

Seeking Social Services on the Gaspé Coast:
A Narrative Analysis of Anglophones' Experiences of Access and Care

by

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Bachelor of Social Work, Lakehead University, 2000
Bachelor of Arts, University of Toronto, 1998

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

MASTER OF SOCIAL WORK

in the School of Social Work

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University of Victoria

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Supervisory Committee

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Abstract

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This research addresses the concern that Anglophone populations in the predominantly French speaking Gaspé region of eastern Québec are experiencing high rates of social problems such as poverty and unemployment. Anglophones in this region, as in other rural regions of Québec, have identified facing difficulties related to access to social services, an aspect which further complicates existing social problems. Using a narrative methodology and post structural, feminist and intersectional lenses, this research explores the experiences of English speaking service users in accessing and engaging with social services on the Gaspé coast. This study also explores the boundaries and reproduction of linguistic categories and identity and offers insight into resisting dominant discourses pertaining to linguistic difference in Québec, specifically within the context of social services.

The results of this research demonstrate that service users' experiences were characterised by disproportionately negative effects in regards to service access and delivery such as intensified logistical problems and social work practice related weaknesses. The research also concludes that experiences involved multiple, intersecting problems, which were irreducible to the singular dimension of language. The intersections of language and race, language and class, and language and ability were

raised as critical concerns in terms of access to social services on the Gaspé coast.

Finally, the encounters between Anglophones and Francophones in the context of health and social services in the region were found to be entangled and inseparable from the historical and ongoing political struggles over language on this territory.

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Acknowledgments

As a second-generation settler, I acknowledge my presence on Mi'kma'ki, the traditional and unceded territories of the Mi'kmaw peoples, on the Gaspé coast. This research has been possible because I am privileged to live and work on this land.

This research owes much to the contributions of community members. I especially wish to thank the **research participants** for the generous gift of their stories. I would also like to thank **Cathy Brown** and the **CASA personnel** for their help in the recruitment process.

I wish to extend my sincere thanks to **Dr. Donna Jeffery** for not only taking the time to provide thoughtful and helpful feedback through every step of this process, but also for her constant support and encouragement, her love of ideas and her ability to share her passion and knowledge with others. It has been an honour to work under her supervision.

I thank **Dr. Susan Strega** for being a part of this process and for her swift and helpful comments on the thesis draft. I am grateful to have had a chance to learn about research methodologies and anti-oppressive approaches from Susan as she truly demonstrates what it means to engage in anti-oppressive relations with others. I am thankful for her valuable teachings.

Thank you to my husband **Bill** for his ongoing support and encouragement to help me through this process. His reminders to have fun and enjoy life have kept me going since the beginning and have sustained me through my studies.

I wish to thank my children, **Anne** and **William** for their genuine kindness and curiosity and for their patience over the past three years while I did homework.

To **my parents** and **brother**, thank you for our visits and for your help with the kids, the cooking and the household projects, which always helped me to get ahead. Thank you for always being so supportive.

To our Gaspesian friends, and particularly to **Nancy** and **Paul** for welcoming us into their lives and family and for their thoughtfulness, friendship and support.

To all of my **teachers** at UVic and to my **fellow learners** in the MSW program: thank you for creating and sustaining such a rich and collaborative learning environment. Thank you for helping me to challenge and critique my own practices.

Thank you to **Jaime Ready** for her helpful guidance and support with administrative questions.

I wish to give thanks to the **Faculty of Graduate Studies** for the University of Victoria Fellowship and to the **School of Social Work** for their financial contribution and encouragement in subsequent semesters, on my way towards thesis completion.

I would like to acknowledge the helpful and prompt support services offered by the University of Victoria Library **Distance Learning and Research Staff**. Thank you for providing access to books and essential learning materials, particularly for rural and remote communities across Canada, and for making this master's degree possible for me in Gaspé, Québec.

Dedication

This thesis is dedicated to Anne and William.

CHAPTER 1: INTRODUCTION

Introducing the Research

The idea to undertake research that explores the experiences of Anglophones within Québec society, and specifically, within the context of health and social services comes from my own experience as an English first language, bilingual social worker practicing in Québec. My professional and personal history in the Gaspé region of Québec has led me to question the role that linguistic categories and linguistic difference play in regards to social service access and delivery. Gaspé is a predominantly French speaking community (approximately 87% Francophone population) and I am one of only a handful of Anglophone social service professionals working in the region. Since arriving in Gaspé over a decade ago, I have offered adult psychosocial support, intake and mental health services in French and in English to many community members in need of help. I have noticed over the years that people often access these services directly, by self-referral. I have also noted that many referrals come from doctors, either family physicians or attending emergency room physicians, or from other professionals or community members. Observing the referral process over the course of several years has led me to think about the different paths that people take when seeking out social services.

After a few years in my job, I started to notice something curious. I began to see what seemed to me to be different, distinct patterns of referral for Anglophone service users. For example, I noticed that some Anglophones self-referred to services, but that these people were often accompanied by a bilingual friend or family member who could potentially help in the event of communication problems. Furthermore, as opposed to the established access channels used by Francophone service users, many referrals for Anglophones came from other

Anglophones, whether these people were connected to the service delivery system or not. These observations led me to wonder why Anglophones might be taking different routes to get to the same destination as their Francophone counterparts. I also wondered how and why these paths are chosen. Since beginning to think about these questions almost a decade ago, I continue to remain alert to what I will refer to as this ‘phenomenon’, and to the interesting and complex ways in which it reveals itself in everyday life and practice. When the phenomenon makes itself apparent to me I take note, and in undertaking this research, I seek to make the phenomenon apparent to others too.

