%). In addition, 71% of respondents had been living in Ontario for over ten years. This dropped to 44% when we looked at immigrant respondents. Only 15% of respondents had been living in Ontario for five years or less. The great majority of respondents were women (81%) aged between 35 and 54 (58%).

Ninety per cent of respondents spoke French at home, and it was the preferred first official language for 82% of respondents. Over half of respondents also spoke English at home. Among those born in another country, 94% spoke French at home. Moreover, 100% of those born in another country confirmed that French was their preferred “first official language”, and that they would opt to receive their services in French if they had the choice.

The majority of respondents born in another country lived in HNHB, in Hamilton, St. Catharines or Welland.

Highlights

Access to French Language Services

Fewer than a third of respondents used French to communicate with their health professional, although there was a lot of variation from region to region. Note that immigrants were the ones who received the most services in French from the health professional they saw regularly. This is probably explained by the fact that immigrant respondents were primarily from Hamilton, St. Catharines and Welland, and that they could get services at the *Centre de santé communautaire Hamilton/Niagara*.

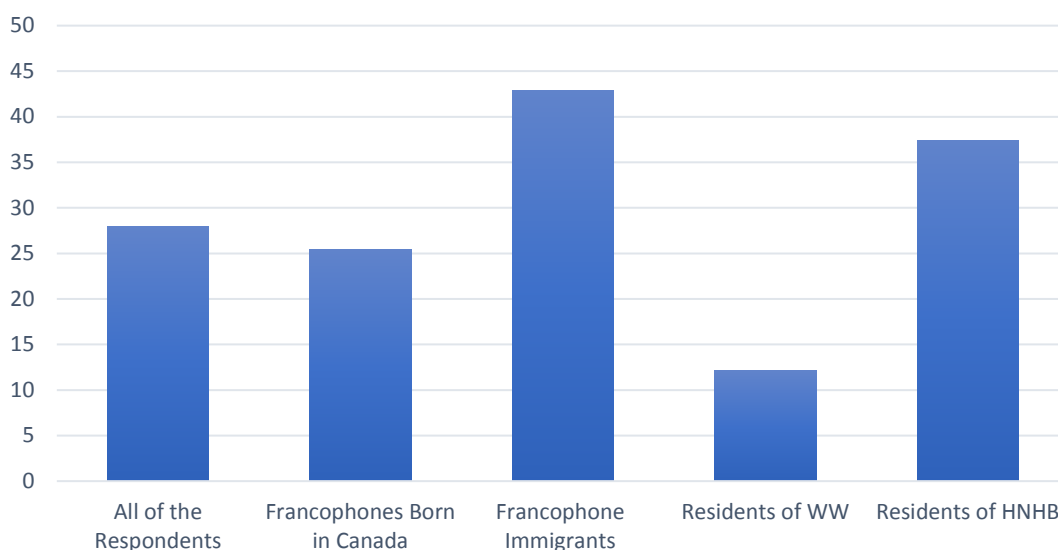


FIGURE 51 RESPONDENTS WHO RECEIVED FRENCH LANGUAGE SERVICES

Communication with Health Professionals

The majority (81%) of respondents preferred to receive their health services in French. All respondents from a country other than Canada preferred French while among respondents born in Canada, three out of four would choose service in French.

