

**STUDY OF
FRENCH-LANGUAGE SERVICES
IN
MANITOBA'S
HEALTH CARE FACILITIES**

October 1990

**by
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FRENCH-LANGUAGE SERVICES
IN
MANITOBA'S HEALTH CARE FACILITIES

PRESENT SITUATION, NEEDS,
AND RECOMMENDATIONS

A STUDY COMMISSIONED BY
MANITOBA HEALTH
AND
THE FRENCH LANGUAGE SERVICES SECRETARIAT

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TABLE OF CONTENTS

	PAGE
INTRODUCTION.....	1
TERMS OF REFERENCE.....	2
THE ADVISORY COMMITTEE.....	3
ACKNOWLEDGMENTS.....	3
THE ONTARIO EXPERIENCE.....	3
FACILITIES IDENTIFIED AND CONSIDERED IN THIS STUDY.....	5
METHODOLOGY.....	6
FACILITIES BY CATEGORY	7
CATEGORY I.....	7
CATEGORY II.....	7
CATEGORY III.....	7
CATEGORY IV.....	7
FACILITIES NOT RETAINED	8
ST. NORBERT NURSING HOMES LTD.....	8
BIRTLE PERSONAL CARE HOME INC., BIRTLE.....	8
RED RIVER VALLEY LODGE INC.....	9
CLINIQUE YOVILLE.....	9
OTHER SERVICES NOT RETAINED	9
PRESENT SITUATION.....	10
FRENCH-LANGUAGE SERVICES.....	10
STAFFING.....	10
ATTITUDES.....	11
TRAINING AND RESOURCES.....	11
PRESENT CAPACITY OF FACILITIES AND POSSIBLE IMPLEMENTATION SCHEDULES FOR PROPER SERVICES	12
LEVELS OF SERVICES TO BE PROVIDED IN FACILITIES CONSIDERED.....	13

DESIGNATION OF FACILITIES	13
LEVELS OF SERVICES, CATEGORY I	14
LEVELS OF SERVICES, CATEGORY II	16
LEVELS OF SERVICES, CATEGORY III	18
LEVELS OF SERVICES, URBAN FACILITIES	19
ST. BONIFACE GENERAL HOSPITAL.....	19
TACHE HOSPITAL CENTRE.....	22
FOYER VALADE.....	24
ST. AMANT CENTRE.....	26
NEW FACILITIES	28
SUPPORT MECHANISMS FOR FACILITIES	28
FRENCH-LANGUAGE SERVICES COORDINATORS.....	28
TRANSLATION SERVICES.....	29
SIGNS.....	29
LANGUAGE TRAINING.....	30
PROFESSIONAL TRAINING.....	30
PROMOTION OF CAREERS IN HEALTH CARE.....	31
INVENTORY OF TECHNICAL RESOURCES.....	32
FRENCH-LANGUAGE SERVICES COMMITTEES.....	32
PROVINCIAL ADVISORY COMMITTEE.....	33
COSTS	33
ANNUAL OPERATING COSTS.....	33
NON-RECURRING COSTS.....	35
CAPITAL COSTS.....	35
SUMMARY OF RECOMMENDATIONS	37
LIST OF APPENDICES	41

INTRODUCTION¹

Last November 4, when Premier Gary Filmon unveiled his revised policy on French-language services, he indicated that health care services would be a priority item for his government. One might ask why, among the entire range of services, the government has chosen to grant priority to health care services.

First of all, the hospital is an environment which is already quite foreign to most of us. Also, when a person is ill, his health is a source of insecurity and concern. If, in addition to having health problems, one is obliged to communicate in a language which is not one's own, these feelings of concern and insecurity increase. One is concerned with perhaps not having understood everything properly, not being understood, not being able to explain everything clearly and correctly. Hence insecurity sets in.

It is known that convalescence should occur in a quiet, secure and psychologically serene environment. Such psychological serenity cannot exist when the patient is not only placed in a foreign environment, but also obliged to communicate in a language which is not his own.

As for personal care homes, Francophone residents, in declining health and with weakened faculties, are sometimes placed in such facilities against their will; they need to feel warmly accepted there and not excessively disoriented. When these facilities are administered by non-Francophones, when staff are almost entirely Anglophone, when the atmosphere and culture are Anglophone, when roommates are generally Anglophone, chances are slim that Francophone residents will feel at home and be happy there, ending their days in joy, peace, and security, in a congenial environment.

When one is ill, when old age sets in and faculties diminish, one returns naturally to the things that are most natural to us: our language, our traditions, our cultural habits.

I recently met a person whose father had just passed away. She told me how he would have liked to have "died in French". "It wasn't possible," she sadly confided to me. That is why it is important for Francophones to receive health care services in French. It is undoubtedly because it recognizes this important fact that the government has decided to give priority to the improvement of the French-language services being offered in health care facilities.

Throughout this report, we will be focusing on French-language services; obviously health facilities can and do provide services in English. In certain facilities, it would be normal for staff members to speak to patients or residents in languages other than French or English when they can do so.

¹ In this report, the masculine may include the feminine and vice-versa.

TERMS OF REFERENCE

At the outset, the entire health and social services sector was to be examined, but this task proved too complex for a single study. It was therefore decided, jointly with the Department of Family Services, that in a first phase we would only consider medical facilities, that is, hospitals and personal care homes, but that the St. Amant Centre, which falls under the Department of Family Services, would be included.

My terms of reference, as set out by the government, were as follows:

1. In consultation with the French Language Services Secretariat, Manitoba Health and Manitoba Family Services, identify all health care and social services institutions which might be affected by the French Language Services Policy statement announced by the Premier on November 4th, 1989, and establish the list which will be the object of study.
2. Establish contact with the relevant institutions, assess their current capacity to provide services in the French language, and obtain their views as to how such services could best be provided.
3. Gather information on how Ontario provides or intends to provide health care and social services in both official languages in the designated areas of Ontario.
4. Make recommendations to Executive Council regarding which health care and social services institutions should be designated under the terms of the policy announcement of November 4th.
5. Make recommendations regarding the kinds of services which these institutions should be expected to provide.
6. Make recommendations regarding the appropriate lead time to be given to the designated institutions to comply with the policy.
7. Draft a model French Language Services Implementation Plan to serve as a guide to the designated institutions.
8. Provide an assessment of the financial impact of the designation on the relevant institutions.
9. Make recommendations concerning the kinds of financial and administrative support which the Province could provide to those institutions to assist in the implementation of the policy.
10. If necessary, recommend changes to the health and social services policies and delivery infrastructures to enable them to better serve the Franco-Manitoban population.
11. Present the completed report to Executive Council by July 31st, 1990 at the latest.

THE ADVISORY COMMITTEE

To provide general direction to this study, Mr. Roger Turenne, Senior Advisor to the Premier of Manitoba and responsible for the French-Language Services Secretariat, set up an advisory committee made up of the following persons:

- Ms. Lise Lacombe, French-Language Services Coordinator, Manitoba Health;
- Dr. Keith Lowe, French-Language Services Coordinator, Manitoba Family Services;
- Ms. Lorette Beaudry-Ferland, Official Languages Coordinator, St. Boniface General Hospital;
- Mr. Louis Bernardin, Manager, Foyer Youville (an extended care home in Ste. Anne des Chênes);
- Mr. Roger Turenne, committee chair.

ACKNOWLEDGMENTS

I wish to thank the staff of the French-Language Services Secretariat for its generous assistance: Mr. Roger Turenne for his availability and the information he willingly provided me, and Mrs. Bonomo for word-processing services.

Ms. Lise Lacombe accompanied me at certain meetings; her participation in these discussions was appreciated, and I thank her.

I also wish to express my gratitude to all members of the committee, whose experience helped me better define the issues and problems related to this study.

Given that the facilities studied participated willingly in this study by providing me with the information requested, I feel it would be appropriate to provide them with copies of this report shortly before it is made public, with a note thanking them for their cooperation.

THE ONTARIO EXPERIENCE

Before undertaking the study of the designation of health care facilities, it was decided that the Ontario experience should be examined. The Advisory Committee felt that unnecessary duplication of effort could thus be avoided and our neighbours' experience could be drawn upon where appropriate.

Ms. Lacombe, Dr. Keith Lowe, and I therefore held meetings in Toronto last January 29 and 30 with representatives of the Office of Francophone Affairs and with representatives of the offices of the French-Language Coordinators of the Departments of Health and of Social Affairs.

What struck us most at the outset was the scope of the structures and the large number of persons involved in implementation of the *French-Language Services Act* in the health field. One wonders how, even with one-ninth of the population, we can

hope to accomplish in Manitoba the task of implementing all French-language services with an advisor and a secretary and, in Manitoba Health, one single coordinator for all of the Department's multiple programs and services.

From the discussions held and the documentation examined we found that the process of designation of regions, and of facilities within regions, was highly structured and appeared quite rigid and complex.

However, we noted that the criteria for designation of a facility are substantially the same as those proposed for Manitoba.

The 1986 French-Language Services Act in Ontario stipulates that where the Francophone population in a region reaches 5,000 or 10% of the total population, that region becomes a designated region. The Ontario government has designated 22 regions under the Act. The number of health care facilities varies from one region to another; the average is about 15 per region.. For example, the Sudbury region has 25 facilities, including four hospitals, identified to provide French-language services, while the Chatham region only has about 10 such facilities. The Department of Health operates with regional health boards made up of volunteers appointed by the Minister. These regional boards are local planning agencies responsible for the coordination of health programs and for setting health care priorities in their region. In the designated regions, the responsibility for identifying facilities which should provide services in French has been given to these regional boards. The boards in turn have set up advisory committees whose members know the needs of the community well and who recognize the need to provide French-language services. The regional boards, assisted by the advisory committees, plan and implement French-language services in their respective regions. Members and staff of the regional boards meet with representatives of the health care facilities identified to encourage and support them in developing implementation plans and in implementing French-language services adapted to the needs of each facility's clientele.

When a facility has decided to offer French-language services, it negotiates the scope of services to be provided with the regional board (e.g., all services or services of certain departments only), the level of service, and anticipated timetables for reaching the level and quality of services agreed upon.

To encourage and support health care facilities in the provision of French-language services at an acceptable level (this may vary from one facility to another depending on the nature of the facility, its clientele, and its location), the Ontario government provides the following assistance:

French-Language Services Coordinators

At the outset, the government has provided for the hiring of one coordinator for each region, attached to one of the facilities. In certain instances, the coordinator may serve more than one facility. Twenty-two coordinators have been hired to date, out of an anticipated total of 35.

In addition, facilities identified as having to provide French-language services may obtain funds required to hire a coordinator. Funding includes the coordinator's salary and office furnishings and equipment, including a computer and a fax machine.

In the Sudbury region, four coordinators have been hired to serve the 25 facilities, while in the Chatham region, a single coordinator serves that region's 10 facilities.

Translation services

Each region is entitled to its own translation services. The Government funds the translator's salary and furnishings and equipment, including a computer and fax machine.

Language training services

Persons identified by the facilities and approved by the regional board may, at the government's expense, take language courses.

French-language signs

Facilities identified to provide French-language services may obtain financial assistance to cover the cost of French-language or bilingual signs.

Other

A regional board may submit a request for funding, and the Minister may approve such funding, for special reasons and in special cases. Each case is judged on its merits. These exceptional cases may be considered when they involve the provision of French-language services deemed to be necessary but which do not fall entirely within established criteria.

Upon being identified as a facility which should provide services in French, such facility may submit a request for financial assistance and receive the assistance required to implement the level of French-language services deemed to be required to become a designated facility.

When a facility believes it meets required standards, it may submit a request for designation. Designation is by Order-in-Council, following which the facility becomes legally responsible for providing the agreed-to level and quality of service.

This is the approach adopted in Ontario. I propose a similar approach for Manitoba, taking into account, however, Manitoba's population and resources.

It might be useful for the Senior Advisor responsible for French-language services in Manitoba to maintain on-going contact with Ontario's Office of Francophone Affairs and meet with his counterparts there at least once a year.

FACILITIES IDENTIFIED AND CONSIDERED IN THIS STUDY

For purposes of this study, health care facilities serving Francophones in Manitoba have been identified; these include hospitals and personal care homes located in designated areas or serving Francophones living in designated areas.

Following is the complete list of these facilities:

- St. Boniface General Hospital, St. Boniface
- Taché Hospital Centre, St. Boniface
- Clinique Youville, St. Boniface

- Foyer Valade, St. Vital
- St. Amant Centre, St. Vital
- St. Norbert Nursing Homes Ltd., St. Norbert
- St. Adolphe Nursing Homes Ltd., St. Adolphe
- Ste. Anne Hospital, Ste. Anne des Chênes
- Villa Youville Inc., Ste. Anne des Chênes
- Centre médico-social De Salaberry, St. Pierre-Jolys
- Repos Jolys, St. Pierre-Jolys
- Morris General Hospital, Morris
- Notre Dame Medical Nursing Unit, Notre Dame de Lourdes
- Foyer Notre Dame Inc., Notre Dame de Lourdes
- St. Claude Hospital, St. Claude
- Manoir de Saint-Claude, St. Claude
- Pine Falls General Hospital, Pine Falls
- Sunnywood Manor Personal Care Home, Pine Falls
- Ste. Rose du lac General Hospital, Ste. Rose du lac
- Dr. Gendreau Memorial Personal Care Home, Ste. Rose du lac
- Birtle Personal Care Home Inc., Birtle
- Birtle Hospital, Birtle
- Red River Valley Lodge Inc., Morris
- Lorne Memorial Hospital, Swan Lake

METHODOLOGY

- Once facilities were identified, a questionnaire (Appendix 1) was sent to them (February, 1990). The purpose of the questionnaire was to gain the maximum understanding of each facility, its situation, and the environment in which it operates.
- Responses to each questionnaire were then analyzed.
- All facilities were visited. In every instance, I met with the manager; occasionally the President of the Board of Directors was present and participated in the discussions. Ms. Lise Lacombe accompanied me at 10 of these meetings.
- Purpose of these meetings was to examine the facility's situation in person and meet face-to-face with local authorities to get to know their point of view regarding French-language services in their facility and to inform them of the objectives of the study.