I most certainly have a woman named Regina to thank for my present foray into research and for the direction that this thesis has taken. Regina is a well-known, fellow Anglophone in the community as well as a veteran in the area of perinatal nursing and vaccination. I had the pleasure of working with her for a number of years and although our professional fields of practice rarely intersected in any formal, official way, the interesting phenomenon often brought our professional paths together. On several occasions, usually late in the afternoon, following her home visits, Regina would come to my office to talk. This is when she made referrals for the English speaking people who had sought her out during the day to access mental health or support services. It was clear to both Regina and me that community members’ requests more often than not fell outside of her role and mandate as a perinatal nurse, and yet we also both recognised and accepted that somehow, and for some reason, these people were calling *her*. Looking back, I realise that Regina was a sure bet for Anglophones looking to get help but unsure of how to interact with the system; she spoke English, she was well known and respected; she was experienced; she was connected. Nevermind that her job was to measure, weigh and examine babies.

The referrals that I received from Regina alerted me to the possibility that this different pattern of service access for Anglophones might be more common and pervasive than I had originally perceived. I began to ask myself another series of questions. What was happening for Anglophones in this region? Why were they calling on people they knew instead of the professionals who could offer them help? What barriers prevented them from navigating the system on their own? Was it language or was there more to it? Through the years, and through the network of the English speaking community in the region, I have heard talk of Anglophones having bad experiences with professionals and of avoiding contact with health and social services. There are rumours that Anglophones prefer to rely on informal forms of support within the community rather than accessing mainstream services. According to many local Anglophones, some people avoid asking for professional help which means that their problems sometimes deteriorate, requiring more urgent and intensive support and intervention, a scenario which, unfortunately, I have seen in my own practice over the years. There is talk amongst Francophone service providers that Anglophone communities in the region are hard to reach, that they are ‘renfermé’, withdrawn and isolated. There is also the claim to ‘the spirit of self-help’ within the Anglophone community, which, in the case of social and health services, may be of some disservice when it comes to accessing outside help. In the face of all of this talk and in light of my own observations, I felt a need to explore these issues and to hear the stories of Anglophone service users about their experiences accessing and engaging with social services. This research is the path that I have chosen to try to understand how social service access for Anglophones could be improved and how the meaningful engagement of Anglophones within mainstream social services might be further encouraged and nurtured.

Introducing the Researcher

I must at this point take a moment to state what is obvious to some and less apparent for others. Being an Anglophone and having spent most of my life living in Canada, that is English Canada, I was not faced with my own language challenges until I moved to Québec at which point language suddenly took centre stage. In fact, language has defined, and continues to define, much of my existence in Gaspé, influencing so many of my thoughts, choices and decisions. I admit that in the early years following my arrival here, I often felt overwhelmed. In an attempt to minimize the confusion that characterised many of my interactions with my mostly Francophone environment, at the grocery store, the gas station, the bank, I would make efforts to shop at stores or use services where I knew other Anglophones were working. This strategy helped me to get through some of the hardest moments, while I adjusted and adapted to my new community and sought to build connections based on what was familiar to me. In many ways, these patterns are still part of my everyday life. It must be said that when people claim to be able to speak a language, it gives a rather false sense of either 'having it' or not 'having it', a notion which ignores the vast grey zone that exists between mastering a language and not understanding a word. The way that I have experienced my second language is that no matter how much I have learned and practiced, I am not as comfortable in French as I am in English. I remain quite self-conscious of my accent, I worry about making mistakes and fear not being taken seriously or not being understood. Sometimes I feel like an imposter, mimicking the words and phrases that I hear around me, but that somehow don't really come from me. One thing I can say is that for me, learning French has been and continues to be a struggle and yet it is also an incredibly positive experience, one which has allowed me to recognise and access another worldview, and to fundamentally shift my own.

I am sharing this not to seek admiration or pity; on the contrary, I wish to acknowledge the privilege that underwrites my story. I find it extremely difficult to live and work in a linguistic minority context, despite the benefits and privilege that I am afforded as an Anglophone in North America, and as a white, middle class, university educated person. This idea is key in setting the stage for this research, particularly for those readers located outside of these struggles and beyond Québec's borders. The point that I would like to stress is that language is always present and that it influences the ways we think, see, act and live, in this case, as Anglophones within Québec. It is important to note however, that given the omnipresence of language and language struggles in this context, this reality and these issues are not always outwardly acknowledged or directly addressed; rather, they exist as situated truths, as the way things are, and as an integral part of life in Québec. Throughout this research, the subject of language becomes more visible and obvious at times, and remains more subtle and peripheral at others. Yet, regardless of these shifts in focus and intensity surrounding issues of language, I remain aware that language is always on the register, that it creates the foundation for this research and underwrites not only participant experiences and stories but my own as well. In this sense, I understand language as I understand my own gender or race; just as I am always a white woman, I am not always naming, differentiating and discussing these aspects outwardly or directly and yet they are nevertheless always there, making me who I am.

Although I argue that language is always on the register I also recognize that caution is warranted when it comes to speaking about language. This caution stems from the use of language, both past and present, as a marker of identity, as a readily available means to separate people, to exclude and marginalise, and to promote social and political narratives. The challenge of this research involves trying to talk about language in such a way as to expose the problems it

can create, without recreating these very problems in the process. With this in mind, I consider language as something distinct from but intersecting with, race, culture, and gender in what is a deliberate attempt to expose and address the tendency to misuse language to veil other agendas such as those based on racial or cultural differentiation (Haque, 2012).

As I have mentioned, my interest in language within the realm of social services originates from my experiences as an Anglophone and as a social worker, but it is also important to note that my experiences as an Anglophone health services user in a predominantly Francophone health service system have similarly contributed to this research inquiry. I have experienced first-hand different approaches and attitudes from various healthcare providers when accessing and engaging with health services and I believe that my experiences could produce helpful knowledge for health professionals and for other service users. Following from this line of thinking, I have often questioned how other Anglophone service users experience accessing services. I have been particularly interested in hearing about people's experiences with *social* services, because although this field is familiar to me through my position as a social worker, it is an area in which I have been positioned mostly as a service provider and rarely as a service user.