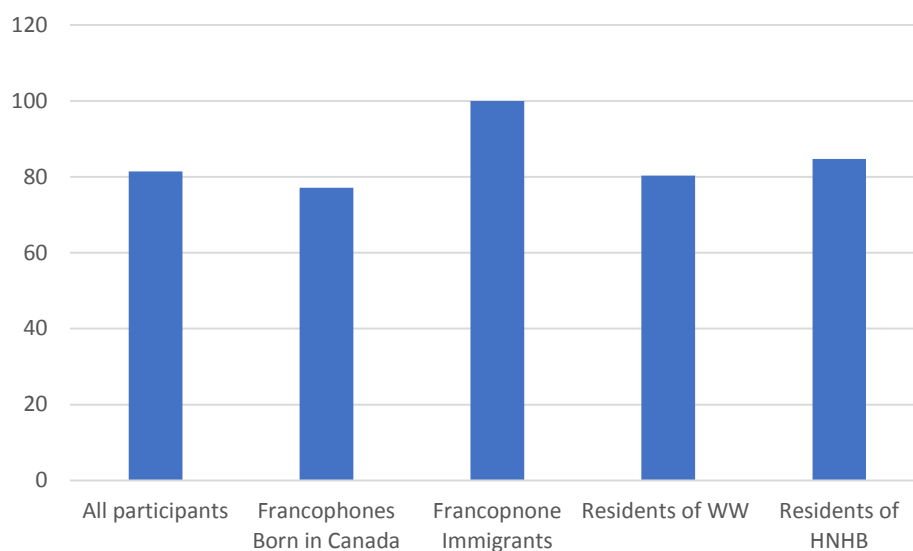


FIGURE 52 RESPONDENTS WHO WOULD PREFER TO COMMUNICATE WITH THEIR HEALTH PROFESSIONAL IN FRENCH

Primary Care

When we take a closer look at the question of visits to the primary care provider, a family doctor or nurse practitioner, for example, over 70% of respondents spoke English with the health professional they saw regularly, even though over 50% of them would prefer to receive these services in French. Among immigrant respondents, 79% would prefer to use French with their primary care provider, and of these, 21% did not feel comfortable using English and 5% brought someone with them to ensure better communication.

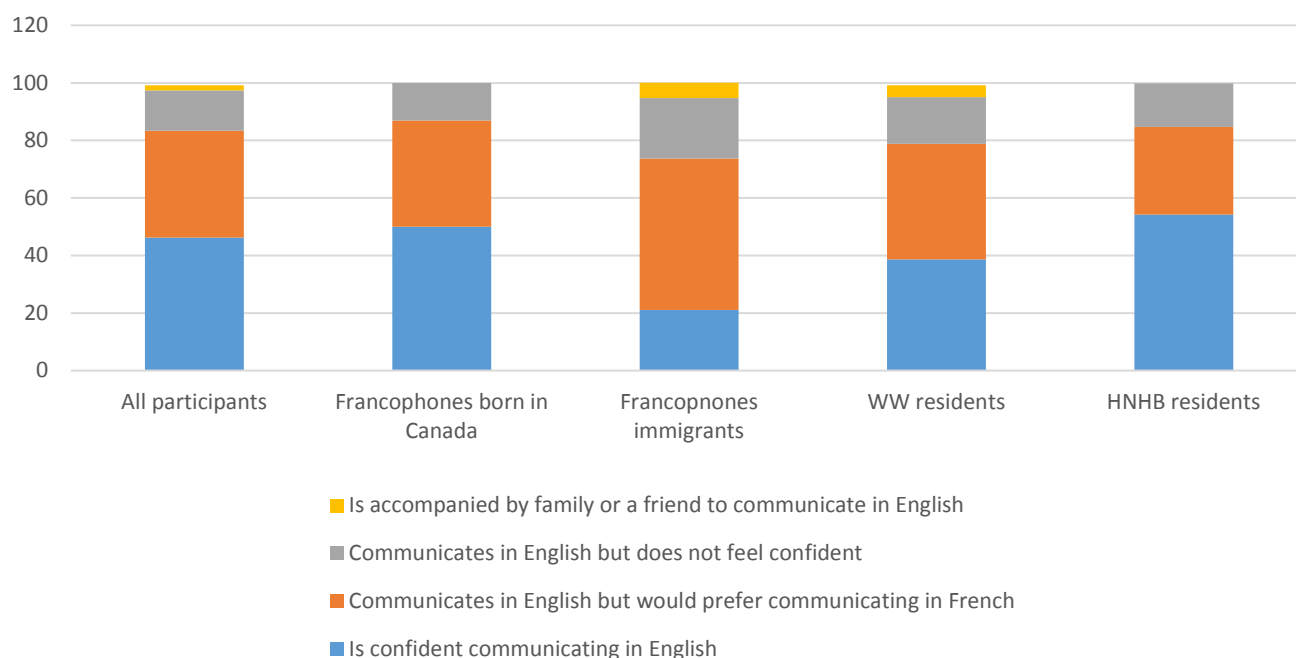


FIGURE 53 COMMUNICATION WITH ENGLISH-SPEAKING HEALTH PROFESSIONALS

Visits to a Specialist or Hospital

Few respondents obtained service in French when they consulted a specialist or went to the hospital, whether at Emergency or to access other hospital services. With respect to specialists, almost 90% of respondents told us that everything was in English. French language services were even scarcer at the hospital, where respondents were rarely received in French, either at Emergency (6%), or for examinations or surgery (5%).