FACILITIES BY CATEGORY

After having analyzed every facility in terms of its geographical location and the population it serves, we grouped them by category, as follows:

- CATEGORY I:** Facilities located in an area where most of the population is Francophone and serving a population which is 40% Francophone or more:
- Ste. Anne Hospital, Ste. Anne des Chênes
 - Villa Youville Inc., Ste. Anne des Chênes
 - Centre médico-social De Salaberry, St. Pierre-Jolys
 - Repos Jolys, St. Pierre-Jolys
 - Notre Dame Medical Nursing Unit, Notre Dame de Lourdes
 - Hôpital de Saint-Claude, St. Claude
 - Manoir de Saint-Claude, St. Claude.
- CATEGORY II:** Facilities located in an area where Francophones constitute about 40% of the population and serving a population which is 15 to 40% Francophone:
- St. Adolphe Nursing Homes Ltd., St. Adolphe
 - Ste. Rose du lac General Hospital, Ste. Rose du lac
 - Dr. Gendreau Memorial Personal Care Home, Ste. Rose du lac.
- CATEGORY III:** Facilities located in an Anglophone area and serving a population which is 10 to 25% Francophone:
- Morris General Hospital, Morris
 - Birtle Hospital, Birtle
 - Pine Falls General Hospital, Pine Falls
 - Sunnywood Manor Personal Care Home, Pine Falls
 - Lorne Memorial Hospital, Swan Lake
- CATEGORY IV:** Facilities located in an urban area, in neighbourhoods with the highest concentrations of Francophones and differing from one another in the types of services offered to their respective clientele:
- St. Boniface General Hospital, St. Boniface
 - Taché Hospital Centre, St. Boniface
 - Foyer Valade, St. Vital
 - St. Amant Centre, St. Vital

FACILITIES NOT RETAINED

- St. Norbert Nursing Homes Ltd., St. Norbert
- Birtle Personal Care Home Inc., Birtle
- Red River Valley Lodge Inc., Morris
- Clinique Youville, St. Boniface

ST. NORBERT NURSING HOMES LTD.

This facility currently provides no services in French. Occasionally one of the five (5) Francophone employees may communicate in French with a Francophone resident. The facility has 120 employees; of the 91 residents, four (4) are Francophone.

When I met with the manager, I was informed that this facility has gradually become a centre which houses and cares for a larger proportion of confused persons than other facilities. Francophones who are considering applying for admission there and who would like to receive French-language services are encouraged to apply to Foyer Valade. It should be pointed out that the owner of the facility has never made any effort to seek out the potential Francophone clientele nor to provide French-language services.

Given the proximity of this facility to Foyer Valade (about 10 km), I do not believe it would be useful to keep St. Norbert Nursing Home on the list of facilities which should provide French-language services.

BIRTLE PERSONAL CARE HOME INC., BIRTLE

St. Lazare is the only community around Birtle where French-speaking staff might be recruited; apart from St. Lazare, the entire area is Anglophone. It appears preferable to me to concentrate the rare Francophone human resources available at the Birtle Hospital and provide French-language services there rather than spreading these resources over the two facilities.

In addition, Birtle Personal Care Home cannot accommodate everyone who would like to be admitted there. Two persons at present are occupying hospital beds due to lack of space in the personal care home. It is Utopian to hope that it might be possible, even assuming good will, to develop a French atmosphere in this environment. The community is Anglophone and the most one might hope for is to develop certain French-language services at the Hospital.

It would be preferable to build a personal care home in St. Lazare, which is about 20 km from Birtle. A senior citizens' home already exists in St. Lazare and a doctor from Birtle holds regular office hours there. Seniors from St. Lazare with health care needs have two options; they can

- be admitted to a health care home close to St. Lazare (Birtle, Russell, or Brandon);
or
- leave the St. Lazare area and find accommodation at Taché, Valade, Villa Youville, or elsewhere,

to live out their remaining years in a French environment. Neither of these alternatives is satisfactory. Building a facility adjacent to the present home would appear to be the ideal solution. The residents of St. Lazare have drawn up an inventory of persons already in institutions or who might in the near future require this level of service. I have the feeling that here, as elsewhere, the problem will not be the lack of potential candidates for admission but rather accommodating them all.

For these reasons, I think it is logical not to keep Birtle Personal Care Home Inc. on the list of facilities identified to provide French-language services.

RED RIVER VALLEY LODGE INC.

Morris is an Anglophone centre surrounded by Francophones. The nearest hospital where French-language services of reasonable quality can be obtained is in St. Pierre.

Red River Valley Lodge currently houses only four (4) Francophone residents, out of a total of 40. Most Francophones from St. Jean-Baptiste, Letellier, St. Joseph and Ste. Elizabeth prefer moving to St. Malo, St. Pierre, Taché, Valade, or Ste. Anne rather than settling in an Anglophone centre where it is virtually impossible to create a French atmosphere.

Residents of St. Jean-Baptiste have the land required for construction of a personal care home, next to the existing senior citizens' home. On several occasions, residents have asked the government to build this home; they have also drawn up an extensive list of names of Francophone residents presently housed at St. Malo, Ste. Anne, Valade, Taché, and in Anglophone centres who would like to return to a centre near their home. As the population of the surrounding Francophone communities is large enough to warrant construction of a home in which a French atmosphere and culture would have a better chance of thriving, it appears logical to me to not retain Red River Valley Lodge on the list of facilities required to provide French-language services.

CLINIQUE YOVILLE

Upon examination, it was agreed that Clinique Youville is a family services facility rather than a health care facility. For this reason, Clinique Youville was not considered as a health care facility; it might be considered in a possible future study of family services.

OTHER SERVICES NOT RETAINED

Some services offered exclusively by certain facilities, such as the Health Sciences Centre, might have been considered as warranting designation. It was decided that they not be recommended for designation at this time.

It was deemed preferable, in the provision of French-language services, to focus upon facilities where the chances of success would be greatest. However, in the medium term, the list of highly specialized services provided exclusively in one of the urban facilities should be reviewed to determine whether some of these services should be designated. For instance, the following is a partial list of services offered exclusively by the Health Sciences Centre:

Services not available (or restricted) at St. Boniface Hospital; requiring referral to Health Sciences Centre:²

- Paediatric Subspecialties - available at H.S.C.
- Genetics
- Infectious Diseases (not a complete service at St. Boniface)
- Obstetrics, Gynaecology - referral to HSC for tubal ligations, abortions (not done at St. Boniface)
- Radiotherapy (cancer treatment) - high volume of referrals for Radiotherapy, since HSC is equipped with considerably more treatment machines than St. Boniface.

PRESENT SITUATION

FRENCH-LANGUAGE SERVICES

In most of the facilities identified, French language services are being provided in varying degrees and depending on tradition, attitudes, and the good will of administration and staff. On the other hand, no written policy exists regarding these services. In some facilities, non-written traditions exist, but in all instances the matter of French-language services is left to the discretion of the facility. The result, of course, is that such services are provided unevenly even within a given facility, and that generally the quality of these services leaves much to be desired.

STAFFING

At the outset, the shortage of French-speaking staff at most of these facilities is striking and disturbing. A glance at the situation across Manitoba indicates that there are few Francophones in the medical sector and that, with the exception of the clinic at Ste. Anne des Chênes, there is no environment where they can practice in French.

The following statistics illustrate this shortage:

Doctors

In rural areas, nine of the 16 facilities identified had no doctors who could speak French. Of a total of 32 doctors serving these facilities, 16 can speak French. In urban areas, the situation is not much better. In St. Boniface and St. Vital barely 10 doctors can be identified who can speak French. In my own personal experience, I have found it is impossible to be treated in French in urban Manitoba except in general medicine, and even in this field it is not always possible to find a French-speaking doctor. At St. Boniface Hospital, for example, of 300 doctors having admitting privileges, only about 10 can speak French.

² Note: St. Boniface General Hospital provides limited services in these areas and refers patients to the Health Sciences Centre.

Nurses

The 16 rural facilities employ about 305 nurses, of whom about 93, or 30%, can speak French. At two of these facilities, not one nurse can speak French and five facilities employ fewer than three French-speaking nurses each. At St. Boniface Hospital, 54 out of 1,023 are identified as able to speak French. It should be pointed out that we are talking here about facilities serving Francophone communities.

Similar proportions are found among health care workers (therapy, X-ray, etc.).

ATTITUDES

Three types of person manage these various facilities:

- Committed Francophones, who take the trouble to identify their French-speaking clientele and who make genuine efforts to recruit staff who can speak French in order to provide better quality French-language services.
- Francophones in name rather than conviction, who do not see the need to provide services in French but who do so for their French-speaking clientele if they so wish. Here services are conditional upon demand and are provided at the facility's convenience. Very little effort is made to recruit staff who can speak French.
- Anglophones who, *in all instances*, make no distinction between the need to provide French-language services because a client does not understand English and the client's wish to be served in French. Anglophones generally find it difficult to conceive that it might be necessary to provide services in French to a person who understands English and can speak it.

As for staff members, the provision of French-language services depends entirely upon their own personal convictions in this area: the greater the level of assimilation, the less French-language services are provided.

TRAINING AND RESOURCES

With a few rare exceptions, all staff, either in administration or on the medical side, have trained in English and have few available resources to improve their French. They have virtually no knowledge of French-language technical and medical terminology, and there is a serious shortage of French-language medical and administrative material. Forms used are almost exclusively English as are brochures provided by public and private agencies and by the facilities themselves. In all facilities, audio-visual training and upgrading material is only available in English. As a result, in-house training is conducted in English and services are consequently provided almost entirely in English, except for a few conversations of a general nature.

Some good will can be found among many employees however, but they do not feel supported by the system. Boards of directors are made up of persons representing the municipality which, in most instances, does not itself have a French-language services policy. Other boards are elected at public meetings, and still others are appointed by the Grey Nuns. Members of boards of directors, with a few exceptions, are thus not concerned with the linguistic dimensions of their facility's operations. When French-language services are provided, this is due directly to the sensitivity and good will of the facility's salaried management.

PRESENT CAPACITY OF FACILITIES AND POSSIBLE IMPLEMENTATION SCHEDULES FOR PROPER SERVICES

Services that should be provided by facilities under the government's policy can be divided into two categories.

The first category covers

- signs;
- forms;
- written communications;
- library services;
- identification of patients/residents.

The second category covers areas involving staff, including

- telephone reception;
- reception desk;
- admitting;
- emergency services;
- pastoral care;
- examinations;
- recreation;
- volunteers;
- all types of treatment;
- on-going services to patients/residents.

Appendix II gives an overview of the present situation regarding the main types of service provided by the facilities, including the proportion of services in each field which are already available in French. To provide an overview of the staffing situation, I have also indicated the proportion of Francophone nurses, nurses' aides, and doctors found in each facility.

A second table (Appendix III) presents proposed timetables for implementation of the type of service which each facility should provide.

Based upon my knowledge of the facilities and assuming a maximum time frame of four (4) years, these timetables appear reasonable.

It should be noted that this second table can only be a guide as to what appears to me to be possible and feasible. It is only through discussions with each facility that precise timetables can be established.

LEVELS OF SERVICES TO BE PROVIDED IN FACILITIES CONSIDERED

Appendix IV gives an overview of services that should be provided by the facilities considered in this study. Given the major differences among facilities in Category IV, these facilities have not been included in the table. Details by facility for all categories will be found in the following pages.

DESIGNATION OF FACILITIES

A facility becomes a designated facility when the government has recognized and decided that this facility must provide French-language services to levels which vary depending upon the category in which the facility is classified.

Based on the foregoing, I recommend:

Recommendation No. 1:

that the facilities listed below be designated to provide French-language services:

- St. Boniface General Hospital, St. Boniface
- Taché Hospital Centre, St. Boniface
- Foyer Valade, St. Vital
- St. Amant Centre, St. Vital
- St. Adolphe Nursing Homes Ltd., St. Adolphe
- Ste. Anne Hospital, Ste. Anne des Chênes
- Villa Youville Inc., Ste. Anne des Chênes
- Centre médico-social De Salaberry, St. Pierre-Jolys
- Repos Jolys, St. Pierre-Jolys
- Morris General Hospital, Morris
- Notre Dame Medical Nursing Unit, Notre Dame de Lourdes
- Foyer Notre Dame Inc., Notre Dame de Lourdes
- Hôpital de Saint-Claude, St. Claude
- Manoir de Saint-Claude, St. Claude
- Pine Falls General Hospital, Pine Falls
- Sunnywood Manor Personal Care Home, Pine Falls
- Ste. Rose du lac General Hospital, Ste. Rose du lac
- Dr. Gendreau Memorial Personal Care Home, Ste. Rose du lac
- Lorne Memorial Hospital, Swan Lake
- Birtle Hospital, Birtle

LEVEL OF SERVICES, CATEGORY I

LANGUAGE POLICY AND IMPLEMENTATION PLAN

Facilities in Category I are the only ones in which it would be possible to reflect French culture and atmosphere on a daily basis. Facilities in this category should therefore adopt a language policy and implementation plan to reach this objective. Appendices V and VI present model language policies and implementation plans for facilities in all categories. A language policy and implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

All signs, inside and out, should be in French, or in French and English, at management's discretion.

b) Forms

All forms used by the general public, patients, and residents should be in French or in both languages.

c) Communications

All written and verbal communications and all correspondence with the public, patients, and residents should be in French or in both languages.

All communications or correspondence addressed to a particular individual should be in his or her own language.

d) Library services, newspapers, and magazines

Those facilities having a library should ensure that at least 50% of its books are French.

At least half of magazines and newspapers in common areas for use by patients, residents, and the general public should be French.

e) Boards of directors

The board of directors of the facility should be made up of persons able to communicate in French.

f) Staffing

The following positions should be filled by persons able to speak and write in French and English:

- manager;
- director of nursing.

A sufficient number of positions should be designated bilingual (that is, filled by persons able to speak French) to guarantee availability of French-language services at all times in the following areas:

- reception;
- admitting;
- emergency services;
- nursing;
- nurses' aides;
- pastoral care;
- technicians;
- recreation services;
- activities;
- maintenance;
- volunteers,

and any other areas or departments where patients/residents receive services or treatment.

In addition, where possible and given equal qualifications, the facility should hire job candidates who are able to speak French and English. Without exception, the proportion of staff able to speak French should never fall below 75% of positions in a given category.

g) Services to the general public

The receptionist should always answer the telephone with a French or bilingual greeting, such as: "Foyer Notre Dame, Bonjour", or "Hôpital de Sainte-Anne, Good morning".

Staff at the reception desk, in emergency, and in admitting should greet people first in French.

h) Services to patients/residents

Upon admission of a patient/resident, a mechanism should be in place to ensure easy identification of the patient/resident to allow any person coming into contact with him to know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified.

Management of the facility should make every effort to ensure that any French-speaking person receive the required care and services in his or her language at all times.

Recommendation No. 2

I therefore recommend that facilities classified in Category I make every effort to acquire a mainly French character and be designated on the basis of the criteria set out above.

LEVEL OF SERVICES, CATEGORY II

LANGUAGE POLICY AND IMPLEMENTATION PLAN

All facilities in this category should adopt a language policy and implementation plan. The policy and implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

All signs, inside and out, should be in French and English.

b) Forms

All forms used by the public, patients, and residents should be bilingual.

c) Communications

All written communications and all correspondence with the public, patients, and residents should be bilingual.

All communications and correspondence addressed to a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

Facilities with a library should ensure that it is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by patients, residents, and the public should be French.

e) Board of directors

The board of directors should have a reasonable number of persons who can speak French.

f) Staffing

If possible, the positions of manager of the facility and director of nursing should preferably be filled by persons who can speak French.