In my own role as a social worker, working across linguistic difference on a daily basis has led me to reflect on my own practices and ways of seeing, being and knowing. I believe that some of the approaches that I have tried have been more successful than others in working across difference. However, I also recognize that it is the service user who determines the value of social services, and it is the service user who may determine whether something has been helpful to them or not. Therefore, although social workers have narratives to offer in regards to their

perceptions of accessibility, it is the voices of Anglophone service users themselves that have been centered in this research process.

Rationale, Purpose and Social Justice

This research is relevant and important in promoting social justice for several reasons. Firstly, this study contributes to developing knowledge in relation to health, wellbeing and service access and use in the context of Official language minority status. The scarcity of research concerning Canada's official language minority communities has been noted by many researchers, in particular in regards to issues of health, wellbeing and access to health and social services (Bouchard & Desmeules, 2013). Moreover, my initial review of the literature found that the research related to the topic of official language minorities and health and social services predominantly focused on medical or health service contexts, with few resources available in regards to access to social services. Very little research explored the relationship between Anglophone linguistic communities and social services in Québec. However, it should be noted that government support for research initiatives in this field such as the Health Canada's support of McGill's *Health Care Access for Linguistic Minorities Network* (McGill University, 2015) is encouraging.

Secondly, very few studies in this area have been conducted in the rural context, and specifically in the Gaspé region, to explore service users' experiences of health and social services. Given the current vulnerable status of the Anglophone population in the Gaspésie in regards to health, poverty and difficulties related to access to healthcare (Bouchard & Desmeules, 2013), I believe that this research is both relevant and timely. My research is focused on the experiences of Anglophones living in the region of the Gaspésie who have

accessed local social services. The purpose of this study is to critically analyse the narratives of Anglophone service users in order to explore the ways in which linguistic categories and other dimensions such as gender, race, class and sexual orientation influence participants' experiences of accessing and engaging with social services. One of the anticipated outcomes of this research is to identify and better understand factors that contribute to facilitating access to services and care as well as factors that operate to restrict access to services and care. Ultimately, this research achieves its goal by offering valuable community knowledge to contribute to deconstructing existing barriers to health and social services. It is my hope that this knowledge will help to promote change and eliminate the negative effects that barriers have on the lives of those who experience them. Another purpose of this research is to contribute to the limited body of literature in this area by advancing anti-oppressive, intersectional and social justice perspectives on the topic. In this sense, I aim for this research to open up possibilities for relationship building between social service institutions, social workers and service users that extends beyond generalised and categorical interpretations of linguistic identity and associated notions and practices of cultural competency.

The Histories of This Territory

I am providing a brief account of the history of the Gaspé region to help situate this research in its broader social and historical contexts. The Gaspé coast is the territory of the Mi'kmaq. The lands include Atlantic coastal beaches, salmon rivers, and inland Maritime mixed forest and the Appalachian mountain range. It is beautiful land which has provided abundance for

Mi'kmaw¹ peoples long before the arrival of settlers. It would seem that this abundance also attracted the first Europeans to the area in what was the beginning of the colonization of this Indigenous territory by the French and English. Gaspé is sometimes referred to as the 'birthplace of Canada' or 'le berceau du Canada' because Jacques Cartier arrived here, in the Bay of Gaspé, in 1534, and upon arrival, erected a cross (a version of which stills stands today) and laid claim to the territories of what is now known as Canada on behalf of the King of France. This moment is said to have been the beginning of the French settler presence in North America (Mimeault & Sinnett, 2009).

It is important to bring to the fore the histories of the peoples of this territory and of the peoples occupying this territory insofar as these histories inform our current social contexts and relations; aspects which serve as the basis for this research. In presenting a brief timeline of significant moments in the history of colonisation I hope to shed light on how Anglophones and Francophones came to live on Mi'kmaw territory and on how the demographic changes that have occurred over time relate to broader socio-political circumstances. The timeline that I present here has been compiled from Indigenous Mi'kmaw sources (Francis, Gehue, Martin, Paul & Sylliboy, 2007; Muin'iskw, 2016) and from Francophone and Anglophone Québécois sources (Mimeault & Sinnett, 2009; CASA, 2010) to present salient dates and events that are widely recognized as significant moments in the history of this territory and its peoples.

1534: Arrival of Jacques Cartier in the Bay of Gaspé, he 'claims' the territory for France.

1534-1763: The 'French Regime'.

1620: The Mi'kmaw population in Eastern Canada is approximately 4000, compared to pre-contact population estimated at 35,000.

¹ Please note that the term Mi'kmaw refers to the singular of Mi'kmaq and is also used as an adjective when preceding a noun in accordance with the usage outlined in the *Mi'kmaw Resource Guide* (1997).

- 1750s: Channel Island (Jersey and Guernsey) English speaking settlers begin to arrive on the Gaspé coast.
- 1755: The Great Upheaval: Acadian refugees gradually begin to settle on the Gaspé coast.
- 1758: The British conquest of New France: under the command of General Wolfe, the British raid the Gaspé coast and take over several French settlements.
- 1775-1783: British loyalists begin to settle in the area during the American Revolution and following American independence.
- 1820: Scottish settlers arrive.
- 1840: Irish settlers begin to arrive in greater numbers due to poor crops and later potato famine.
- 1850: Approximately 50% of the populations of the Gaspé coast are English speaking.
- 1853: The Legislature of Lower Canada designates Gesgapegiag and Listuguj as Federal Indian reserves for Mi'kmaw inhabitants of the south shore of the Gaspé coast.
- 1921: Decline of English speaking populations to approximately 25% of the populations of the Gaspé coast.
- 1922: René Lévesque is born. He is raised in New Carlisle, on the Gaspé coast.
- 1977: The Charter of the French Language is adopted affirming French as the language of the people of Québec.
- 1987: Meech Lake Accord: Québec is accorded distinct society status at which point no such recognition is granted to Indigenous peoples.
- 2000: Gaspé Chiefs of Listuguj, Gesgapegiag and Gespeg sign an historical accord to pool resources to address shared concerns.
- 2006: Continued, steady decline of most English speaking populations on the Gaspé coast. Roughly 12.4% of the populations of the Gaspé coast are English speaking (approximately 20% of whom are Mi'kmaw peoples).