No respondents reported being offered interpretation services at either the specialist's office or the hospital.

One respondent in four had accompanied an adult family member or Francophone friend to a medical appointment, mainly to translate or facilitate communication between their loved ones and health professionals.

Demand for French Language Services

Among those who requested service in French elsewhere than at their health professional's office (at a specialist's office or the hospital), over half said they were never served in French. Only 4% of respondents reported that they always received service in French when they requested it, or without having to ask for it. Although 65% of respondents said that they did not ask for service in French, the fact remains that 81% of all respondents, and 100% of respondents born in another country would prefer to be served in French. This is a significant gap. On the one hand, we know that recording of requests for French language services by service providers is not as thorough as we would like; on the other hand, it appears that people are reluctant to ask for service, and that, as a result, real needs are not visible.

Respondents who said they did not ask for service in French did so primarily because they were unaware of their availability. Even in HNHB, where French language services are more accessible than in WW, 60% of respondents who said they did not ask for service in French, did not ask because they did not know they were available. The second-most common reason given was fear of having to wait longer for service in French.

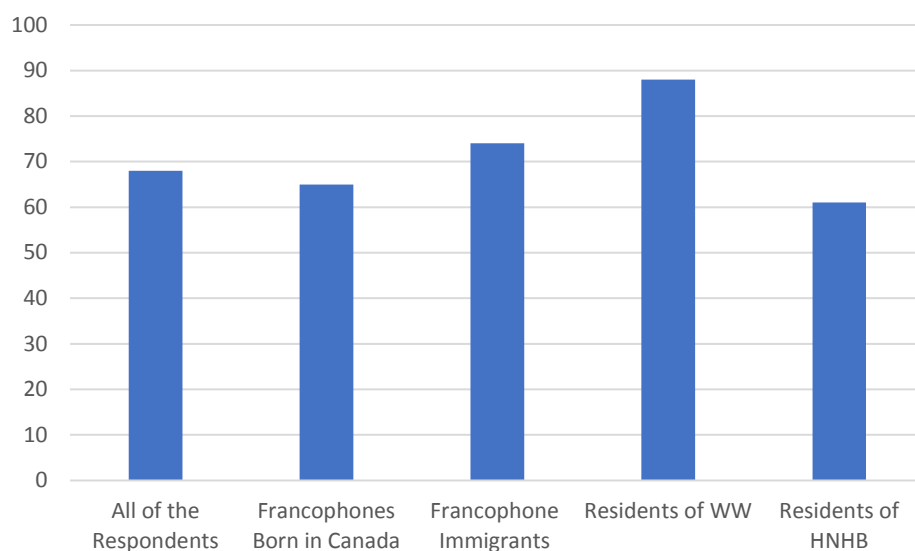


FIGURE 54 RESPONDENTS UNAWARE OF AVAILABILITY OF FRENCH LANGUAGE SERVICES AMONG RESPONDENTS WHO DID NOT REQUEST FRENCH LANGUAGE SERVICES

Knowledge of French Language Services

Health services are not well known, especially in WW where only 21% of respondents were aware of the availability of French language services. Word of mouth among friends and family members is still how people are informed. Also, several respondents told us they learned about the availability of health services in French at their workplace.