At all times, the reception desk should be staffed by a person able to speak both French and English.

Every effort should be made to ensure availability at all times of French-language services in the following areas:

- admitting;
- emergency services;
- nursing;
- nurses' aides;
- pastoral care;
- recreation services;
- volunteers.

In addition, where possible and given equal qualifications, job candidates who are able to speak French should be hired. The proportion of persons able to speak French should never be less than 20% of positions in any category.

g) Services to the public

The receptionist should always answer the telephone with a bilingual greeting, for example, "St. Adolphe Nursing Home, Bonjour".

As far as possible, admitting and emergency staff should greet people in French and English, as the case may be.

h) Services to patients/residents

Upon admission of a patient/resident, a mechanism should be in place to ensure easy identification of the patient/resident allowing any person coming into contact with him to know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified.

Management of the facility should make every effort to ensure that any French-speaking person receive the required care and services in his or her language at all times.

Recommendation No. 3

I therefore recommend that the criteria set out above apply to facilities designated under Category II.

LEVEL OF SERVICES, CATEGORY III

LANGUAGE POLICY AND IMPLEMENTATION PLAN

All facilities in this category should adopt a language policy and implementation plan. The policy and implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

All signs, inside and out, should be in French and English.

b) Forms

All forms used by the public, patients, and residents should be bilingual.

c) Communications

All written communications and all correspondence with the public, patients, and residents should be bilingual.

All communications and correspondence with a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

Those facilities having a library should ensure that it is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by patients, residents, and the public should be French.

e) Board of directors

The board of directors should have a reasonable number of persons who can speak French.

f) Staffing

Reasonable efforts should be made to ensure that French-speaking health care staff are available at all times.

The reception area should be staffed by a person who can speak French.

g) Services to the public

The receptionist should always answer the telephone with a bilingual greeting, for example, "Birtle Hospital, Bonjour".

As far as possible, admitting and emergency staff should greet people in French or English, as the case may be.

h) Services to patients/residents

Upon admission of a patient/resident, a mechanism should be in place to ensure easy identification of the patient/resident allowing any person coming into contact with him to know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified.

Management of the facility should make every effort to ensure that any French-speaking person receive the required care and services in his or her language at all times.

Recommendation No. 4

I therefore recommend that the criteria set out above apply to facilities designated under Category III.

LEVEL OF SERVICE, URBAN FACILITIES

ST. BONIFACE GENERAL HOSPITAL

The Franco-Manitoban community has always considered, and still considers, St. Boniface Hospital as *its* hospital, that is, as the hospital where one feels at home, where services are available in French, where pastoral care and religious services are provided in French, where one meets other French-speaking people.

St. Boniface Hospital, as stated in the brochure **Mission, Aims & Objectives**, under **Programs of Service**, is a community hospital: "*It is intended that the Hospital shall continue to be a community hospital in the sense of being open to the general public for care and in the sense that there should be offered in it that range of services which an average family practitioner might expect to be able to have for his patients in a general hospital.*"

Under **Special Responsibilities of the Hospital** in the same brochure, the Hospital recognizes its responsibility towards the Franco-Manitoban community in these terms: "*At the same time, the Hospital recognizes that it has a special responsibility to those citizens who because they share in the principles upon which the Hospital is founded, desire to regard the Hospital as their hospital; accordingly, care should be taken to ensure that such citizens have access to the Hospital where they may find the kind of care they need during periods in their lives when they require hospital services.*"

Furthermore, by virtue of its tradition and the commitment of its owners, the Hospital recognizes it has a special responsibility to the French-Canadian community in Manitoba and that it should strive so far as possible to ensure that there is opportunity for French-speaking citizens to speak their language and to feel at home in the Hospital."

It is important to point out that, because of its size and its striving for excellence, St. Boniface Hospital provides a great many more specialized services than the small rural hospitals and many urban hospitals. This is another reason why French-language services there should be improved, since Francophones who cannot obtain the services they require at their local hospital tend to go to St. Boniface Hospital. The Hospital,

jointly with the provincial and federal governments, has hired a French-Language Services Coordinator in a special two-year project. The Coordinator's office began operations a year ago. At first glance in the eyes of the Franco-Manitoban citizen nothing has changed. A closer look, however, reveals that a number of changes are in the offing. Indeed, the implementation plan has almost been completed, and over the past year efforts have been made to heighten employee awareness about the plan and to reduce feelings of insecurity that implementation of French-language services might provoke among them. In addition, discussions have begun with St. Boniface College regarding the possibility that the College might coordinate and offer courses in French for groups of employees in various disciplines. Hopefully, St. Boniface Hospital will play a major role in the implementation of French-language health care services in Manitoba.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

To better fulfill its mission in these fields, St. Boniface Hospital should adopt a language policy and complete its implementation plan. Both the policy and the implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

Most signs are already bilingual. Bilingualization should be completed.

b) Forms

All forms used by the general public, patients, and residents should be bilingual.

c) Communications

All written communications and all correspondence with the public, patients, and residents should be bilingual.

All communications and correspondence with a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

The Hospital should ensure the patient library is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by patients, residents, and the public should be French.

e) Board of directors

The board of directors should have a reasonable number of persons who can speak French.

f) Staffing

A sufficient number of positions should be designated bilingual (that is, to be filled by persons able to speak French and English) to guarantee availability of French-language services at all times in the following areas:

- reception desk;
- admitting;
- emergency services;
- nursing;
- nurses' aides;
- intensive care;
- therapy;
- X-Ray;
- pastoral care;
- meal distribution;
- recreation services;
- volunteers,

and any other area or department where patients receive services or treatment.

In addition, where possible and given equal qualifications, St. Boniface Hospital should hire job candidates who are able to speak French and English. In addition, St. Boniface Hospital should make every effort to increase, on a regular, annual basis, the numbers of employees who can speak both French and English in all job categories.

g) Services to the general public

The receptionist should always answer the telephone with a bilingual greeting set by management, such as: "St. Boniface Hospital, Bonjour".

Staff at the reception desk, in emergency, and in admissions should greet people in both French and English to indicate that services are available in either language.

h) Services to patients

Upon admission of a patient, a mechanism should be in place to ensure easy identification of that patient in such a way that anyone coming into contact with him will know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified. Management of St. Boniface Hospital should make every effort to ensure that any French-speaking person receive the required care and services in his or her language at all times.

Recommendation No. 5

I therefore recommend that St. Boniface Hospital be designated according to the criteria set out above.

TACHE HOSPITAL CENTRE

Like St. Boniface Hospital, Taché has traditionally been a facility where Francophone families in Manitoba have placed their sick and elderly. However, as facilities providing similar care developed elsewhere, people opted to remain in their own areas or communities.

Despite this, whenever personal care is not available in French in a given area, Taché Hospital Centre remains the preferred facility for urban and rural Francophones alike.

Unfortunately the French-language character of Taché has become diluted over the years, and today the facility is one that operates mainly in English, albeit providing some services in French, depending on the language spoken by staff.

Given its history, the preference among Francophones to place their sick there, its geographical location in the heart of St. Boniface, and the proportion of Francophones it serves, Taché should offer better French-language services than it does at the present time.

In order to do so, Taché Hospital Centre needs a French-Language Services Coordinator; this coordinator could also serve Foyer Valade and the St. Amant Centre. These three facilities are operated by the Grey Nuns. The idea of having a single coordinator for these three facilities strikes me as natural and normal.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

Taché Hospital Centre should adopt a language policy and implementation plan. Both the policy and the implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

Some signs are already bilingual; however, Taché Hospital Centre should complete bilingualization of all signs, both indoors and out.

b) Forms

All forms used by the general public and residents should be bilingual.

c) Written communications

All written communications and all correspondence with the public and residents should be bilingual.

All communications and correspondence with a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

Taché Hospital Centre should ensure its patient library is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by residents and the public should be French.

e) Board of directors

The board of directors of Taché Hospital Centre should have a reasonable number of persons who can speak French.

f) Staffing

The following positions should be filled by persons able to speak French and English:

- Manager;
- Director of Nursing;
- Personnel Director.

A sufficient number of positions should be designated bilingual (that is, to be filled by persons able to speak French) to guarantee availability of French-language services at all times in the following areas:

- reception desk;
- normal services to residents;
- admitting;
- nursing;
- nurses' aides;
- intensive care;
- therapy;
- X-Ray;
- pastoral care;
- meal distribution;
- recreation services;
- volunteers.

Efforts should be made to provide French-language services in areas where residents receive services or treatment.

In addition, where possible and given equal qualifications, the Hospital should hire job candidates who are able to speak French.

Taché Hospital Centre should make every effort to increase its numbers of employees who can speak French from year to year, with the objective one day of being able to guarantee French-language services at all times and in all areas and departments which provide services to the public and to residents.

g) Services to the general public

The receptionist should always answer the telephone with a bilingual greeting as set by management.

Staff at the reception desk should greet people in French and English, thereby indicating that services are available in both languages.

h) Services to residents

Upon admission of a resident, a mechanism should be in place to ensure easy identification of that resident so that any person coming into contact with him will know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified.

Management of Taché Hospital Centre should make every effort to ensure that any French-speaking person receive the required care in his or her language at all times.

Recommendation No. 6

I therefore recommend that Taché Hospital Centre be designated on the basis of the criteria set out above.

FOYER VALADE

When the Grey Nuns announced construction of Foyer Valade to replace the old Foyer Saint-Boniface on Archibald St., they also announced that this new home, to be called Foyer Valade and to be located next to the St. Amant Centre, would be for Francophones and would operate in French. This decision was greeted enthusiastically by Manitoba's Francophone community.

Since the Foyer opened its doors, however, it has admitted a few Anglophones, and a few people who do not speak French have been hired on staff. We all know the difficulties Francophones living in a minority situation encounter in maintaining their language, their culture, their traditions. We have all been witness to circumstances where the presence of a single unilingual Anglophone is sufficient for conversations to switch to English. Not without reason did Franco-Manitobans fight so hard to obtain homogeneous French schools: the presence of a few Anglophone students, a few Anglophone teachers, can quickly change a school's atmosphere.

The same applies to Foyer Valade. To preserve Valade's French character, it should be possible to direct the Anglophone clientele to other centres without forcing them to leave the city. Already the few Anglophones who have been admitted there and the few Anglophone staff hired have affected the French atmosphere it was hoped would be created in this facility.

In brief, Foyer Valade should be the ultimate French-language home for the urban sector. In Anglophone facilities, whether in Carman, Brandon, or Steinbach, the presence of a few Francophone residents would never change their working language. Francophones are of course accepted in these facilities; however, in the Manitoba context, there is no danger that their presence would assimilate the entire facility

towards French. On the other hand, the presence of a single Anglophone, it has only too often been observed, constitutes an assimilating force.

Since Anglophones in metropolitan Winnipeg have a variety of other options, Valade should henceforth only accept residents who can speak French. Foyer Valade should also ensure that its entire staff, without exception, speaks French, recognizes the importance of maintaining the facility's French character, and contributes to it enthusiastically.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

Foyer Valade should adopt a language policy and implementation plan. The language policy and implementation plan should cover the following areas and set out timetables for implementation of the policy:

- a) Signs
All signs should be in French.
- b) Forms
All forms used by the general public and residents should be in French or in both languages.
- c) Communications
All written and verbal communications and all correspondence with the public and with residents should be in French or in both languages.
- d) Library services, newspapers, and magazines
Foyer Valade should ensure that at least 75% of books in its residents' library be French.
At least 75% of magazines and newspapers in common areas for use by residents and the general public should be French.
- e) Board of directors
The board of directors of Foyer Valade should be made up of persons able to communicate in French.
- f) Staffing
The entire staff as well as all volunteers should be able to speak French.
- g) Services to residents
The facility should provide all services to residents in French.
Management should ensure that pastoral care is provided to residents in French.
Management should make every effort to retain the services of doctors who can speak French.

h) Services to the public

The receptionist should always answer the telephone with a French greeting.

Staff in the reception area should greet people in French.

Recommendation No. 7

I therefore recommend that Foyer Valade be designated as a French-language facility on the basis of the criteria set out above.

ST. AMANT CENTRE

In the minds of Franco-Manitobans, St. Amant Centre is a bilingual facility. This attitude goes back to the days when St. Amant had more than one mission. St. Amant is currently the only facility of its type in Manitoba located in the Francophone community.

Even though the majority of the facility's residents are handicapped to the point of not knowing how to read or write, or even speak in many cases, the fact remains that their families regularly visit the Centre. It is therefore desirable that St. Amant Centre, the only facility of its type in Manitoba in a position to do so, make efforts to provide certain services in French.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

St. Amant Centre should adopt a language policy and implementation plan. These should include the following areas and set out timetables for implementation of the policy:

a) Signs

All signs aimed at informing the general public and visitors should be bilingual.

b) Forms

All forms used by the public should be bilingual.

c) Written communications

All written communications and all correspondence with the public should be bilingual.

All communications and correspondence addressed to a particular person should be in his or her language.

d) Library services, newspapers, and magazines

French-language newspapers and magazines should be available in reception areas used by visitors.

e) Board of directors

The board of directors of St. Amant Centre should have a reasonable number of persons who can speak French.

f) Staffing

The following positions should be designated bilingual, that is, to be filled by persons who can speak both French and English:

- receptionists (both telephone and reception desk);
- staff involved in relations with the public, the press, and with other facilities.

g) Services to the public

The receptionist should always answer the telephone with a bilingual greeting as set by management.

Reception desk staff should greet people in French and English, to indicate that services are available in both languages.

h) Services to residents

St. Amant Centre should make every effort to ensure that all Francophone residents able to speak and understand French receive the care they require in their own language.

Recommendation No. 8

I therefore recommend that St. Amant Centre be designated on the basis of the criteria set out above.

Recommendation No. 9

I recommend that, upon being designated, all designated facilities adopt a language policy and implementation plan to implement French-language services meeting the criteria set out for their category.

All facilities in all categories should be in a position to meet the requirements set out in their respective categories before December 31, 1994. Should changes or extensions be required, they would be examined on an individual basis. All facilities should make every reasonable effort to comply with their policies as soon as possible.

Recommendation No. 10

I therefore recommend that all implementation plans provide for and ensure full implementation of services covered therein by December 31, 1994 at the latest.

NEW FACILITIES

Since it has been recommended that Birtle Personal Care Home Inc. and Red River Valley Lodge Inc. not be identified to provide services in French, access by Francophones in these areas to such care must therefore be provided for.

Some might ask why it is recommended that these two facilities not be designated while in these same villages the hospital is recommended for designation.

It is important to note that the average length of patient stay at a hospital is 7 to 10 days. On the other hand, when one enters a personal care home, it is generally to end one's days there. Thus, if French-language services in a hospital are rather limited because of its particular location, this is relatively less serious than if French-language services in a personal care home are virtually non-existent. The hospital patient knows that in a short time he will be returning home, but the resident of a personal care home has no other home.