Current Context of the Research

Today, people in Québec are often identified through the linguistic categories of Anglophone, Francophone and Allophone. Although different criteria can be used to establish and reinforce the boundaries of these definitions, the common understanding of these terms is that they relate to the language preference of the speaker. In Québec, it is generally understood that a person who is Anglophone prefers to speak English, a person who is Francophone prefers to speak

French and a person who is Allophone prefers to speak a language other than French or English. My own experience with these categories is that they are restrictive and problematic. For example, I have often heard people ask if someone is French or English. This question not only excludes the possibility that the individual identifies with another linguistic group, but it also sets up a binary which forces a choice between two presumed disparate categories. Many people do not see themselves as fitting within these boundaries, for example, they may consider that they are both English and French, or they may identify themselves in other ways. In this sense, these categories fail to allow for fluid or hybrid understandings of linguistic location and they reflect hierarchical and oppressive perceptions of difference. Eve Haque (2012) contends that language is a universally accessible cover that serves as the basis for “dividing and hierarchicalizing groups of people along cultural and racialized lines” (p. 15). From this perspective, the labels of Anglophone, Francophone and Allophone can be understood to situate French and English as dominant and worthy of definition whereas other languages and peoples are effectively erased by this conception. For example, the category of Allophone is defined only in relation to French and English and not in terms of the languages preferred by these speakers. Also, Indigenous languages and peoples are not represented within these categorizations, but are forced into the categories of Francophone and Anglophone, thereby reasserting and reproducing English and French colonial dominance. As such, these categories serve to marginalise peoples of non-dominant language groups, both discursively and materially through what are racialized and colonial discourses thus demonstrating Haque’s (2012) contention that “linguistic dividing practices operate to collapse race and ethnicity into language” (p. 18).

I have a broad interest in understanding how these categories operate within my community, particularly in regards to how they are being maintained and how we might seek to challenge and

resist them. This research specifically aims to draw attention to how, within the context of social services, Anglophone linguistic identity informs experiences of access and care. In recognition of the diversity of the Anglophone community, this research also seeks to understand how social dimensions such as class, race, culture, gender, sexual orientation, age and ability intersect for English speakers in the area in regards to their experiences with social workers and with the social service system. Through this research, I seek to highlight some of the struggles that surround issues of access and care in the region with the goal of building knowledge that will help to encourage access and to sustain the meaningful engagement of Anglophones in regards to mainstream social services in the region.

Although I understand that the linguistic categories I refer to in this research are problematic, I also recognize that linguistic difference *does* exist within Québec, as elsewhere, and that a failure to acknowledge these differences would be implausible and impractical. Therefore, despite the divisive and restrictive effects of the categories Anglophone, Francophone, and Allophone, I use these terms throughout my research with the intent to trouble their meaning, to challenge their boundaries and to contribute to mitigating their discursive effects. As such, my exploration of the intersections of linguistic and other categories depends on the recognition of linguistic difference, while it also simultaneously seeks to resist the generalisations related to these categories. In the face of this unresolvable tension, I have tried to engage with my research topic in a way that is conscious of the complexities and inconsistencies that exist between notions of singularity/individuality and representation/generalisation (Rossiter, 2011).

Undertaking research that explores the experiences of Anglophones solely in regards to their linguistic location would, in many ways, serve to reinforce rigid and problematic linguistic boundaries. Research and analysis focused on singular, isolated social dimensions without

consideration of the broader network of intersecting social locations denies the complexity of interactions that are involved in individuals' experiences of the world. Hankivsky (2012) suggests that "[h]uman experiences cannot be reduced to singular characteristics" or be "understood by prioritizing any one single factor" (p. 17). In keeping with this idea, my research is grounded in the understanding that people occupy multiple, fluid, co-existing and co-dependant social locations. This perspective, accompanied by an intersectional approach to the research, has allowed me to expose and analyse a broader range of factors contributing to the participants' experiences of social services. Intersectional theory promotes critical thinking about inequality and provides a tool for understanding the interconnectedness of various domains of power in relation to multiple dimensions of identity. Using an intersectional analysis in this work has provided a means to recognise the diversity that exists within the Anglophone community, and to challenge essentialised thinking and generalisations based on group belonging or identity. In this sense, this research seeks to move away from a single axis analysis of identity, disadvantage or oppression and instead attempts to embrace and make meaning of the complexities of human experiences.

Research Question

As an Anglophone social worker living in rural Eastern Québec, I am interested in listening to and understanding the perceptions and experiences of other members of my community. Furthermore, my position as a social worker has led me to reflect on issues of accessibility to social services and on professional social work practices across differences and in a cross-linguistic context. Through this research, I have combined my interests and my observations and, in response to the challenges that Anglophones face in regards to access to and engagement

with social services, I have conducted research that is based on their experiences. The purpose of this research is to better understand these experiences from an intersectional perspective with the goal of gaining insight into how linguistic difference, combined with other types of difference, influence access to, and engagement with, social services. The question that I have addressed in this research is: *What are the experiences of Anglophone service users in accessing social services in the Gaspé region?*

The Challenges of This Work

The challenges of analysing and writing up this research have provided me with some important insights in regards to the social and political implications of this work. In particular, when it came to writing up a first draft of the research findings, I felt somewhat lost and I was hesitant to make claims. When thinking about this hesitation, I came to realise that speaking about Anglophones and Francophones on this territory is, in itself, problematic. Focusing on the dynamic between these two predominantly and historically white, settler groups, excludes other narratives, notably those of Indigenous peoples. Furthermore, Allophone narratives could also be marginalised by this focus on Anglophones and their interactions with a predominantly Francophone social service system. As such, I have struggled to write about this topic without reinforcing colonial positions, settler entitlement and white privilege. In the end, although I cannot resolve these tensions as I write, my hope is that my exploration of the limitations of these categories and the discourses that surround and create them, might shed light on possibilities for resistance and change.