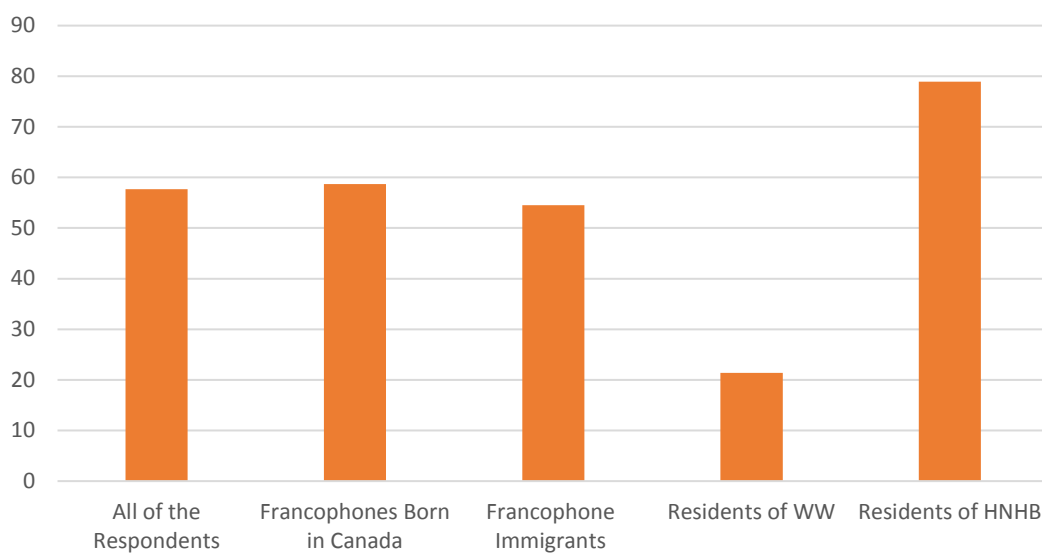


FIGURE 55 RESPONDENTS AWARE OF AVAILABILITY OF FRENCH LANGUAGE SERVICES

With regard to information distribution channels, half of those who looked at documentation in French (brochures or websites) found that the documentation was not satisfactory. They judged it to be incomplete, not always clear or not up to date. Respondents would like information on French language health services to be available on a website and on social networks. Over half would also like information on available health services to be provided by their health professional. Others mentioned public information sessions (26%) or presentations to social or religious groups (11%).

French Language Service Needs

Seventy-three per cent of participants indicated that the supply of French language services was inadequate (does not correspond to needs, I would like there to be more of them, I would like there to be some). Generally, survey respondents would like a larger supply of French language services in almost all fields, but especially in primary care and emergency services. Mental health, public health and pharmaceutical services were also mentioned a few times.

Active Offer

All through the survey, respondents were invited to add comments. They demanded active offer of French language services, indicating that they would appreciate knowing that French language services were available without having to ask. Some people suggested using signs or posters in French.

Conclusion and Recommendations

We conclude from this consultation exercise that there is a significant gap between the need for French language health services and service availability. The gap is even greater when we look at the needs of Francophone immigrants, since 100% of them would prefer to receive their services in French, 21% do not feel comfortable in English and almost 5% of them are not really able to receive services in English safely without being accompanied by a family member or friend.

The responses on French language services in hospitals or at specialists' offices seem to indicate that there is a potentially serious problem, especially for immigrant populations. Obviously, there is no magic wand to solve the problem, but some initiatives could be put in place to improve access to services and reduce the vulnerability of Francophone patients.

- 1) More systematic use of available interpretation services and innovative technologies for quick access to French language services.
- 2) Health system navigators who could direct people to available services, or else make sure people have the support they need, including escort services, when services are not available in French.
- 3) Active offer of French language services when they are available, including identification of bilingual staff.
- 4) Mapping of bilingual services and organizations, followed by information campaigns directed at the Francophone population as a whole, and more specifically at newcomers.

Section 3 – Consultations with Service Providers Working with Immigrants in WW and HNHB. Results, Analysis and Recommendations

Background

In spring 2017, we consulted a number of providers who work with immigrants, in the areas of settlement services, social services, health care and mental health. Some were consulted in groups, others individually. Meetings took place in person or by telephone. As much as possible, two Entité² interviewers were present to take down the responses. We also wanted to have representatives from both regions (HNHB and WW), and from different sub-regions across the area. Unfortunately, at this point, our limited resources did not allow us to cover each of the ten sub-regions we serve. We nevertheless managed to get interviews with people working in areas where, to all intents and purposes, there are no French language services, as well as interviews with professionals working in designated areas where some French language services are a little easier to obtain. The contrast allowed us to highlight the differences, of course, but also the challenges common to all areas.