Recommendation No. 11

In light of the foregoing, and for the reasons given above, I recommend construction of personal care homes in St. Jean-Baptiste and in St. Lazare.

SUPPORT MECHANISMS FOR FACILITIES

There is good will in many places and a spirit of open-mindedness among managers of almost all the facilities. However, the reality is that they often don't know where to begin and do not on their own have the proper tools to greatly improve the quality and level of services currently provided.

FRENCH-LANGUAGE SERVICES COORDINATORS

It is of primary importance at the outset to hire two new coordinators. One is already in place at St. Boniface Hospital. This position should be maintained beyond the two years already provided for, since, with its 4,000 employees, 300 doctors with admitting privileges, and the multiplicity and complexity of its departments and services, implementation of French-language services at this hospital will be more demanding, more delicate, and more complicated than in all of the designated rural facilities combined. A second coordinator should be attached to the Taché Hospital Centre, serving Foyer Valade and the St. Amant Centre as well. Finally, a third coordinator could be attached to one of the rural facilities and provide services to all of them.

The primary role of the coordinators would be to assist each facility in:

- setting up a French-Language Services Committee;
- developing a language policy;
- laying out an implementation plan with timetables;
- becoming aware of patient needs; and
- implementing the services provided for in the policy.

The coordinators should encourage and reassure staff in the facilities while assisting managers in determining and prioritizing language training needs. A draft job description for French-language services coordinators, for use as a guide, is presented in Appendix VII.

I therefore recommend:

Recommendation No. 12

that Manitoba Health fund the hiring and related expenses of three French-Language Services Coordinators.

Recommendation No. 13

that the Coordinators' tasks be as set out in the draft job description contained in Appendix VII.

Ontario has a lead over Manitoba in the provision of French-language services. Given that the Ontario Department of Health has already hired French-Language Services Coordinators for almost every region, it would be useful for the new Manitoba coordinators to spend at least a week of field training in Ontario with an experienced Ontario coordinator.

Recommendation No. 14

I therefore recommend that, upon being hired, the French-Language Services Coordinators spend at least one week of field training with one of the Ontario coordinators.

TRANSLATION SERVICES

All facilities will, to a greater or lesser degree, require translation services. Bilingualization of signs, forms, written communications, and the preparation of correspondence in the language of the residents/patients or their families all require the creation of a central translation service. This service would be used by managers of all health care facilities for the entire range of French-language written communications, from daily needs (such as menus) to permanent documents (such as internal policies). The unit could also translate articles on health and medicine published in magazines and newspapers for circulation among French-speaking staff.

Recommendation No. 15

I therefore recommend that Manitoba Health set up a central translation service, to be located in an urban health facility, preferably in St. Boniface in order to provide an appropriate working environment for unit staff. Translation services should report to St. Boniface Hospital's French-Language Services Coordinator and be linked to the Government's existing Translation Services.

SIGNS

English signs can be replaced by French or bilingual signs over two years. I do not propose that signs at St. Pierre Hospital be bilingualized if construction of a new hospital proceeds as planned; bilingual signs for the new hospital could be provided for right from the start, in the planning stages.

Recommendation No. 16

I therefore recommend that Manitoba Health cover all costs of bilingualizing signs in facilities identified to provide French-language services.

LANGUAGE TRAINING

Most Francophones working in the health field in Manitoba have been trained in English. Those who have studied elsewhere in French have used the language so little in their professional lives that their technical vocabulary has been reduced considerably. If these professionals, doctors, nurses, nurses' aides, and health workers in various disciplines are to serve Francophone patients/residents in French without constantly having to use English terms, they will require upgrading courses in French. Most will only require training to improve the quality of their French. In addition, there will be increasing numbers of bilingual Anglophones for whom these upgrading courses in French will also be essential. Similarly, employees other than those working strictly in health care fields, such as receptionists and others who provide various services to the public and to patients/residents, could benefit from such courses. St. Boniface College already offers courses at four different levels; these courses should be made available to employees in these categories. In addition, courses for unilingual Anglophones should also be considered; however, candidates for these courses should be very carefully selected by testing which would indicate their potential for learning a language. Priority should be given to persons already having some knowledge of French. In my opinion, generalized access to language courses should not be considered; this would be too expensive, and experience has shown that the results do not justify the investment.

I therefore recommend:

Recommendation No. 17

That Manitoba Health make arrangements with St. Boniface College to set up language upgrading sessions geared to the needs of health care professionals, and that the French-Language Services Coordinators, jointly with the French-Language Services Committees, be responsible for selecting candidates for enrollment in these courses;

Recommendation No. 18

That a central committee of consumers of language training be set up to determine the types of upgrading sessions that should be offered, their content, as well as administrative details involved in giving these courses.

Recommendation No. 19

That Manitoba Health fund these sessions.

PROFESSIONAL TRAINING

To encourage students wishing to become health care professionals and to undergo part of their training in French (the numbers of such students should increase as the number of immersion graduates increases), the Department of Education should coordinate negotiations between the University of Manitoba, St. Boniface Hospital, and

St. Boniface College with a view to allowing these students to take part of their professional training in French.

Manitoba Health should encourage St. Boniface College to study the possibility of developing courses in health care in French, and that Department could ask St. Boniface Hospital to work closely with the College on a project of this type. In addition, that Department could encourage the facilities identified to provide French-language services to favour the hiring of graduates of courses of this type.

The Government of Manitoba could negotiate agreements with the Government of Quebec whereby a certain number of places in Quebec's Francophone universities could be reserved for Manitoba students wishing to study medicine in French. Mechanisms could be put into place whereby graduates benefiting from this policy would agree to practice in Manitoba for a set period of time.

I therefore recommend:

Recommendation No. 20

that arrangements be made between the University of Manitoba, St. Boniface Hospital, and St. Boniface College to provide at the College a certain number of courses in French for students in medicine, nursing, and other health professions interested in such courses; and that Manitoba Health ask the College to study the possibility of offering a French-language Baccalaureate in Nursing;

Recommendation No. 21

that Manitoba Health come to an agreement with the facilities identified to provide French-language services to favour the hiring of graduates of French-language health sciences courses;

Recommendation No. 22

that the government negotiate the provision of a certain number of places in Quebec universities for students wishing to pursue medical training in the French language.

PROMOTION OF CAREERS IN HEALTH CARE

Given the shortage of French-speaking health care professionals, a sustained campaign to raise awareness of the opportunities that exist for such careers in Manitoba should be undertaken. Thus the *Bureau de l'éducation française* could undertake the distribution, in French and immersion schools, of information on the various career opportunities in the health sciences for those who wish to practice in French.

The *Bureau de l'éducation française* could also make teachers and guidance counselors in French and immersion schools aware of the career opportunities in the health sciences in Manitoba for those who wish to practice in French.

The government cannot do everything. The *Société Franco-Manitobaine* could coordinate community efforts aimed at ensuring the broadest possible dissemination of information regarding career opportunities in the health sciences.

The *Société Franco-Manitobaine* could also coordinate the establishment of bursaries for students wishing to pursue studies in the health care professions in the

French language. The *Bourse Alfred-Monnin*, established to encourage students interested in pursuing studies in law, is an example of what might be done in the area of health sciences.

I therefore recommend:

Recommendation No. 23

that the *Bureau de l'éducation française* undertake an awareness-raising campaign among students, teachers, and guidance counselors regarding career opportunities in the health sciences for those who wish to practice in French;

Recommendation No. 24

that the government recommend to the *Société Franco-Manitobaine* that it support the *B.E.F.*'s efforts by undertaking a campaign to raise awareness among the French-speaking population at large;

Recommendation No. 25

that the *SFM* coordinate the establishment of bursaries to students wishing to pursue studies in the health sciences in the French language.

INVENTORY OF TECHNICAL RESOURCES

Managers of all facilities complained about the lack of French-language resources. From brochures published by national or provincial associations of health care professionals to audio-visual material, not much is available in French in Manitoba. Some managers make an effort to obtain educational resources and information in French from Quebec. One of the French-Language Services Coordinators should draw up an inventory of all educational or informational resource material available in French; he or she should then prepare a catalogue indicating where specific items, such as documents, brochures, films, or audio-visual cassettes can be obtained and circulate copies of this catalogue to the facilities.

Recommendation No. 26

I therefore recommend that the French-Language Services Coordinator at St. Boniface Hospital be assigned the task of drawing up a complete inventory of resources available in French and preparing a catalogue for use by the facilities.

FRENCH-LANGUAGE SERVICES COMMITTEES

The French-Language Services Coordinators will need all the support they can get in assisting facilities to develop their language policies and implementation plans and to take appropriate measures to reach the level of service agreed upon. To improve their chances of success, French-Language Services Committees should be established, on the basis of one per facility where a single facility exists in a community, or one for all facilities in a rural community. In urban areas, one committee should be set up for every coordinator. Such committees would be made up of employees of the facilities, volunteers with a good knowledge of the needs of the community, and the coordinators themselves, and would provide a link with the community. Chaired by the coordinators, who would be their guiding force, these committees would become in a way the leading edge of implementation of French-language services.

Recommendation No. 27

I therefore recommend that French-Language Services Committees be established in all communities having one or two facilities identified to provide French-language services.

PROVINCIAL ADVISORY COMMITTEE

Manitoba Health will need a mechanism to advise it on matters relating to French-language services at the provincial level. It would be useful either to retain the present Advisory Committee established by the Senior Advisor for French Language Services or to set up a similar one. This committee could follow the evolution of French-language services in general and make recommendations to Manitoba Health. The link between the Committee and the Department could be the Department's French-Language Services Coordinator or the Senior Advisor on French Language Services.

Recommendation No. 28

I therefore recommend that Manitoba Health establish an Advisory Committee on French-language services at the provincial level.

COSTS

Implementation of French-language services, or the improvement of such services, is dependent in some ways upon financial assistance provided by government. The designated facilities will face annual operating costs, set-up or non-recurring costs, and capital expenditures.

ANNUAL OPERATING COSTS

FRENCH LANGUAGE SERVICES COORDINATORS

• 3 coordinators @ \$50,000	\$150,000
• travel	<u>5,000</u>
• Total	\$155,000

TRANSLATION

At first, a single translator could be hired, which could involve contracting out any material that is too voluminous.

• 1 translator @ \$50,000	\$50,000
• 1 secretary @ \$25,000	<u>\$25,000</u>
• Total	\$75,000

RENT AND OPERATING COSTS

The facilities will incur rental and operating costs for the coordinators' and translator's offices; I estimate these costs to be about \$22,000 per year.

- Rent and operating costs \$22,000

NOTICES AND ADVERTISEMENTS

Facilities advertise in newspapers to recruit personnel or to inform the public. These costs will increase as facilities attempt to recruit French-speaking staff; to do so, they will be advertising in a greater number of newspapers and magazines as they attempt to reach the French-speaking population.

None of the managers would estimate the extra costs that would be incurred by advertising in French-language newspapers. Before placing advertisements there would have to be positions to fill, and it was not known which positions would have to be filled or when. For all facilities which should advertise in French-language newspapers, I estimate extra costs of \$15,000 per year for placing advertisements in French-language newspapers.

- Notices and advertisements \$15,000

LANGUAGE TRAINING

How can training costs be estimated? At best, one can only establish an order of magnitude of such costs. If in-service training only is considered, one would first have to establish the number of sessions to be offered in one year, their length, and the number of participants. In addition, one would have to know whether such sessions would be held during the day, in the evening, or on week-ends. Finally, one would have to know whether these sessions would be offered locally or in a central location, such as St. Boniface College.

At the outset, it seems reasonable to assume that two sessions per year would be offered, each lasting an equivalent of 3 days and each with an enrollment of 40. In this hypothesis, costs would be about \$25,000, and would rise or fall depending upon numbers of enrollments and sessions offered. These estimates do not include participants' salaries or accommodation if required. These costs would probably increase as initial results demonstrated the usefulness of such courses.

- Language training, first two years,
cost per year \$25,000

PROFESSIONAL TRAINING

Professional training should not result in direct additional costs. Students would pay their registration fees and the Universities Grants Commission would provide funding based upon courses offered.

Supplementary costs could be incurred if an agreement were reached with Quebec to reserve places for medical students. I have not estimated these costs.

SUMMARY OF ANNUAL OPERATING COSTS

3 coordinators @ \$50,000 plus travel	\$155,000
1 translator @ \$50,000	50,000
1 secretary @ \$25,000	25,000
Rent and operating (coordinators' and translators' offices)	22,000
Notices and advertisements	15,000
Language training	<u>25,000</u>
Total	\$292,000

NON-RECURRING COSTS

SIGNS

Cost of providing French or bilingual signs for the facilities identified would be about \$20,000, not including translation costs. These figures are based on estimates provided by the facilities.

- French or bilingual signs \$20,000

SUMMARY OF NON-RECURRING COSTS

- Signs \$20,000
- Total \$20,000

CAPITAL COSTS

LIBRARIES, NEWSPAPERS, AND MAGAZINES

Improvements to libraries will be made gradually, at a cost of about \$20,000 over five years to allow facilities to provide an equitable selection of French books to their patients/residents.

Cost of newspapers and magazines will be minimal and, in my opinion, should be part of the facilities' normal operating budgets. If every facility invested \$300 per year on average for French-language newspapers and magazines, it would equitably fulfill its obligations.

- Libraries, per year \$4,000

FURNISHINGS AND EQUIPMENT

Facilities (at least one per community) should be equipped with facsimile machines to transmit material to be translated. I estimate that 10 such machines will be required in the network, including a fax machine for central translation services.

Furnishings and equipment for the translation office and the two coordinators will include three computers, four desks and chairs, filing cabinets, and miscellaneous items. The computers will cost about \$5,000 apiece, desks and chairs \$1,000, and filing cabinets and miscellaneous, \$1,000 per office.

• Facsimile machines - 10 @ \$2,000	20,000
• Computers - 3 @ \$5,000	15,000
• Desks and chairs - 4 @ \$1,000	4,000
• Filing cabinets and miscellaneous - 4 @ \$1,000	<u>4,000</u>
• Total	\$43,000

SUMMARY OF CAPITAL COSTS

• Libraries (per year)	\$ 4,000
• Furnishings and equipment	<u>43,000</u>
• Total	\$47,000

ANNUAL OPERATING COSTS	\$292,000
NON-RECURRING COSTS	20,000
CAPITAL COSTS	<u>47,000</u>
TOTAL	\$359,000

Recommendation No. 29

I therefore recommend that Manitoba Health commit itself to funding all costs of implementing French-language services in designated health care facilities.