Throughout this research I have actively resisted the pull to situate the Anglophone community as a marginalised minority group, a claim which, in the context of identity politics,

often allows for the securing or protection of resources (Leroux, 2005). Given English settler status as a founding people in the Nation, an overreliance on narratives of marginalisation as argued by Leroux (2005) in regards to Franco-Ontarians, can contribute to claims of innocence that “affirm privileged positions” within the Canadian context (p. 57). I am not saying that Anglophones do not experience marginalisation or oppression in any of its shapes or forms. Rather, I want to argue that it is important to avoid seeking the shelter that a narrative of marginalisation might afford. In other words, this is an important consideration because it is more difficult to recognise our own role in oppressing others if we position ourselves as oppressed.

Another significant challenge that I have faced in writing up this research has been my fear of being misinterpreted, and of being perceived as a ‘whiny’ Anglophone. These concerns led me to acknowledge and to reflect on what can be said by and about Anglophones in Québec. In light of the history of entitlement and English colonization in Québec, I wondered if and how I could speak about and draw attention to the needs and to the challenges facing Anglophones in the region. The stereotype of Québec Anglophones as a spoiled minority and as a wealthy, elite and powerful (not to mention homogeneous) group continues to occupy an important place in popular discourse. It is in the shadow of this legacy and against the constraints of this discourse that I find myself navigating this research.

Two distinct tropes seem to present themselves to me as I think about this research and the tensions that it involves. On the one hand, the image of the ‘bad Anglo’ becomes available, a role or label which, generally, but not literally, is attributed when Anglophones are unfamiliar or irreverent to the history, colonization and struggle of Francophones on this territory. An Anglophone who speaks English whenever and wherever they please would most likely be

stepping into this position. On the other hand, the trope of the ‘bon Anglo’ or ‘good Anglo’ also becomes available, specifically for those Anglophones who speak French, who embrace Québécois culture, and who are attuned to the past and present struggles of Francophones in Québec. These positions are always available, attributed and assumed, reinforced and reproduced in and through the discourses that surround us. Yet, the binary nature of these positions leads me to question if, when and how it is possible to speak English, to represent Anglophones, to talk about issues and challenges facing Anglophones without becoming the bad Anglo? This is where my research sits, straddling these poles, attempting to find and create spaces to talk about the challenges and needs of a group of people who are navigating these tensions, who are in search of services and support, who are going through personal struggles, and who are likely experiencing some of the most vulnerable and critical times of their lives.

Overview of the Thesis

As I have laid out in this introduction, my own personal and professional experiences in the Gaspé region have led me to study this particular research topic. As a social worker I have seen how language barriers can contribute to difficulties in access to services and I have observed some of the different ways that these barriers can influence service delivery. However, I also believe that issues of access and care involving Anglophones in Québec go beyond linguistic capacity and must be explored with consideration of the historical and social contexts as well as the multiple and interconnected systems of power that underscore these encounters. In the chapters that follow, I will describe why and how I have conducted research that explores the experiences of Anglophone social service users in regards to accessing and engaging with social services in the Gaspé region of Québec. In Chapter 2, I begin by presenting a review of what has

already been studied in relation to the topic. This is followed, in Chapter 3, by a description of my research design and ontological framework. Next, in Chapter 4, I present the data and my analysis of the data and finally, in Chapter 5, I provide a discussion of my findings along with some concluding thoughts.

CHAPTER 2: LITERATURE REVIEW

Language in Québec

Language has played an important role in the socio-political history of the peoples of Québec and is well recognised as an ongoing site of struggle. Indigenous peoples have inhabited the territories of what is now known as Québec since time immemorial. As such, Indigenous languages were the first to be spoken on these territories and have survived and endured despite numerous and ongoing attempts to eradicate their usage. The history of colonization in Québec is complicated and the written accounts are predominantly based on French and English settler perspectives. Québec's unique history of double colonization, being initially a colonizing society, and then later a colonized society, adds multiple layers of complexity to the socio-political and historical analysis (Leroux, 2013). Although French peoples in Québec were (and are) subject to the colonizing practices of the English, my understanding follows from Leroux's (2013) contention that both Québec and Canada continue to promote dominant, white settler values in their respective societies. These two societies, Leroux (2013) contends, continue to be structured on racial hierarchies, fuelled by fantasies of the peaceful settling of Indigenous lands and, in the case of Québec, the untenable idea of the French colonization of Indigenous peoples as more enlightened than British or Spanish colonization (p. 54).

This research recognises the historical and current contexts of English colonialism in Québec and the need to protect and promote the French language as well as Indigenous languages spoken within the territory. It may seem unlikely then to focus research on Anglophones as a group in Québec, given their (our) status as a dominant linguistic group in North America. However, this research seeks to highlight the complexities and tensions that permeate relations between people in Québec and, in particular, for Anglophones who are situated in a unique context as a minority group within a broader society that is itself a minority within the Canadian and North American

contexts. In addition, it must be noted that defining who is an Anglophone in Québec is a contentious issue. As Jedwab (2012) suggests, institutional support and benefits are determined based on linguistic categorizations, which means that governments may restrict or limit their definitions accordingly. In this sense, Jedwab (2012) highlights the discrepancies between the Québec and federal government definition of Anglophone and suggests that Québec's more restrictive definition based on the first language spoken criteria (as opposed to first *official* language spoken) reduces the number of people who may be considered Anglophone and increases the number of people categorized as Allophone. The concern in this case is that Allophone status does not afford institutional support and benefits in the same way as official language status does. This demonstrates the real and material effects that these criteria and categorizations have on individuals and groups.