Questionnaire

The questionnaire was based on the questions in the survey on access to French language services conducted in the fall of 2016. The same questionnaire was used for each of the discussions (Appendix A), even though some questions were less relevant for certain groups or providers.

Service Providers

In HNHB, we had a personal interview with the Executive Director of Sofifran, as well as group meetings with settlement services representatives delivering services at the *Centre de santé communautaire Hamilton/Niagara*, including the program director, settlement workers, and volunteer manager. We also held group meetings with medical team staff at the Hamilton site of the *Centre de santé Hamilton/Niagara*. Although the service providers consulted worked primarily in the Hamilton and Niagara sub-regions, we were able to obtain summary information on service access for Francophone immigrants in the Brant, Niagara North West and Burlington sub-regions.

In WW, we gathered comments from the French language services coordinator at the Canadian Mental Health Association (CMHA) and from settlement workers who had recently had to serve Francophone clients (according to the Inclusive Definition of Francophone). The providers consulted were able to comment on access to services for Francophone immigrants in the Kitchener-Waterloo-Wellesley-Wilmot-Woolwich (KW4), Guelph Puslinch and Wellington sub-regions.

The list of providers or groups of providers we met with is in Appendix B.

Results

The first question attempted to determine whether providers' clients used services outside their agency and whether these services were available in French. The providers were, of course, not necessarily in a position to know which services were used in every case, but in their relationship with the client or patient, it was possible that they learned

about health care needs.

The settlement workers and medical team staff at CSCHN (HNHB) gave us a list of services not available from CSCHN, which were used by their clients. For example, CSCHN's Francophone clients saw a number of specialists (ophthalmologists, speech therapists, audiologists, obstetricians, midwives, etc.). They also mentioned dentists, optometrists, autism services and services for people with dementia, Children's Aid, etc. Most of these services were not available in French. The medical secretary at CSCHN Hamilton keeps a list of services available in French in the community.

Hospitals were also mentioned by a number of the providers with whom we spoke, in both HNHB and WW.

Settlement workers added social and community services to the list, like food banks, employment services, housing access services, English classes for immigrants, etc.

Settlement workers used the services of Health Care Connect to direct their clients to health services.

Overall, in WW the people we spoke to were not aware of any French language services outside their own organization, except for mental health services, and occasionally services they had heard about almost by accident.

In WW, the French language services coordinator at the CMHA used telemedicine to help her clients access services provided by health professionals outside the region. She also directed her clients to family doctors or alternative medicine practitioners.

Moreover, our conversations highlighted the prevalence of certain problems with access to French language health services in all regions:

- **The problem of interpretation, linked to the issue of the lack of French language services, especially in hospitals;**
- **The problem of transportation to access services;**
- **The challenges related to managing newcomers' priorities (housing, work, family, learning English, etc.);**
- **The problem of disseminating information.**

[The Problem of Interpretation, Linked to the Issue of Lack of French Language Services, especially in Hospitals](#)

Asked about challenges to accessing services, either inside or outside their own organization, services providers in both regions gave us very similar responses. Almost all of them mentioned language-related challenges and the **lack of interpretation services** in health services, **problems with transportation** to get to services, as well as **inadequate**

access to information on services.

However, comments on the lack of interpretation services varied. Some providers knew about interpretation services to which clients are entitled but lamented that private practitioners (e.g. psychologists, etc.) did not have access to them for free. Others emphasized the importance of the human relationship and respect for culture in interpreting. Many of the integration issues encountered by newcomers are “related to personal experiences”. Newcomers are “marked by their culture, their religion and the way things are done in their country”.

Failure to offer French language services and failure to offer interpretation services in hospitals or during emergency room visits are themes that were repeated during every one of the interviews we conducted. We also found that there was no common understanding among providers about what was available and what newcomers, and in some cases, all patients, were entitled to in terms of French language services.