SUMMARY OF RECOMMENDATIONS

In light of the analysis contained in this study, I recommend:

Recommendation No. 1:

That the facilities listed below be designated to provide French-language services:

- St. Boniface General Hospital, St. Boniface
- Taché Hospital Centre, St. Boniface
- Foyer Valade, St. Vital
- Centre St. Amant, St. Vital
- St. Adolphe Nursing Homes Ltd., St. Adolphe
- Hôpital de Ste. Anne, Ste. Anne des Chênes
- Villa Youville Inc., Ste. Anne des Chênes
- Centre médico-social De Salaberry, St. Pierre Jolys
- Repos Jolys, St. Pierre Jolys
- Morris General Hospital, Morris
- Notre Dame Medical Nursing Unit, Notre Dame de Lourdes
- Foyer Notre Dame Inc., Notre Dame de Lourdes
- Hôpital de Saint-Claude, St. Claude
- Manoir de Saint-Claude, St. Claude
- Pine Falls General Hospital, Pine Falls
- Sunnywood Manor Personal Care Home, Pine Falls
- Ste. Rose du lac General Hospital, Ste. Rose du lac
- Dr. Gendreau Memorial Personal Care Home, Ste. Rose du lac
- Lorne Memorial Hospital, Swan Lake
- Birtle Hospital, Birtle

Recommendation No. 2

That facilities classified in Category I make every effort to acquire a mainly French character and be designated on the basis of the criteria set out above.

Recommendation No. 3

That the criteria set out above apply to facilities designated under Category II.

Recommendation No. 4

That the criteria set out above apply to facilities designated under Category III.

Recommendation No. 5

That St. Boniface Hospital be designated according to the criteria set out above.

Recommendation No. 6

That Taché Hospital Centre be designated on the basis of the criteria set out above.

Recommendation No. 7

That Foyer Valade be designated as a French-language facility on the basis of the criteria set out above.

Recommendation No. 8

That St. Amant Centre be designated on the basis of the criteria set out above.

Recommendation No. 9

That, upon being designated, all designated facilities adopt a language policy and implementation plan to implement French-language services meeting the criteria set out for their category.

Recommendation No. 10

That all implementation plans provide for and ensure full implementation of services covered therein by December 31, 1994 at the latest.

Recommendation No. 11

That personal care homes be built in St. Jean-Baptiste and in St. Lazare.

Recommendation No. 12

That Manitoba Health fund the hiring and related expenses of three French-Language Services Coordinators.

Recommendation No. 13

That the Coordinators' tasks be as set out in the draft job description contained in Appendix VII.

Recommendation No. 14

That, upon being hired, the French-Language Services Coordinators spend at least one week of field training with one of the Ontario coordinators.

Recommendation No. 15

That Manitoba Health set up a central translation service, to be located in an urban health facility, preferably in St. Boniface in order to provide an appropriate working environment for unit staff. Translation services should report to St. Boniface Hospital's French-Language Services Coordinator and be linked to the Government's existing Translation Services.

Recommendation No. 16

That Manitoba Health cover all costs of bilingualizing signs in facilities identified to provide French-language services.

Recommendation No. 17

That Manitoba Health make arrangements with St. Boniface College to set up language upgrading sessions geared to the needs of health care professionals, and that the French-Language Services Coordinators, jointly with the French-Language Services Committees, be responsible for selecting candidates for enrollment in these courses.

Recommendation No. 18

That a central committee of consumers of language training be set up to determine the types of upgrading sessions that should be offered, their content, as well as administrative details involved in giving these courses.

Recommendation No. 19

That Manitoba Health fund these sessions.

Recommendation No. 20

That arrangements be made between the University of Manitoba, St. Boniface Hospital, and St. Boniface College to provide at the College a certain number of courses in French for students in medicine, nursing, and other health professions interested in such courses; and that Manitoba Health ask the College to study the possibility of offering a French-language Baccalaureate in Nursing.

Recommendation No. 21

That Manitoba Health come to an agreement with the facilities identified to provide French-language services to favour the hiring of graduates of French-language health sciences courses.

Recommendation No. 22

That the government negotiate the provision of a certain number of places in Quebec universities for students wishing to pursue medical training in the French language.

Recommendation No. 23

That the *Bureau de l'éducation française* undertake an awareness-raising campaign among students, teachers, and guidance counselors regarding career opportunities in the health sciences for those who wish to practice in French.

Recommendation No. 24

That the government recommend to the *Société Franco-Manitobaine* that it support the *B.E.F.*'s efforts by undertaking a campaign to raise awareness among the French-speaking population at large.

Recommendation No. 25

That the *SFM* coordinate the establishment of bursaries to students wishing to pursue studies in the health sciences in the French language.

Recommendation No. 26

That the French-Language Services Coordinator at St. Boniface Hospital be assigned the task of drawing up a complete inventory of resources available in French and preparing a catalogue for use by the facilities.

Recommendation No. 27

That French-Language Services Committees be established in all communities having one or two facilities identified to provide French-language services.

Recommendation No. 28

That Manitoba Health establish an Advisory Committee on French-language services at the provincial level.

Recommendation No. 29

That Manitoba Health commit itself to funding all costs of implementing French-language services in designated health care facilities.

jointly with the provincial and federal governments, has hired a French-Language Services Coordinator in a special two-year project. The Coordinator's office began operations a year ago. At first glance in the eyes of the Franco-Manitoban citizen nothing has changed. A closer look, however, reveals that a number of changes are in the offing. Indeed, the implementation plan has almost been completed, and over the past year efforts have been made to heighten employee awareness about the plan and to reduce feelings of insecurity that implementation of French-language services might provoke among them. In addition, discussions have begun with St. Boniface College regarding the possibility that the College might coordinate and offer courses in French for groups of employees in various disciplines. Hopefully, St. Boniface Hospital will play a major role in the implementation of French-language health care services in Manitoba.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

To better fulfill its mission in these fields, St. Boniface Hospital should adopt a language policy and complete its implementation plan. Both the policy and the implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

Most signs are already bilingual. Bilingualization should be completed.

b) Forms

All forms used by the general public, patients, and residents should be bilingual.

c) Communications

All written communications and all correspondence with the public, patients, and residents should be bilingual.

All communications and correspondence with a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

The Hospital should ensure the patient library is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by patients, residents, and the public should be French.

e) Board of directors

The board of directors should have a reasonable number of persons who can speak French.

f) Staffing

A sufficient number of positions should be designated bilingual (that is, to be filled by persons able to speak French and English) to guarantee availability of French-language services at all times in the following areas:

- reception desk;
- admitting;
- emergency services;
- nursing;
- nurses' aides;
- intensive care;
- therapy;
- X-Ray;
- pastoral care;
- meal distribution;
- recreation services;
- volunteers,

and any other area or department where patients receive services or treatment.

In addition, where possible and given equal qualifications, St. Boniface Hospital should hire job candidates who are able to speak French and English. In addition, St. Boniface Hospital should make every effort to increase, on a regular, annual basis, the numbers of employees who can speak both French and English in all job categories.

g) Services to the general public

The receptionist should always answer the telephone with a bilingual greeting set by management, such as: "St. Boniface Hospital, Bonjour".

Staff at the reception desk, in emergency, and in admissions should greet people in both French and English to indicate that services are available in either language.

h) Services to patients

Upon admission of a patient, a mechanism should be in place to ensure easy identification of that patient in such a way that anyone coming into contact with him will know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified. Management of St. Boniface Hospital should make every effort to ensure that any French-speaking person receive the required care and services in his or her language at all times.

Recommendation No. 5

I therefore recommend that St. Boniface Hospital be designated according to the criteria set out above.

TACHE HOSPITAL CENTRE

Like St. Boniface Hospital, Taché has traditionally been a facility where Francophone families in Manitoba have placed their sick and elderly. However, as facilities providing similar care developed elsewhere, people opted to remain in their own areas or communities.

Despite this, whenever personal care is not available in French in a given area, Taché Hospital Centre remains the preferred facility for urban and rural Francophones alike.

Unfortunately the French-language character of Taché has become diluted over the years, and today the facility is one that operates mainly in English, albeit providing some services in French, depending on the language spoken by staff.

Given its history, the preference among Francophones to place their sick there, its geographical location in the heart of St. Boniface, and the proportion of Francophones it serves, Taché should offer better French-language services than it does at the present time.

In order to do so, Taché Hospital Centre needs a French-Language Services Coordinator; this coordinator could also serve Foyer Valade and the St. Amant Centre. These three facilities are operated by the Grey Nuns. The idea of having a single coordinator for these three facilities strikes me as natural and normal.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

Taché Hospital Centre should adopt a language policy and implementation plan. Both the policy and the implementation plan should cover the following areas and set out timetables for implementation of the policy:

a) Signs

Some signs are already bilingual; however, Taché Hospital Centre should complete bilingualization of all signs, both indoors and out.

b) Forms

All forms used by the general public and residents should be bilingual.

c) Written communications

All written communications and all correspondence with the public and residents should be bilingual.

All communications and correspondence with a particular individual should be in his or her language.

d) Library services, newspapers, and magazines

Taché Hospital Centre should ensure its patient library is stocked with a fair proportion of French books.

A fair proportion of magazines and newspapers in common rooms used by residents and the public should be French.

e) Board of directors

The board of directors of Taché Hospital Centre should have a reasonable number of persons who can speak French.

f) Staffing

The following positions should be filled by persons able to speak French and English:

- Manager;
- Director of Nursing;
- Personnel Director.

A sufficient number of positions should be designated bilingual (that is, to be filled by persons able to speak French) to guarantee availability of French-language services at all times in the following areas:

- reception desk;
- normal services to residents;
- admitting;
- nursing;
- nurses' aides;
- intensive care;
- therapy;
- X-Ray;
- pastoral care;
- meal distribution;
- recreation services;
- volunteers.

Efforts should be made to provide French-language services in areas where residents receive services or treatment.

In addition, where possible and given equal qualifications, the Hospital should hire job candidates who are able to speak French.

Taché Hospital Centre should make every effort to increase its numbers of employees who can speak French from year to year, with the objective one day of being able to guarantee French-language services at all times and in all areas and departments which provide services to the public and to residents.

g) Services to the general public

The receptionist should always answer the telephone with a bilingual greeting as set by management.

Staff at the reception desk should greet people in French and English, thereby indicating that services are available in both languages.

h) Services to residents

Upon admission of a resident, a mechanism should be in place to ensure easy identification of that resident so that any person coming into contact with him will know his preferred language without having to ask.

Any person able to speak French should do so with any person so identified.

Management of Taché Hospital Centre should make every effort to ensure that any French-speaking person receive the required care in his or her language at all times.

Recommendation No. 6

I therefore recommend that Taché Hospital Centre be designated on the basis of the criteria set out above.

FOYER VALADE

When the Grey Nuns announced construction of Foyer Valade to replace the old Foyer Saint-Boniface on Archibald St., they also announced that this new home, to be called Foyer Valade and to be located next to the St. Amant Centre, would be for Francophones and would operate in French. This decision was greeted enthusiastically by Manitoba's Francophone community.

Since the Foyer opened its doors, however, it has admitted a few Anglophones, and a few people who do not speak French have been hired on staff. We all know the difficulties Francophones living in a minority situation encounter in maintaining their language, their culture, their traditions. We have all been witness to circumstances where the presence of a single unilingual Anglophone is sufficient for conversations to switch to English. Not without reason did Franco-Manitobans fight so hard to obtain homogeneous French schools: the presence of a few Anglophone students, a few Anglophone teachers, can quickly change a school's atmosphere.

The same applies to Foyer Valade. To preserve Valade's French character, it should be possible to direct the Anglophone clientele to other centres without forcing them to leave the city. Already the few Anglophones who have been admitted there and the few Anglophone staff hired have affected the French atmosphere it was hoped would be created in this facility.

In brief, Foyer Valade should be the ultimate French-language home for the urban sector. In Anglophone facilities, whether in Carman, Brandon, or Steinbach, the presence of a few Francophone residents would never change their working language. Francophones are of course accepted in these facilities; however, in the Manitoba context, there is no danger that their presence would assimilate the entire facility

towards French. On the other hand, the presence of a single Anglophone, it has only too often been observed, constitutes an assimilating force.

Since Anglophones in metropolitan Winnipeg have a variety of other options, Valade should henceforth only accept residents who can speak French. Foyer Valade should also ensure that its entire staff, without exception, speaks French, recognizes the importance of maintaining the facility's French character, and contributes to it enthusiastically.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

Foyer Valade should adopt a language policy and implementation plan. The language policy and implementation plan should cover the following areas and set out timetables for implementation of the policy:

- a) Signs
All signs should be in French.
- b) Forms
All forms used by the general public and residents should be in French or in both languages.
- c) Communications
All written and verbal communications and all correspondence with the public and with residents should be in French or in both languages.
- d) Library services, newspapers, and magazines
Foyer Valade should ensure that at least 75% of books in its residents' library be French.
At least 75% of magazines and newspapers in common areas for use by residents and the general public should be French.
- e) Board of directors
The board of directors of Foyer Valade should be made up of persons able to communicate in French.
- f) Staffing
The entire staff as well as all volunteers should be able to speak French.
- g) Services to residents
The facility should provide all services to residents in French.
Management should ensure that pastoral care is provided to residents in French.
Management should make every effort to retain the services of doctors who can speak French.

h) Services to the public

The receptionist should always answer the telephone with a French greeting.

Staff in the reception area should greet people in French.

Recommendation No. 7

I therefore recommend that Foyer Valade be designated as a French-language facility on the basis of the criteria set out above.

ST. AMANT CENTRE

In the minds of Franco-Manitobans, St. Amant Centre is a bilingual facility. This attitude goes back to the days when St. Amant had more than one mission. St. Amant is currently the only facility of its type in Manitoba located in the Francophone community.

Even though the majority of the facility's residents are handicapped to the point of not knowing how to read or write, or even speak in many cases, the fact remains that their families regularly visit the Centre. It is therefore desirable that St. Amant Centre, the only facility of its type in Manitoba in a position to do so, make efforts to provide certain services in French.

LANGUAGE POLICY AND IMPLEMENTATION PLAN

St. Amant Centre should adopt a language policy and implementation plan. These should include the following areas and set out timetables for implementation of the policy:

a) Signs

All signs aimed at informing the general public and visitors should be bilingual.

b) Forms

All forms used by the public should be bilingual.

c) Written communications

All written communications and all correspondence with the public should be bilingual.

All communications and correspondence addressed to a particular person should be in his or her language.

d) Library services, newspapers, and magazines

French-language newspapers and magazines should be available in reception areas used by visitors.

e) Board of directors

The board of directors of St. Amant Centre should have a reasonable number of persons who can speak French.

f) Staffing

The following positions should be designated bilingual, that is, to be filled by persons who can speak both French and English:

- receptionists (both telephone and reception desk);
- staff involved in relations with the public, the press, and with other facilities.

g) Services to the public

The receptionist should always answer the telephone with a bilingual greeting as set by management.