Although there are many ways to define and categorize Anglophones, there is, in fact, no best way to go about it. I suggest that seeking to adopt any one definition is in itself problematic insofar as singular and rigid boundaries serve to limit our perceptions of one another and of ourselves. As such, I have not adopted any one particular definition or criteria for determining who is an Anglophone for the purposes of this research. Instead, I have conducted the research with participants who have identified themselves as belonging to this linguistic group based on their own ways of seeing, defining and understanding this category and their relationship to it.

In regards to English - French relations in Québec, although Anglophones controlled much of the economic and political power within the territory until the 1970s, a critical turning point came in 1976 with the election of the Parti Québécois under the leadership of René Lévesque. In 1977 Lévesque's PQ government succeeded in passing Bill 101, *The Charter of the French Language* (1977), which has since played an important role in protecting the French language

and shifting control of Québec's social and economic future into the hands of the French-speaking majority (Bourhis, 2001; Floch & Pocock, 2012; Pichette & Gosselin, 2013). The French language plays an important role in the Francophone majority's sense of collective and individual identity as is reflected in the wording of the Charter:

[T]he French language, the distinctive language of a people that is in the majority French-speaking, is the instrument by which that people has articulated its identity (preamble, 1977).

French became the official language of Québec with the adoption of the Charter that established French as “the language of Government and the Law, as well as the normal and everyday language of work, instruction, communication, commerce and business” (Charter preamble). It is important to note that the Charter applies to all residents and institutions of Québec with the exception of reserve lands, which are, legally, under federal jurisdiction. It holds today that institutions within Québec are not permitted or required to provide services or access to information in any language other than French unless they are explicitly allowed to do so through other enabling legislation.

In regards to health and social services, the *Act Respecting Health Services and Social Services* (2016) includes provisions that entitle English speakers within Québec to receive health and social services in English. This legislation requires that health and social services agencies prepare access programmes to outline how they will meet the needs of the English speakers living within their territory. It should be noted however that the obligations that result from the *Act Respecting Health Services and Social Services* are subject to consideration of institutional constraints including limitations related to human resources, material costs and financial capacity (Flaconer & Quesnel-Vallée, 2015). In this sense, provision of services to English speaking

peoples in Québec is organised and determined at the regional level with access to services in English established as the desired goal, albeit subject to existing institutional constraints.

Current Realities and Material Effects

Research on linguistic communities in Canada has predominantly focused on exploring non-dominant linguistic groups' experiences and characteristics in relation to that of the dominant linguistic group or the linguistic majority. This is no exception in Québec where research on non-dominant linguistic groups including Anglophones also tends to compare and contrast key aspects and conditions in relation to the majority population. The review of the literature presented here thus reflects this pattern and alludes to the deep and pervasive linguistic divisions that influence inequities in regards to social conditions and access to health and social services.

Considering that English is the dominant language in Canada and in North America, English speakers in Québec are not necessarily preoccupied with the survival of the English language. Rather, English speakers in Québec are concerned about the survival of the English speaking communities themselves (Heritage Canada, 2011). Several researchers suggest that the vitality and socio-economic status of Anglophones in Québec has diminished over the past 40 years and continues to decline (Bourhis, 2012; Floch & Pocock, 2012; Heritage Canada, 2011). Significant decreases in population size, fewer institutional networks and less representation (Jedwab, 2012) along with greater rates of poverty, unemployment and a rapidly aging population, particularly in rural regions (Floch & Pocock, 2012), have contributed to the challenges faced by English speaking communities across Québec. According to the Institut National de Santé Publique, what was once a favourable socio-economic portrait for Anglophones within Québec is now tempered when examined by geographic location and in comparison to the Francophone majority (Lussier, 2012).

Within Québec, the English speaking population has an overall high level of education, however, Anglophones also show higher levels of unemployment. Based on the 2006 census data, the average income for English speakers in Québec was higher than that of the majority, however these statistics also showed the median income of Anglophones as being much lower than the majority, suggestive of greater income disparity in the English speaking population (Lussier, 2012). This widening gap between the ‘rich’ and the ‘poor’ in the Anglophone population translates into English-speaking Quebecers being 26% more likely than the Francophone majority to live in poverty, based on the Statistics Canada low-income cut-off (Carter, 2012).

English speaking populations are steadily declining in rural and remote communities across Québec, many of which are struggling to keep English language schools and institutions open and to maintain an adequate level of English health and social services (Floch & Pocock, 2012). Floch and Pocock (2012) have studied retention rates of Anglophone Québecers finding that “in 1971, 70% of Anglophones born in Québec continued to live in the province, whereas by 2001 just 50% continued to live in their home province” (p. 169). These authors conclude that at the same time as the Anglophone population is decreasing across Québec and the vitality and institutional capacities of English speaking communities are dwindling, greater proportions of English speakers are now occupying positions of socio-economic vulnerability and hardship (Floch & Pocock, 2012). These findings suggest that maintaining English language service levels will become increasingly difficult due to decreased population size despite the potentially disproportionate need of those English speakers remaining in Québec.