All the providers told us that newcomers use family members, friends, their sponsors (in the case of refugees) to interpret for them during medical appointments or hospital visits. Some indicated this was a concern. On the one hand, it is obviously impossible to guarantee the language skills and knowledge of medical terminology of the person interpreting, but of even greater concern, is that a person could possibly find himself in a very difficult or even painful situation if he had to interpret during a medical appointment. In addition, use of interpreters who are family or community members can compromise confidentiality between Francophone immigrants and their health professional, and, in some cases, may prevent patients from revealing all the symptoms or issues relevant to their diagnosis or treatment. This may be exacerbated in the case of problems related to mental health or resulting from traumatic events a newcomer might not wish to discuss in the presence of his family, his associates or even his children.

The lack of interpretation services in hospitals and medical clinics may also raise issues that directly touch on patients’ safety or cultural or religious beliefs, for example, when signing the client consent form, for tests, examinations, or even treatment.

In view of these circumstances, some providers have developed strategies to get around system gaps in terms of escort, interpretation and navigation. Because of the scarcity of French language services, providers are called upon to play a role that goes beyond their mandate. In HNHB, CSCHN may sometimes provide escort, interpretation or navigation assistance services. However, CSCHN is not always able to provide these services. In WW, CMHA’s French language services coordinator or a team member provides escort services to clients if necessary. But the fact remains that these services are offered on an ad hoc basis, to a specific client group with specific needs, and that these clients must first access CMHA services before gaining access to them. In addition, settlement service clients are encouraged to use the interpretation services available through that organization.

In WW, newcomers are more likely to turn to ad hoc strategies like asking their friends, family, sponsors, etc. to come with them. But in the end, according to what providers told us, families in WW who needed French language services were unable to obtain them, and some of them opted to leave the region, according to one of the settlement workers who recently worked with a Francophone family.

The Transportation Problem

Transportation is a significant barrier for newcomers, especially as French language services are not available everywhere. In more rural areas, you need to have access to **some form of transportation** to access the French language services available in neighbouring urban areas, since rural areas offer very few (or no) French language services.

At both the Welland and Hamilton sites of CSCHN, clients come from neighbouring communities (Fort Erie, Niagara Falls, St. Catharines, Burlington, Grimsby, Beamsville, Brantford, etc.) to receive French language services. Some services (COPD clinic and dental hygienist) are available only at the Welland site. Clients in Hamilton are sometimes sent to the Welland site.

Even in the designated areas served by CSCHN, transportation is a barrier to access for newcomers. For example, clients who do not live in Welland or Hamilton may find it difficult to access the medical services provided at CSCHN sites. Sometimes, settlement service clients can take advantage of transportation provided as part of certain activities and, in this way, attend their medical appointments. Such situations may help some newcomers but this strategy alone does not represent a viable systemic solution. Some providers recommend improved organization of volunteer transportation services across agencies.

Challenges related to Managing Newcomers' Priorities (Housing, Work, Family, Learning English, etc.)

Settlement workers also pointed out that certain challenges are characteristic of the settlement period, which is usually a very busy time in a newcomer's life. Newcomers often have to learn English, find work, house their families, register their children in school, etc. These are priorities that impact their availability and their openness. Questions about the health system take up very little space in newcomers' daily lives, according to some providers.

Other systemic challenges were mentioned, like waiting lists, waiting period for provincial health insurance eligibility, health system navigation, etc.

Providers recognize that services' business hours are a major barrier to participation, since newcomers must first work, take English classes, look after their children, etc. Their days are very full, and if they have the opportunity to work, their job takes priority.

The Information Dissemination Problem

Lack of information, distribution of information on available services and programs, and the fact that organizations work in silos are major challenges in the eyes of providers.

For their part, settlement workers in WW told us they did not know much about French language services either inside or outside their community. As a result, only very rarely do they direct their clients to French language services, other than the mental health services provided by the CMHA or the services of Guelph Wellington Immigrants Services.