Reception desk staff should greet people in French and English, to indicate that services are available in both languages.

h) Services to residents

St. Amant Centre should make every effort to ensure that all Francophone residents able to speak and understand French receive the care they require in their own language.

Recommendation No. 8

I therefore recommend that St. Amant Centre be designated on the basis of the criteria set out above.

Recommendation No. 9

I recommend that, upon being designated, all designated facilities adopt a language policy and implementation plan to implement French-language services meeting the criteria set out for their category.

All facilities in all categories should be in a position to meet the requirements set out in their respective categories before December 31, 1994. Should changes or extensions be required, they would be examined on an individual basis. All facilities should make every reasonable effort to comply with their policies as soon as possible.

Recommendation No. 10

I therefore recommend that all implementation plans provide for and ensure full implementation of services covered therein by December 31, 1994 at the latest.

NEW FACILITIES

Since it has been recommended that Birtle Personal Care Home Inc. and Red River Valley Lodge Inc. not be identified to provide services in French, access by Francophones in these areas to such care must therefore be provided for.

Some might ask why it is recommended that these two facilities not be designated while in these same villages the hospital is recommended for designation.

It is important to note that the average length of patient stay at a hospital is 7 to 10 days. On the other hand, when one enters a personal care home, it is generally to end one's days there. Thus, if French-language services in a hospital are rather limited because of its particular location, this is relatively less serious than if French-language services in a personal care home are virtually non-existent. The hospital patient knows that in a short time he will be returning home, but the resident of a personal care home has no other home.

Recommendation No. 11

In light of the foregoing, and for the reasons given above, I recommend construction of personal care homes in St. Jean-Baptiste and in St. Lazare.

SUPPORT MECHANISMS FOR FACILITIES

There is good will in many places and a spirit of open-mindedness among managers of almost all the facilities. However, the reality is that they often don't know where to begin and do not on their own have the proper tools to greatly improve the quality and level of services currently provided.

FRENCH-LANGUAGE SERVICES COORDINATORS

It is of primary importance at the outset to hire two new coordinators. One is already in place at St. Boniface Hospital. This position should be maintained beyond the two years already provided for, since, with its 4,000 employees, 300 doctors with admitting privileges, and the multiplicity and complexity of its departments and services, implementation of French-language services at this hospital will be more demanding, more delicate, and more complicated than in all of the designated rural facilities combined. A second coordinator should be attached to the Taché Hospital Centre, serving Foyer Valade and the St. Amant Centre as well. Finally, a third coordinator could be attached to one of the rural facilities and provide services to all of them.

The primary role of the coordinators would be to assist each facility in:

- setting up a French-Language Services Committee;
- developing a language policy;
- laying out an implementation plan with timetables;
- becoming aware of patient needs; and
- implementing the services provided for in the policy.

The coordinators should encourage and reassure staff in the facilities while assisting managers in determining and prioritizing language training needs. A draft job description for French-language services coordinators, for use as a guide, is presented in Appendix VII.

I therefore recommend:

Recommendation No. 12

that Manitoba Health fund the hiring and related expenses of three French-Language Services Coordinators.

Recommendation No. 13

that the Coordinators' tasks be as set out in the draft job description contained in Appendix VII.

Ontario has a lead over Manitoba in the provision of French-language services. Given that the Ontario Department of Health has already hired French-Language Services Coordinators for almost every region, it would be useful for the new Manitoba coordinators to spend at least a week of field training in Ontario with an experienced Ontario coordinator.

Recommendation No. 14

I therefore recommend that, upon being hired, the French-Language Services Coordinators spend at least one week of field training with one of the Ontario coordinators.

TRANSLATION SERVICES

All facilities will, to a greater or lesser degree, require translation services. Bilingualization of signs, forms, written communications, and the preparation of correspondence in the language of the residents/patients or their families all require the creation of a central translation service. This service would be used by managers of all health care facilities for the entire range of French-language written communications, from daily needs (such as menus) to permanent documents (such as internal policies). The unit could also translate articles on health and medicine published in magazines and newspapers for circulation among French-speaking staff.

Recommendation No. 15

I therefore recommend that Manitoba Health set up a central translation service, to be located in an urban health facility, preferably in St. Boniface in order to provide an appropriate working environment for unit staff. Translation services should report to St. Boniface Hospital's French-Language Services Coordinator and be linked to the Government's existing Translation Services.

SIGNS

English signs can be replaced by French or bilingual signs over two years. I do not propose that signs at St. Pierre Hospital be bilingualized if construction of a new hospital proceeds as planned; bilingual signs for the new hospital could be provided for right from the start, in the planning stages.

Recommendation No. 16

I therefore recommend that Manitoba Health cover all costs of bilingualizing signs in facilities identified to provide French-language services.

LANGUAGE TRAINING

Most Francophones working in the health field in Manitoba have been trained in English. Those who have studied elsewhere in French have used the language so little in their professional lives that their technical vocabulary has been reduced considerably. If these professionals, doctors, nurses, nurses' aides, and health workers in various disciplines are to serve Francophone patients/residents in French without constantly having to use English terms, they will require upgrading courses in French. Most will only require training to improve the quality of their French. In addition, there will be increasing numbers of bilingual Anglophones for whom these upgrading courses in French will also be essential. Similarly, employees other than those working strictly in health care fields, such as receptionists and others who provide various services to the public and to patients/residents, could benefit from such courses. St. Boniface College already offers courses at four different levels; these courses should be made available to employees in these categories. In addition, courses for unilingual Anglophones should also be considered; however, candidates for these courses should be very carefully selected by testing which would indicate their potential for learning a language. Priority should be given to persons already having some knowledge of French. In my opinion, generalized access to language courses should not be considered; this would be too expensive, and experience has shown that the results do not justify the investment.

I therefore recommend:

Recommendation No. 17

That Manitoba Health make arrangements with St. Boniface College to set up language upgrading sessions geared to the needs of health care professionals, and that the French-Language Services Coordinators, jointly with the French-Language Services Committees, be responsible for selecting candidates for enrollment in these courses;

Recommendation No. 18

That a central committee of consumers of language training be set up to determine the types of upgrading sessions that should be offered, their content, as well as administrative details involved in giving these courses.

Recommendation No. 19

That Manitoba Health fund these sessions.

PROFESSIONAL TRAINING

To encourage students wishing to become health care professionals and to undergo part of their training in French (the numbers of such students should increase as the number of immersion graduates increases), the Department of Education should coordinate negotiations between the University of Manitoba, St. Boniface Hospital, and

St. Boniface College with a view to allowing these students to take part of their professional training in French.

Manitoba Health should encourage St. Boniface College to study the possibility of developing courses in health care in French, and that Department could ask St. Boniface Hospital to work closely with the College on a project of this type. In addition, that Department could encourage the facilities identified to provide French-language services to favour the hiring of graduates of courses of this type.

The Government of Manitoba could negotiate agreements with the Government of Quebec whereby a certain number of places in Quebec's Francophone universities could be reserved for Manitoba students wishing to study medicine in French. Mechanisms could be put into place whereby graduates benefiting from this policy would agree to practice in Manitoba for a set period of time.

I therefore recommend:

Recommendation No. 20

that arrangements be made between the University of Manitoba, St. Boniface Hospital, and St. Boniface College to provide at the College a certain number of courses in French for students in medicine, nursing, and other health professions interested in such courses; and that Manitoba Health ask the College to study the possibility of offering a French-language Baccalaureate in Nursing;

Recommendation No. 21

that Manitoba Health come to an agreement with the facilities identified to provide French-language services to favour the hiring of graduates of French-language health sciences courses;

Recommendation No. 22

that the government negotiate the provision of a certain number of places in Quebec universities for students wishing to pursue medical training in the French language.

PROMOTION OF CAREERS IN HEALTH CARE

Given the shortage of French-speaking health care professionals, a sustained campaign to raise awareness of the opportunities that exist for such careers in Manitoba should be undertaken. Thus the *Bureau de l'éducation française* could undertake the distribution, in French and immersion schools, of information on the various career opportunities in the health sciences for those who wish to practice in French.

The *Bureau de l'éducation française* could also make teachers and guidance counselors in French and immersion schools aware of the career opportunities in the health sciences in Manitoba for those who wish to practice in French.

The government cannot do everything. The *Société Franco-Manitobaine* could coordinate community efforts aimed at ensuring the broadest possible dissemination of information regarding career opportunities in the health sciences.

The *Société Franco-Manitobaine* could also coordinate the establishment of bursaries for students wishing to pursue studies in the health care professions in the

French language. The *Bourse Alfred-Monnin*, established to encourage students interested in pursuing studies in law, is an example of what might be done in the area of health sciences.

I therefore recommend:

Recommendation No. 23

that the *Bureau de l'éducation française* undertake an awareness-raising campaign among students, teachers, and guidance counselors regarding career opportunities in the health sciences for those who wish to practice in French;

Recommendation No. 24

that the government recommend to the *Société Franco-Manitobaine* that it support the *B.E.F.*'s efforts by undertaking a campaign to raise awareness among the French-speaking population at large;

Recommendation No. 25

that the *SFM* coordinate the establishment of bursaries to students wishing to pursue studies in the health sciences in the French language.

INVENTORY OF TECHNICAL RESOURCES

Managers of all facilities complained about the lack of French-language resources. From brochures published by national or provincial associations of health care professionals to audio-visual material, not much is available in French in Manitoba. Some managers make an effort to obtain educational resources and information in French from Quebec. One of the French-Language Services Coordinators should draw up an inventory of all educational or informational resource material available in French; he or she should then prepare a catalogue indicating where specific items, such as documents, brochures, films, or audio-visual cassettes can be obtained and circulate copies of this catalogue to the facilities.

Recommendation No. 26

I therefore recommend that the French-Language Services Coordinator at St. Boniface Hospital be assigned the task of drawing up a complete inventory of resources available in French and preparing a catalogue for use by the facilities.

FRENCH-LANGUAGE SERVICES COMMITTEES

The French-Language Services Coordinators will need all the support they can get in assisting facilities to develop their language policies and implementation plans and to take appropriate measures to reach the level of service agreed upon. To improve their chances of success, French-Language Services Committees should be established, on the basis of one per facility where a single facility exists in a community, or one for all facilities in a rural community. In urban areas, one committee should be set up for every coordinator. Such committees would be made up of employees of the facilities, volunteers with a good knowledge of the needs of the community, and the coordinators themselves, and would provide a link with the community. Chaired by the coordinators, who would be their guiding force, these committees would become in a way the leading edge of implementation of French-language services.

Recommendation No. 27

I therefore recommend that French-Language Services Committees be established in all communities having one or two facilities identified to provide French-language services.

PROVINCIAL ADVISORY COMMITTEE

Manitoba Health will need a mechanism to advise it on matters relating to French-language services at the provincial level. It would be useful either to retain the present Advisory Committee established by the Senior Advisor for French Language Services or to set up a similar one. This committee could follow the evolution of French-language services in general and make recommendations to Manitoba Health. The link between the Committee and the Department could be the Department's French-Language Services Coordinator or the Senior Advisor on French Language Services.

Recommendation No. 28

I therefore recommend that Manitoba Health establish an Advisory Committee on French-language services at the provincial level.

COSTS

Implementation of French-language services, or the improvement of such services, is dependent in some ways upon financial assistance provided by government. The designated facilities will face annual operating costs, set-up or non-recurring costs, and capital expenditures.

ANNUAL OPERATING COSTS

FRENCH LANGUAGE SERVICES COORDINATORS

• 3 coordinators @ \$50,000	\$150,000
• travel	<u>5,000</u>
• Total	\$155,000

TRANSLATION

At first, a single translator could be hired, which could involve contracting out any material that is too voluminous.

• 1 translator @ \$50,000	\$50,000
• 1 secretary @ \$25,000	<u>\$25,000</u>
• Total	\$75,000

RENT AND OPERATING COSTS

The facilities will incur rental and operating costs for the coordinators' and translator's offices; I estimate these costs to be about \$22,000 per year.

- Rent and operating costs \$22,000

NOTICES AND ADVERTISEMENTS

Facilities advertise in newspapers to recruit personnel or to inform the public. These costs will increase as facilities attempt to recruit French-speaking staff; to do so, they will be advertising in a greater number of newspapers and magazines as they attempt to reach the French-speaking population.

None of the managers would estimate the extra costs that would be incurred by advertising in French-language newspapers. Before placing advertisements there would have to be positions to fill, and it was not known which positions would have to be filled or when. For all facilities which should advertise in French-language newspapers, I estimate extra costs of \$15,000 per year for placing advertisements in French-language newspapers.

- Notices and advertisements \$15,000

LANGUAGE TRAINING

How can training costs be estimated? At best, one can only establish an order of magnitude of such costs. If in-service training only is considered, one would first have to establish the number of sessions to be offered in one year, their length, and the number of participants. In addition, one would have to know whether such sessions would be held during the day, in the evening, or on week-ends. Finally, one would have to know whether these sessions would be offered locally or in a central location, such as St. Boniface College.

At the outset, it seems reasonable to assume that two sessions per year would be offered, each lasting an equivalent of 3 days and each with an enrollment of 40. In this hypothesis, costs would be about \$25,000, and would rise or fall depending upon numbers of enrollments and sessions offered. These estimates do not include participants' salaries or accommodation if required. These costs would probably increase as initial results demonstrated the usefulness of such courses.

- Language training, first two years,
cost per year \$25,000

PROFESSIONAL TRAINING

Professional training should not result in direct additional costs. Students would pay their registration fees and the Universities Grants Commission would provide funding based upon courses offered.

Supplementary costs could be incurred if an agreement were reached with Quebec to reserve places for medical students. I have not estimated these costs.

SUMMARY OF ANNUAL OPERATING COSTS

3 coordinators @ \$50,000 plus travel	\$155,000
1 translator @ \$50,000	50,000
1 secretary @ \$25,000	25,000
Rent and operating (coordinators' and translators' offices)	22,000
Notices and advertisements	15,000
Language training	<u>25,000</u>
Total	\$292,000

NON-RECURRING COSTS

SIGNS

Cost of providing French or bilingual signs for the facilities identified would be about \$20,000, not including translation costs. These figures are based on estimates provided by the facilities.

- French or bilingual signs \$20,000

SUMMARY OF NON-RECURRING COSTS

- Signs \$20,000
- Total \$20,000

CAPITAL COSTS

LIBRARIES, NEWSPAPERS, AND MAGAZINES

Improvements to libraries will be made gradually, at a cost of about \$20,000 over five years to allow facilities to provide an equitable selection of French books to their patients/residents.

Cost of newspapers and magazines will be minimal and, in my opinion, should be part of the facilities' normal operating budgets. If every facility invested \$300 per year on average for French-language newspapers and magazines, it would equitably fulfill its obligations.

- Libraries, per year \$4,000

FURNISHINGS AND EQUIPMENT

Facilities (at least one per community) should be equipped with facsimile machines to transmit material to be translated. I estimate that 10 such machines will be required in the network, including a fax machine for central translation services.