Rural and Regional Contexts

There is an important geographic or regional dimension to be considered in regards to the socio-economic status of the English speaking communities within Québec (Richardson, Jobson & Gauvin-Racine, 2014). Indeed, the Institut National de Santé Publique du Québec has noted that regional disparities are more pronounced for Anglophone populations than for the Francophone majority (Lussier, 2012). Outside of urban areas, Anglophones in Québec show greater socio-economic vulnerability than the Francophone majority, with particular difficulties being observed in rural communities in Eastern Québec including the Gaspé coast (Floch & Pocock, 2012). Bouchard and Desmeules (2013) concur with this point adding that rural Anglophones in Eastern Québec are “particularly vulnerable” to experiencing poor health, poverty and difficulties related to access to healthcare (p.46).

Other studies also confirm the particular difficulties faced by Anglophone communities in rural regions of Québec. A study conducted by Charpentier et al. (2011) in the rural region of Estrie in Québec, found that the English speaking minority living within this region was “vulnerable to host of social and health problems” suggesting greater levels of poverty, unemployment and lower levels of schooling as determining factors in this population’s health. These authors further concluded that community members’ misperceptions in regards to service availability and accessibility further complicated the already problematic situation of high demand and limited access to appropriate mental health services and care (Charpentier et al., 2011, p. 50).

There has been very little in-depth research conducted in the Gaspésie exploring questions related to access to social services. However some important research has been done in the region to compile data on Anglophone communities in order to identify community strengths, needs and characteristics. These profiles of Anglophones in the Gaspésie confirm high levels of

unemployment and poverty, low levels of education and bilingualism (in comparison with Anglophones across Québec), an aging population and out-migration as issues of central concern (CASA, 2010; CHSSN, 2014). Based on 2011 census data, Pocock (2016) has identified that English speakers in the Gaspé/Magdalen Islands region have the highest rates of unemployment in the province, as shown in Figure 1 below.

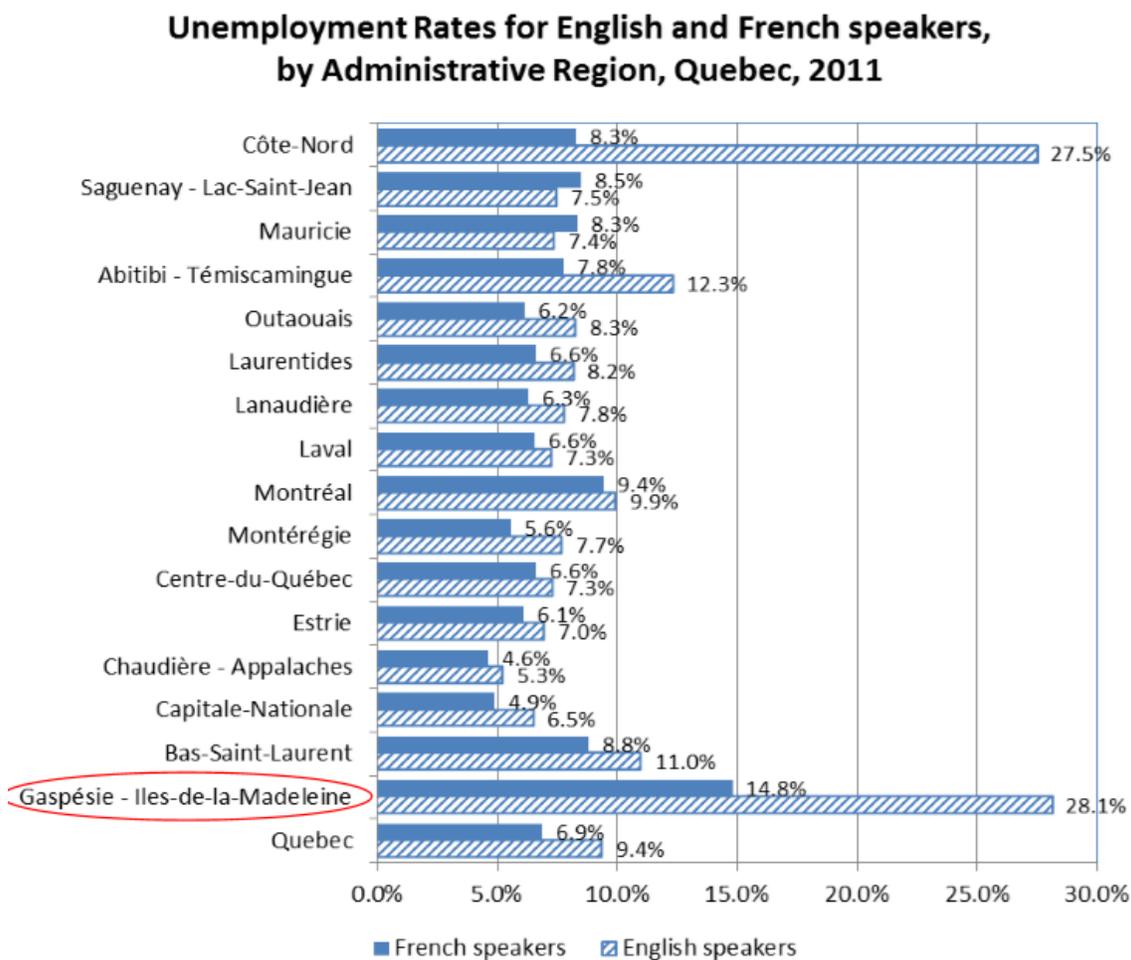


Figure 1. Unemployment Rates for English and French speakers

Source: J. Pocock (2016). *Key Socio-demographic Characteristics of English-speaking Children, 2011 Gaspésie – Îles-de-la-Madeleine and Census Divisions*, presentation for the Community Health and Social Services Network (CHSSN) January, 2016.

Pocock (2016) characterises the Gaspé region as having very high levels of socio-economic vulnerability, noting that when all Official-language Minority Communities across Canada are

taken into consideration, the Gaspé region is ranked as one of the top ten regions showing low socioeconomic vitality (p. 6).