It is not surprising that providers with a mandate to provide service in French have developed a number of strategies for staying informed about French language services. For example, CMHA's French language services coordinator turns to her colleagues and partners for any question about French language services. She has been able to build a large network over the years. She also consults directories and professional colleges. CSCHN settlement workers and medical team members also say that networking among professionals (word of mouth, contacts, coalitions, etc.) is one of the most commonly used strategies for getting information.

In contrast, settlement workers in Wellington County say they have very little information on French language services locally. While acknowledging that there is not much demand, they would nevertheless like to have access to information by email, brochures, directories and websites, so they can properly direct their Francophone clients and make sure they integrate successfully into their new community.

As for the best ways of getting information to newcomers, settlement workers and other providers are often the ones who provide the information. Word of mouth (among newcomers, for example) is another information source mentioned by almost all the providers to whom we spoke. For some providers, religious and cultural community leaders, schools and daycares, legal clinics, directories, websites, are all information sources for newcomers. Presentations and activities organized by different community groups can also provide information if needed. Some providers, however, warned against information overload, especially in the initial settlement period.

Literacy may represent a significant barrier for newcomers, regardless of language. Providers reminded us that some adults land in Canada without knowing how to read or write. In addition, not all newcomers have a computer at home. For them, promoting services on the internet is ineffective. It is imperative that all these challenges be taken into account in service development and in distribution of information on available services.

French Language Services Navigators

We asked the providers we consulted for their opinion on the creation of French language services navigator positions in both LHINS. Some of them initially assumed that we were talking about services offered via the internet and expressed some reservations, like access to a computer, literacy, etc. However, once they understood that this was a service to be offered by people, the idea was enthusiastically received by all providers.

For some providers, however, it was important that this function remain a community liaison function, not a strictly medical one. Some were afraid of building a bureaucracy that could push away some newcomers or restrict access by creating new barriers.

People also mentioned that the scope of this work should be clearly delineated, especially with regard to confidentiality.

Several people emphasized the importance of in-depth system knowledge in order to fill this role well. The person (or persons) had to be very familiar with the resources so as to be able to direct clients to the appropriate services.

Some providers told us that it was not always enough to give newcomers the information. Some needed more sustained support to navigate the health system and access services. According to these providers, the navigator's role should allow for this kind of support if needed. Others pointed out that transportation problems were often more significant than problems related to information. The navigator would have to take all these aspects into consideration in developing support solutions.

Promotion of such a service to clients, the community, health and social service professionals and all Francophone and Anglophone service providers would be essential for the success of the program, according to some providers. Responsibilities should also include escort, follow-ups, organizing transportation, interpretation if required, etc.

Recommendations

Analysis of survey responses and comments gathered during provider consultations provided us with potential solutions for improving access to French language services for Francophone immigrants and refugees, and for the Francophone population as a whole.

The LHINS must adopt a specific strategy to rapidly deal with the French language services crisis in hospitals.

- Ideally, hospitals should be able to actively offer French language services at all times, especially in designated areas. However, if they cannot attain this standard of excellence, hospitals should be able to systematically offer interpretation services straightaway to patients who need them. It is a matter of patient safety. Currently, in the best-case scenario, the availability of interpretation services

- seems to be inconsistent. Provision of interpretation services should be part of the patient intake and triage protocol. The strategy must include a commitment to training and education of hospital and EMR staff.
- Pharmacy services could also benefit from an education campaign to encourage pharmacists to offer factsheets in French and use interpretation services if necessary. Pharmacists and people in general are unaware that prescription medication factsheets can be printed in either English or French.
 - In addition, people should be very familiar with the services to which they are entitled and that are available, for both French language and interpretation services. People in general, settlement workers, community health workers, etc. must be educated about the availability of French language services, either directly or via interpretation services.