Furnishings and equipment for the translation office and the two coordinators will include three computers, four desks and chairs, filing cabinets, and miscellaneous items. The computers will cost about \$5,000 apiece, desks and chairs \$1,000, and filing cabinets and miscellaneous, \$1,000 per office.

• Facsimile machines - 10 @ \$2,000	20,000
• Computers - 3 @ \$5,000	15,000
• Desks and chairs - 4 @ \$1,000	4,000
• Filing cabinets and miscellaneous - 4 @ \$1,000	<u>4,000</u>
• Total	\$43,000

SUMMARY OF CAPITAL COSTS

• Libraries (per year)	\$ 4,000
• Furnishings and equipment	<u>43,000</u>
• Total	\$47,000

ANNUAL OPERATING COSTS	\$292,000
NON-RECURRING COSTS	20,000
CAPITAL COSTS	<u>47,000</u>
TOTAL	\$359,000

Recommendation No. 29

I therefore recommend that Manitoba Health commit itself to funding all costs of implementing French-language services in designated health care facilities.

SUMMARY OF RECOMMENDATIONS

In light of the analysis contained in this study, I recommend:

Recommendation No. 1:

That the facilities listed below be designated to provide French-language services:

- St. Boniface General Hospital, St. Boniface
- Taché Hospital Centre, St. Boniface
- Foyer Valade, St. Vital
- Centre St. Amant, St. Vital
- St. Adolphe Nursing Homes Ltd., St. Adolphe
- Hôpital de Ste. Anne, Ste. Anne des Chênes
- Villa Youville Inc., Ste. Anne des Chênes
- Centre médico-social De Salaberry, St. Pierre Jolys
- Repos Jolys, St. Pierre Jolys
- Morris General Hospital, Morris
- Notre Dame Medical Nursing Unit, Notre Dame de Lourdes
- Foyer Notre Dame Inc., Notre Dame de Lourdes
- Hôpital de Saint-Claude, St. Claude
- Manoir de Saint-Claude, St. Claude
- Pine Falls General Hospital, Pine Falls
- Sunnywood Manor Personal Care Home, Pine Falls
- Ste. Rose du lac General Hospital, Ste. Rose du lac
- Dr. Gendreau Memorial Personal Care Home, Ste. Rose du lac
- Lorne Memorial Hospital, Swan Lake
- Birtle Hospital, Birtle

Recommendation No. 2

That facilities classified in Category I make every effort to acquire a mainly French character and be designated on the basis of the criteria set out above.

Recommendation No. 3

That the criteria set out above apply to facilities designated under Category II.

Recommendation No. 4

That the criteria set out above apply to facilities designated under Category III.

Recommendation No. 5

That St. Boniface Hospital be designated according to the criteria set out above.

Recommendation No. 6

That Taché Hospital Centre be designated on the basis of the criteria set out above.

Recommendation No. 7

That Foyer Valade be designated as a French-language facility on the basis of the criteria set out above.

Recommendation No. 8

That St. Amant Centre be designated on the basis of the criteria set out above.

Recommendation No. 9

That, upon being designated, all designated facilities adopt a language policy and implementation plan to implement French-language services meeting the criteria set out for their category.

Recommendation No. 10

That all implementation plans provide for and ensure full implementation of services covered therein by December 31, 1994 at the latest.

Recommendation No. 11

That personal care homes be built in St. Jean-Baptiste and in St. Lazare.

Recommendation No. 12

That Manitoba Health fund the hiring and related expenses of three French-Language Services Coordinators.

Recommendation No. 13

That the Coordinators' tasks be as set out in the draft job description contained in Appendix VII.

Recommendation No. 14

That, upon being hired, the French-Language Services Coordinators spend at least one week of field training with one of the Ontario coordinators.

Recommendation No. 15

That Manitoba Health set up a central translation service, to be located in an urban health facility, preferably in St. Boniface in order to provide an appropriate working environment for unit staff. Translation services should report to St. Boniface Hospital's French-Language Services Coordinator and be linked to the Government's existing Translation Services.

Recommendation No. 16

That Manitoba Health cover all costs of bilingualizing signs in facilities identified to provide French-language services.

Recommendation No. 17

That Manitoba Health make arrangements with St. Boniface College to set up language upgrading sessions geared to the needs of health care professionals, and that the French-Language Services Coordinators, jointly with the French-Language Services Committees, be responsible for selecting candidates for enrollment in these courses.

Recommendation No. 18

That a central committee of consumers of language training be set up to determine the types of upgrading sessions that should be offered, their content, as well as administrative details involved in giving these courses.

Recommendation No. 19

That Manitoba Health fund these sessions.

Recommendation No. 20

That arrangements be made between the University of Manitoba, St. Boniface Hospital, and St. Boniface College to provide at the College a certain number of courses in French for students in medicine, nursing, and other health professions interested in such courses; and that Manitoba Health ask the College to study the possibility of offering a French-language Baccalaureate in Nursing.

Recommendation No. 21

That Manitoba Health come to an agreement with the facilities identified to provide French-language services to favour the hiring of graduates of French-language health sciences courses.

Recommendation No. 22

That the government negotiate the provision of a certain number of places in Quebec universities for students wishing to pursue medical training in the French language.

Recommendation No. 23

That the *Bureau de l'éducation française* undertake an awareness-raising campaign among students, teachers, and guidance counselors regarding career opportunities in the health sciences for those who wish to practice in French.

Recommendation No. 24

That the government recommend to the *Société Franco-Manitobaine* that it support the *B.E.F.*'s efforts by undertaking a campaign to raise awareness among the French-speaking population at large.

Recommendation No. 25

That the *SFM* coordinate the establishment of bursaries to students wishing to pursue studies in the health sciences in the French language.

Recommendation No. 26

That the French-Language Services Coordinator at St. Boniface Hospital be assigned the task of drawing up a complete inventory of resources available in French and preparing a catalogue for use by the facilities.

Recommendation No. 27

That French-Language Services Committees be established in all communities having one or two facilities identified to provide French-language services.

Recommendation No. 28

That Manitoba Health establish an Advisory Committee on French-language services at the provincial level.

Recommendation No. 29

That Manitoba Health commit itself to funding all costs of implementing French-language services in designated health care facilities.

APPENDICES

APPENDIX I.....	Questionnaire
APPENDIX II.....	Present situation
APPENDIX III.....	Timetable recommendations
APPENDIX IV.....	Summary of recommendations regarding services to be provided
APPENDIX V.....	Draft language policy
APPENDIX VI.....	Draft implementation plan
APPENDIX VII.....	Draft job description, French-Language Services Coordinators

**STUDY CONCERNING THE DESIGNATION
OF HEALTH CARE AND SOCIAL SERVICES
INSTITUTIONS REQUIRED TO PROVIDE
FRENCH LANGUAGE SERVICES**

NAME OF INSTITUTION:

COMPLETE ADDRESS:

TELEPHONE NUMBER:

NAME OF DIRECTOR:

QUESTIONNAIRE

Note: The more specific the answers to the following questions, the easier it will be to determine whether your institution should be designated to provide French language services. In the event that your institution is so designated, it will be easier to prepare a more realistic and feasible action plan to allow for the implementation of French language services.

1. THE BOARD OF DIRECTORS

1.1 How many persons sit on the Board of Directors of your institution?

a. By whom are the Directors appointed to the Board?

b. How many of the Directors speak French?

2. THE STAFF (including physicians and medical staff)

Please fill in form marked "Appendix I".

2.1 Does your institution provide training and orientation sessions for the staff? If so, in which language.

3. COMMUNICATIONS

3.1 With the public

a. Over the phone

In which language does the receptionist answer the phone?

3.2 In person

In which language are people addressed:

a. at the reception desk?

b. in admissions?

c. in emergency?

d. in intensive care?

e. in any other areas (if applicable)?

3.3 Correspondence

In which language does your institution correspond with :

a. the public?

b. families of residents/patients?

c. government agencies?

3.4 In which language do the following persons address the patients/residents?

a. doctors?

b. nurses?

c. pastoral care workers?

d. nursing aides?

e. health care technicians?

f. meal service staff?

g. staff providing other services to residents/patients?

3.5 Announcements/Notices/Information

3.5.1 In which languages are announcements, notices and published information displayed in your institution when they are intended for:

a. patients/residents?

b. employees?

c. visitors?

3.5.2 In which language does your institution publish its announcements, notices and information in the newspaper?

3.5.3 In which language does your institution publish its bulletin or newspaper?

3.6 Information for patients/residents

3.6.1 Does your institution provide information sessions for certain categories of patients and their families (e.g. preparation for open heart surgery, preparation for children who must undergo surgery)? Please specify.

a. If so, in which languages are these sessions available and offered?

b. If written and/or audio-visual material is available, in which languages is it available and distributed?

4. POSTING OF SIGNS

4.1 Exterior

Please list all exterior signs which are displayed either on the building in which your institution is housed, on the grounds of your institution or on vehicles, using the form marked "Appendix II".

4.2 Interior

Please list all interior signs (signs indicating cafeteria, emergency, etc.) using the form marked "Appendix III".

5. FORMS

Please list all forms and documents used by your institution and intended for use by patients, residents and the public. Please use the form marked "Appendix IV".

6. LIBRARY, MAGAZINES, NEWSPAPERS

6.1 Does your institution provide a library service for patients/residents and the public?

If so, what proportion of the titles is in French?

6.2 How many French language newspapers and magazines does your institution subscribe to? How many copies of each does your institution receive? Please specify.

9. TRANSLATION

If translation services were available at or to your institution,

9.1 how would they be used?

a. for correspondence?

b. for announcements, notices, forms, documents, pamphlets, etc.?

c. other? (Please specify)

9.2 Why would you use the translation services?

a. The staff is unable to draft work in French.

b. It would be more practical.

c. The translation service would save the staff time.

d. Other (Explain)

10. SERVICES REQUIRED

10.1 Which services do you feel your institution should provide in French? (Please refer to preceding questions.) Please use form marked "Appendix V" to answer this question.

10.2 Please list all services currently being offered by your institution (English and French).

10.3 Do you feel that your institution should offer services which are not presently being offered?

10.4 If so, which services? (Specify)

10.5 If so, why is your institution not currently offering these services?

11. COSTS

What do you believe the costs of implementing the desired level of services at your institution would be?

13. WHAT COULD BE DONE IMMEDIATELY?

Please list by category which services it would be possible to implement immediately in your institution, without incurring any major additional expenses.

14. DO YOU RECEIVE REQUESTS FOR FRENCH LANGUAGE SERVICES?

14.1 How many requests per week/month?

FORMS

DESCRIPTION AND NUMBER (Please number each form intended for use by patients, residents and public)	LANGUAGE USED ON FORM	HEALTH SERVICES COMMISSION FORM	FORM PREPARED BY INSTITUTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

SERVICES REQUIRED IN FRENCH

	NECESSARY YES/NO	TIME REQUIRED FOR IMPLEMENTATION OF SERVICES
THE STAFF		
A) FOR SERVICES TO THE PUBLIC		
By telephone		
In reception area		
B) FOR SERVICES TO RESIDENTS/PATIENTS		
Admissions		
Emergency		
Intercom system		
Pastoral care		
Nursing staff		
Nursing aides		
Health care technicians (physiotherapists, X-ray technicians, dieticians, etc.)		
Meal service personnel		
Maintenance and housekeeping staff		

SERVICES REQUIRED IN FRENCH

	NECESSARY YES/NO	TIME REQUIRED FOR IMPLEMENTATION OF SERVICES
COMMUNICATIONS		
Correspondence		
Notices / Announcements		
Reports		
Information		
LIBRARY		
Magazines		
Newspapers		
FORMS		
SIGNS		

APPENDIX II - Page 1 - PRESENT SITUATION

APPENDIX II PRESENT SITUATION	French or bilingual signs	Bilingual house forms ¹	Written commu- nications % French or bilingual ²	Oral commu- nications % French or bilingual	Library % French books	Telephone reception - French or bilingual	Initial contact: reception, emergency admitting % French or bilingual	Treatment, examina- tions (patient) % French or bilingual	Nurses % bilingual	Nurses' aides or technicians % bilingual	Number of bilingual doctors
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CATEGORY I											
Ste. Anne Hospital	90% bilingual	none	exceptional	50% bilingual	n/a	adequate	60%	exceptional	50%	50%	8 out of 8
Villa Youville Inc.	95% bilingual	50% bilingual	75% bilingual	adequate	adequate	adequate	90%	90%	90%	95%	8 out of 8
Repos Jolys and Centre médico- social de Salaberry, St. Pierre	in new facility	none	30% bilingual	50% bilingual	n/a	80%	75%	50%	80%	98%	3 out of 4
Notre Dame Hospital	90% bilingual	90% bilingual	90% bilingual	80% bilingual	n/a	adequate	80%	adequate	60%	65%	3 out of 3
Foyer Notre Dame Inc.	90% bilingual	90% bilingual	90% bilingual	90% bilingual	adequate	adequate	adequate	adequate	60%	65%	3 out of 3
St. Claude Hospital and Manor	40% bilingual	none	90% bilingual	90% bilingual	10%	adequate	80%	50%	70%	60%	2 out of 2

1 A certain number of Health Services Commission forms are bilingual; others will become so as they are translated.

2 This heading does not include correspondence.

n/a: not applicable

APPENDIX II - Page 2 - PRESENT SITUATION

APPENDIX II PRESENT SITUATION	French or bilingual signs	Bilingual house forms ¹	Written commu- nications % French or bilingual ²	Oral commu- nications % French or bilingual	Library % French books	Telephone reception - French or bilingual	Initial contact: reception, emergency admitting % French or bilingual	Treatment, examina- tions (patient) % French or bilingual	Nurses % bilingual	Nurses' aides or technicians % bilingual	Number of bilingual doctors
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CATEGORY II

St. Adolphe Nursing Homes Ltd.	none	none	none	10% bilingual	n/a	none	none	n/a	10%	45%	0 out of 1
Ste. Rose du Lac General Hospital	50% bilingual	none	none	10% bilingual	5%	none	none	n/a	20%	45%	0 out of 4
Dr. Gendreau Memorial Personal Care Home, Ste. Rose du Lac	none	none	none	3% bilingual	n/a	none	none	n/a	20%	35%	0 out of 4