Regarding information on French language services, several types of intervention are proposed:

- Dissemination of information on French language services must be improved, for example, by preparing and updating lists and directories (new and existing) and by making sure that workers who interact with the population, especially with the immigrant population, are aware of these lists and directories and use them.
- The lists could be on paper (folders, etc.), or available on line. They must be updated frequently and include current, accurate information on health and social service professionals able to provide French language services. The information should, of course, include designated services but also go beyond designated and identified services. This approach would make it possible to start analysing current status in terms of designation and identification and move the identification and designation process forward where appropriate.
- The lists should deal with health services, of course, but should also, to the greatest extent possible, include all services that might be of use to Francophone newcomers, in order to facilitate their integration.
- Information sessions with service providers, participation in various tables and networking opportunities with health and social service providers are also proposed as ways of properly equipping service providers working with Francophone immigrants.

With respect to the transportation problem, we recommend the development, in cooperation with community organizations and service providers working with immigrants, of a model to alleviate the transportation problems that limit immigrants' access to services in less urban areas.

Conclusion

Entité² wishes to continue to contribute to the continuous improvement of access to equitable, safe services for all Francophones in the areas it serves. This is especially crucial at a time when the health system is being transformed, when the LHINs are integrating with the Community Care Access Centres (CCACs) and the Ministry of Health and Long-Term Care has mandated the LHINs to develop a community-focused sub-regional service planning model.

At the local level, links must be strengthened among primary care providers, inter-professional health care teams, hospitals, public health and home and community care to provide patients with equitable access and smooth navigation along the entire continuum of care, no matter where they live.

Now that we have profiled the Francophone population of each LHIN sub-region, we will have to engage the Francophone communities of all the sub-regions so as to document their specific health service needs and the discrete barriers and gaps they face. To this end, we have identified the following next steps:

- Validate the conclusions and recommendations in this report through continued engagement with the Francophone immigrant population, via targeted group consultations, first, with Francophone immigrant health system users, and then with other groups of vulnerable Francophones.
- Consult Francophone immigrants through individual interviews so as to clearly understand the challenges and barriers they face in accessing health services.
- Develop solid recommendations that will help the LHINs fulfill their obligation to provide equitable, safe health services for all Francophones in our areas.
- Compare the data in this report, based Statistics Canada data from 2011, with 2016 census data, due to be published between now and the end of 2017, in order to monitor trends and the evolution of the Francophone immigrant population of our areas and inform the LHINs' sub-regional planning efforts.

In conclusion, we recommend that the LHINs continue to collaborate with Entité² on implementing these steps, but also to ensure that service planning takes account of the needs of the Francophone populations of the entire area, and that French language services are identified and publicized in each planning sub-region.

Appendices

Appendix A: Questionnaire on Access to French Language Health Services for Service Providers

1. What services are being used by your clients outside of your organization?
Are they available in French?
2. What challenges are your clients facing when they are using services outside of your organization?
3. What would be the hurdles that would prevent francophone immigrants from participating in your activities or receive your services?
4. When the services they need are offered only in English, how do your clients communicate with their service providers (interpreters, friends or family members)?
5. Do you refer your clients to services outside of their community so they can access services in French?
6. As a community worker, how do you receive information about the services available in French in your community?
How would you like to be informed of available services or new services?
7. As far as you can tell, how do your clients receive information about the services available in French in your community?
What would be the best way to inform your clients of services available or new services?
8. Do you think health system navigators would be useful to your clients? In your opinion, what should be the role of a navigator?
9. As far as you can tell, what are the gaps in the offer of French language health services?
10. Are there gaps that would be more serious when dealing with recent francophone immigrants?
11. According to you, which gap should be addressed as a priority?

Appendix B: List of Service Providers and Groups Consulted

Waterloo Wellington Region

Christine Gilles, Coordinator, Francophone and Multicultural Mental Health Services,
Canadian Mental Health Association Waterloo Wellington

Eduardo Queiruga, Settlement Worker, Wellington County

Joanne Liang, Settlement Worker, Wellington County

Dayami Ramirez, Supervisor, Settlement Services, Immigrant Services Guelph Wellington

Hamilton Niagara Haldimand Brant Region

Fété Kimpiobi, Executive Director, Sofifran, Welland

*Équipe du secteur des services aux nouveaux arrivants, Centre de santé communautaire
Hamilton/Niagara*

*Équipe de la clinique médicale de Hamilton, Centre de santé communautaire
Hamilton/Niagara*

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