1 A certain number of Health Services Commission forms are bilingual; others will become so as they are translated.

2 This heading does not include correspondence.

n/a: not applicable

APPENDIX II - Page 3 - PRESENT SITUATION

APPENDIX II PRESENT SITUATION	French or bilingual signs	Bilingual house forms ¹	Written commu- nications % French or bilingual ²	Oral commu- nications % French or bilingual	Library % French books	Telephone reception - French or bilingual	Initial contact: reception, emergency admitting % French or bilingual	Treatment, examina- tions (patient) % French or bilingual	Nurses % bilingual	Nurses' aides or technicians % bilingual	Number of bilingual doctors
CATEGORY III											
Morris General Hospital	none	none	none	5% bilingual	none	none	none	n/a	30%	40%	0 out of 4
Birtle Health Services District	none	none	none	5% bilingual	n/a	none	none	n/a	none	5%	0 out of 2
Sunnywood Manor Personal Care Home and Pine Falls General Hospital	none	none	none	3% bilingual	5%	none	none	n/a	10%	50%	0 out of 4
Lorne Memorial Hospital, Swan Lake General Hospital, Swan Lake	none	none	none	3% bilingual	none	none	none	n/a	5%	20%	1 out of 1

1 A certain number of Health Services Commission forms are bilingual; others will become so as they are translated.

2 This heading does not include correspondence.

n/a: not applicable

APPENDIX II - Page 4 - PRESENT SITUATION

APPENDIX II PRESENT SITUATION	French or bilingual signs	Bilingual house forms ¹	Written commu- nications % French or bilingual ²	Oral commu- nications % French or bilingual	Library % French books	Telephone reception - French or bilingual	Initial contact: reception, emergency admitting % French or bilingual	Treatment, examina- tions (patient) % French or bilingual	Nurses % bilingual	Nurses' aides or technicians % bilingual	Number of bilingual doctors
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CATEGORY IV											
St. Boniface General Hospital	80% bilingual	25% bilingual	15% bilingual	5%	15%	none	5%	5%	5%	20%	10 out of 300
Taché Hospital Centre	50% bilingual	none	10% bilingual	10%	5%	adequate	10%	10%	40%	30%	2 out of 7
Foyer Valade	98% bilingual	60% bilingual	90% bilingual	90%	adequate	adequate (French)	adequate	75%	90%	90%	1 out of 3
St. Amant Centre	none	none	30% bilingual	exceptional	none	none	none	n/a	20%	20%	0 out of 5

1 A certain number of Health Services Commission forms are bilingual; others will become so as they are translated.

2 This heading does not include correspondence.

n/a: not applicable

APPENDIX III - Page 1 - RECOMMENDED TIMETABLES

APPENDIX III
RECOMMENDED
TIMETABLES

French or bilingual signs	Written communications and correspondence	Verbal communications	Library	Telephone reception	Initial contact: reception, emergency, admitting	Treatment, examinations (patient)	Identification of patients/residents
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CATEGORY I

Ste. Anne Hospital	31/12/91	d.t.s.*	31/12/92	n/a	ipm*	31/12/91	31/12/93	31/12/91
Villa Youville Inc.	31/12/91	d.t.s.*	ipm*	ipm*	ipm*	ipm*	ipm*	31/12/91
Repos Jolys and Centre médico-social De Salaberry	in new facility	d.t.s.*	31/12/93	n/a	31/12/93	31/12/93	31/12/93	31/12/91
Notre Dame Hospital	31/12/91	d.t.s.*	31/12/92	n/a	ipm*	31/12/92	ipm*	31/12/91
Foyer Notre Dame	31/12/91	d.t.s.*	ipm*	ipm*	ipm*	ipm*	ipm*	31/12/91
St. Claude Hospital and Manor	31/12/91	d.t.s.*	31/12/93	31/12/94	ipm*	31/12/92	31/12/93	31/12/91

CATEGORY II

St. Adolphe Nursing Home	31/12/91	d.t.s.*	n/a	n/a	31/12/92	31/12/94	n/a	31/12/91
Ste. Rose du Lac General Hospital	31/12/91	d.t.s.*	n/a	31/12/94	31/12/92	31/12/94	n/a	31/12/91
Dr. Gendreau Memorial Personal Care Home, Ste. Rose	31/12/92	d.t.s.*	n/a	31/12/94	31/12/92	31/12/94	n/a	31/12/91

*d.t.s.: dependent upon establishment of a central translation service

n/a: not applicable

*ipm: in place and maintain

APPENDIX III - Page 2 - RECOMMENDED TIMETABLES

APPENDIX III
RECOMMENDED
TIMETABLES

French or bilingual signs	Written communications and correspondence	Verbal communications	Library	Telephone reception	Initial contact: reception, emergency, admitting	Treatment, examinations (patient)	Identification of patients/residents
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CATEGORY III

Morris General Hospital	31/12/92	d.t.s.*	n/a	31/12/94	31/12/92	31/12/93	n/a	31/12/91
Birtle Hospital	31/12/92	d.t.s.*	n/a	31/12/94	31/12/93	31/12/93	n/a	31/12/91
Sunnywood Manor Personal Care Home and Pine Falls General Hospital	31/12/92	d.t.s.*	n/a	31/12/94	31/12/93	31/12/93	n/a	31/12/91
Lorne Memorial Hospital, Swan Lake	31/12/92	d.t.s.*	n/a	31/12/94	31/12/93	31/12/93	n/a	31/12/91

CATEGORY IV

St. Boniface General Hospital	31/12/92	d.t.s.*	31/12/92	31/12/94	31/12/90	31/12/92	31/12/94	31/12/91
Taché Hospital Centre	31/12/92	d.t.s.*	31/12/93	31/12/94	ipm*	31/12/91	31/12/94	31/12/91
Foyer Valade ¹	31/12/91	31/12/91	31/12/92	ipm*	ipm*	ipm*	31/12/92	n/a
St. Amant Centre	31/12/91	d.t.s.*	n/a	n/a	31/12/91	n/a	n/a	n/a

¹At Foyer Valade, French only rather than bilingual.

*d.t.s.: dependent upon establishment of a central translation service

n/a: not applicable

*ipm: in place and maintain

**SUMMARY OF RECOMMENDATIONS REGARDING SERVICES
THAT SHOULD BE PROVIDED IN RURAL FACILITIES**

SERVICE	CATEGORY I	CATEGORY II	CATEGORY III
LANGUAGE POLICY	yes	yes	yes
IMPLEMENTATION PLAN	yes	yes	yes
SIGNS	French or bilingual	bilingual	bilingual
FORMS	French or bilingual	bilingual	bilingual
COMMUNICATIONS	written and verbal in French or bilingual	written bilingual	written bilingual
CORRESPONDENCE	in correspondent's language	in correspondent's language	in correspondent's language
LIBRARY, NEWSPAPERS, MAGAZINES	at least 50% French	proportionate to patients / residents	proportionate to patients / residents
BOARD OF DIRECTORS	completely bilingual	proportionate to number of Franco-phones in area	proportionate to number of Franco-phones in area
MANAGER	bilingual	preferably bilingual	no preference
DIRECTOR OF NURSING	bilingual	preferably bilingual	no preference
TELEPHONE RECEPTION	French or bilingual at all times	bilingual at all times	bilingual
RECEPTION DESK	French or bilingual at all times	bilingual	bilingual
INITIAL CONTACT, ADMITTING	French or bilingual at all times	efforts to provide bilingual service	} interpreter if required
INITIAL CONTACT, EMERGENCY	French or bilingual at all times	efforts to provide bilingual service	
PASTORAL CARE	in patient's language at all times	in patient's language at all times	in patient's language at all times
NURSING STAFF	bilingual service at all times	efforts to provide bilingual service	} efforts to offer bilingual service
NURSES AIDES AND OTHER TECHNICIANS	bilingual service at all times	efforts to provide bilingual service	
TREATMENT & EXAMINATIONS (PATIENT)	bilingual service at all times	efforts to provide bilingual service	interpreter if required
PERCENTAGE OF FRENCH-SPEAKING EMPLOYEES	at least 75%	at least 20%	no set percentage
FRENCH-SPEAKING EMPLOYEES	provide active French-language services	provide active French-language services	provide active French-language services
IDENTIFICATION OF FRANCOPHONE PATIENTS / RÉSIDENTS	yes	yes	yes

N.B.: For definitions of headings, refer to text.

Note: This draft policy is of a general nature. It should be adapted depending on whether the facility is a hospital or a personal care home, and whether it falls under Categories I, II, or III, or is located in an urban area.

DRAFT LANGUAGE POLICY

_____ HOSPITAL

General principles

Founded in _____, _____ Hospital has always served its clientele to the best of its ability within the limits of available resources, and has always respected the linguistic duality of the population living in the area it serves.

_____ Hospital hereby reaffirms its intention to continue offering services of high quality to the residents of its area and to its patients in the official language of their choice.

To that end, _____ Hospital hereby adopts the following language policy:

1. **Board of directors**

At least _____ (insert number) members of the Board of Directors will be persons who can speak French (in certain cases, all members of the Board).

2. Staff

Enough staff positions in the various categories will be classified bilingual to ensure the agreed-to level of service:

3. Communications with the public and with patients

3.1 The receptionist shall answer the telephone as follows: "Hôpital de _____, Bonjour/Good morning".

3.2 Staff in

- reception areas;
- admitting; and
- emergency

shall greet the public and patients in French and in English to indicate that services are available in both languages.

3.3 All correspondence with the public and with patients shall be in their language.

3.4 All notices, brochures, information, and bulletins published in newspapers, distributed to patients and to the public, posted on bulletin boards and on blackboards shall be in French or in both official languages.

4. Services to patients

- 4.1 In all departments of the hospital, nurses, nurses' aides, the chaplain, health care technicians, meal delivery staff, and all other staff who can speak French are encouraged to speak to patients and communicate with them **in their language**.
- 4.2 All French-speaking patients will be identified as such upon admission.

5. Signs

- 5.1 All signs, outside and inside the hospital, and on all hospital vehicles, shall be in French or in both official languages.
- 5.2 To indicate that services are available in both languages, a sign to that effect shall be put up in areas of the hospital where the public and patients seek information or services.

6. Forms and stationery

All forms for use by the public and by patients shall be in both official languages.

7. Library services, magazines, and newspapers

The hospital library shall stock an equitable proportion of French and English books, magazines, and newspapers. French and English magazines and newspapers shall be available in equitable proportions in areas used by patients and the public.

DRAFT IMPLEMENTATION PLAN

_____ Hospital

1. Board of Directors

Upon adoption of the policy, the Chairperson of the Board of Directors of the Hospital, before the _____, shall inform in writing the organizations which appoint directors to the Board of Directors of _____ Hospital of that hospital's language policy and shall ask them to take this policy into account when selecting persons to sit on that facility's Board of Directors.

2. Informing staff

2.1 The manager

Upon adoption of the language policy by the Board of Directors, the Board shall transfer to the facility's manager responsibility for implementing and promoting the facility's language policy.

2.2 New manager

Should a new manager be appointed, the Board shall take up Section 2.1 with the new manager.

2.3 Staff

Upon adoption of the language policy by the Board of Directors, the manager shall inform the entire staff of the language policy. He will ensure that copies of the policy are available and will encourage all staff to cooperate in implementing it.

3. Designation of positions

The manager, with the assistance of the French-Language Services Coordinator and Committee, shall immediately undertake an analysis of all positions, identifying positions to be designated bilingual, and shall, in a report to his Board of Directors to be submitted before _____, propose a plan whereby these positions will be held by bilingual personnel.

- 3.2 In his report, the manager will indicate how he intends to proceed and by which date he expects every designated position to be held by a bilingual person. He shall submit a progress report to his board every six months, *i.e.* at the end of June and the end of December, until all positions are held by bilingual persons. The manager shall submit a copy of this report to the French-Language Services Committee through its Coordinator.

4. Recruitment

- 4.1 All advertising for positions designated bilingual shall indicate that the position is so designated and consequently that knowledge of French is essential.

4.2 Recruitment strategy to fill designated positions.

The following steps should be followed:

1. advertising within the facility;
2. advertising in local newspapers (if the paper is English, the advertisement should be in French or in both languages);
3. advertising in newspapers in other provinces.
4. If no suitable candidate is recruited through advertising, active measures shall be undertaken to identify suitable candidates, who shall then be invited to apply for the position.

5. **Communications**

5.1 Telephone

Reception desk staff shall be informed of the standard greeting and shall use this greeting at all times.

5.2 Correspondence

If hospital staff are not qualified to draft letters in French, translation services shall be used until such time as staff are so qualified.

6. **Notices, brochures, information, and bulletins**

If hospital staff are not qualified to draft such documents in French, translation services shall be used until such time as staff are so qualified.

7. Signs

7.1 Necessary steps shall be taken to ensure that all signs, both outside and inside the hospital, shall be in French or in both languages before _____.

7.2 All new vehicles shall be identified in both French and English.

8. Forms and stationery

Necessary steps shall be taken to ensure that all forms and stationery for use by the public and patients shall be available in a bilingual format before

_____.

9. Library services, magazines, newspapers

9.1 Library services

A review of books held by the library shall be completed before

_____. Should the proportion of French books not be equitable (*i.e.*, proportionate to the number of Francophone patients), steps shall be taken to ensure that by _____, the number of French-language books is proportionate to the number of patients at the hospital.

9.2 Magazines

Steps shall be taken to ensure that by _____, French-language magazines are available in equitable quantities to patients and visitors.

9.3 Newspapers

Steps shall be taken to ensure that by _____, French-language newspapers are available in equitable quantities to patients and visitors.

10. Follow-up

Every year, at the end of December, the manager shall prepare for the Board of Directors a report on the language situation relative to the policy adopted. He shall submit this report to the Board which, after having considered it, shall take any remedial steps required. The manager shall transmit a copy of this report to the French-Language Services Committee through its Coordinator.

DRAFT JOB DESCRIPTION

FRENCH-LANGUAGE SERVICES COORDINATOR

MANITOBA HEALTH CARE FACILITIES

MANDATE:

- Assist management of the facility to which he is attached in implementing the Government of Manitoba's language policy, following guidelines adopted by the government.

MAIN DUTIES:

- Coordinate the planning and development of the facility's language policy and implementation plan with a view to respecting provisions of the government's language policy.
- Set up and chair a French-Language Services Committee to evaluate the provision of French-language services in the facility, and assist in the development of any program aimed at ensuring that the government's language policy is adhered to.
- Assist the manager in identifying positions to be designated and included under the facility's language policy. Submit the proposed plan for designating positions to the French-Language Services Committee of the Department of Health for its evaluation.

- Verify and ensure the quality and effectiveness of the facility's language policy and implementation plan for implementation of French-language services.
- Maintain on-going liaison with Manitoba Health's French-Language Services Coordinator to keep abreast of any developments related to the government's language policy.
- Ensure implementation of a communications program within the facility to inform present and new staff of the facility's language policy and implementation plan, including opportunities for language training.
- Set up a communications program to inform people using the facility's services of the availability of French-language services.
- Listen to, and receive complaints from, persons expressing dissatisfaction with French-language services.
- Take steps required to ensure that problems having given rise to complaints are resolved.
- Check the quality of translation and provide supervision to the translator if required.
- Promote language and professional training courses among the facility's staff.
- Recommend to the facility manager any required updating of the facility's language policy and implementation plan.
- Carry out any other duty related to the coordination of French-language services.