It is important to note that particular strengths also emerge from Anglophone community profiles on the Gaspé coast including the spirit of self-help or commitment to informal support and volunteerism, along with a relatively strong sense of attachment to the region (CASA, 2010). The English speaking communities of the Gaspé coast are predominantly comprised of the descendants of European settlers to the area and of Indigenous Mi'kmaw peoples who represent approximately 20% of the English speaking population in the region. As opposed to the overall regional profile for Anglophones, it is important to note that the Mi'kmaw communities of Listuguj and Gesgapegiag are growing rather than declining, and report a younger median age and higher birth rate than the Anglophone population overall (CASA, 2010).

Language and Access to Health and Social Services

Language is widely understood to influence social conditions and social determinants of health including income, education, employment and social support (CHSSN, 2013). Although membership in a non-dominant linguistic group may correspond to greater socio-economic disadvantage and inequities in regards to access to health and social services, it is important to note that many factors co-construct such situations of disadvantage including non-dominant positions based on race, culture, religion, gender, class, sexual orientation and ability. As such, language spoken may be considered as part of the network of interrelated factors that affect and influence socio-economic conditions, individual and community identities, sense of belonging, and interaction with others, including public institutions.

Language barriers have been found to have negative effects on the health and wellbeing of several non-dominant linguistic populations within Canada (Bowen, 2001; Drolet et al., 2014;

Bouchard & Desmeules, 2013) and to negatively impact service users' access to health and social services as well as their quality of care (Gagnon-Arpin, 2011). In particular, Health Canada's report *Language Barriers in Access to Health Care* (Bowen, 2001) identifies Indigenous communities, non-dominant linguistic communities, Deaf communities and official language minority communities as being groups who may be more likely to experience barriers in access to services and care as well as corollary negative effects. Within the context of official language minority communities in Canada, despite the protections afforded by Federal and provincial legislation, language barriers continue to play a determining role in regards to the health of Anglophone communities within Québec and that of Francophone communities living outside of Québec (Bouchard et al. 2009; Falconer & Quesnel-Vallée, 2015). Bouchard and Desmeules (2013) argue that social disparities such as inequitable access to health and social services continue to be realities for both official language minority communities in Canada. Moreover, these researchers have found that important intra-group disparities exist within official language minority communities both within urban centres and between rural and urban contexts (Bouchard & Desmeules, 2013).

Anglophone Quebecers' level of bilingualism has been identified as a factor contributing to intra-group differences and inequities (Falconer & Quesnel-Vallée, 2015). In their study, Falconer and Quesnel-Vallée (2015) found that unilingual Anglophones in Québec had a higher mean age and lower mean income than bilingual Anglophones. They also found that a greater percentage of unilingual Anglophones reported having poor health and lower levels of access to health care in comparison to Anglophones who spoke French (Falconer & Quesnel-Vallée, 2015). These results suggest that inequities in access to health services for Anglophones correspond with limited French language ability, suggesting the presence of language barriers in

access to services. Falconer and Quesnel-Vallée's (2015) study is relevant not only because it identifies language ability as a factor influencing healthcare inequities, but also because it highlights the fact that not all Anglophones experience access to health and social services in the same way. In this sense, other intra-group differences such as race, class, gender and sexual orientation should also be explored as factors that influence Anglophone service users' experiences of access and care.

Communication in Health and Social Services

Research on official language minority communities in Canada suggests that the ability of the health professional to communicate in the language of the service user provides an important basis for developing relationships and fostering mutual understandings (Drolet et al., 2014; Bowen, 2001; Gagnon-Arpin, 2011). Important connections have been found to exist not only between language and access to health and social services, but also between language and the successful delivery of such services (Bowen, 2001; Bowen, 2015). As a result, communication difficulties between professionals and service users may create obstacles to appropriate care and follow-up (Bowen, 2015). As Gagnon-Arpin (2011) suggests, this may be particularly critical "in regards to services based strongly on communication such as mental health ... and social services" (p.15).

In her analysis of the literature in regards to language barriers, Bowen (2001) concludes that "it is generally agreed that the best communication is achieved where health care providers and patients speak the same language" (p. v). As such, language and communication can be understood to be an essential part of developing good working relationships between professionals and service users and can contribute to a sense of mutual comprehension.

However, it has also been suggested that language competency alone is insufficient in ensuring equitable access to health and social services and that “continuing efforts to promote socially responsive and culturally competent care” are also essential to the provision of health and social services for groups experiencing linguistic barriers (Bowen, 2001, p. viii).

In exploring the relationships between service users and professionals across linguistic differences, it is important to recognize that multiple dimensions, contexts and factors interact to influence the service user’s access to, and experience of, health and social service encounters. Bowen (2001) has suggested that further research into language barriers and healthcare should consider analysis of the broader dimensions and complex interactions that impact on access and engagement with services (p. viii). She specifically cites “socioeconomic status” and “ethnicity” as aspects that should be explored (Bowen, 2001, p. viii). Gosselin (2005), in her discussion of the needs of rural Anglophone women in Québec, notes that “gender, place and culture affect rural women in interconnected and myriad ways” (p. 142), an argument which also suggests the need to consider multiple dimensions in social analyses. In response to this suggestion, I contend that intersectional analyses are helpful in understanding questions of access to health and social care in that they emphasize the multiplicity of social identities and their interconnectedness. Rather than looking at language alone as a factor in service access and use, intersectional analyses afford the ability to examine how language interacts with other dimensions such as gender, race, ability and sexual orientation in service users’ experiences. As such, I adopt an intersectional analysis in this research in order to emphasize the unique identities of individuals, the unique character of each encounter and of each person’s experience while also seeking to acknowledge the presence and impact of different forms of oppression. This perspective is important in illuminating how, for example, the experience of a white, middle

class Anglophone man accessing health and social services might look very different from the experience of a racialized, lower class, Anglophone woman seeking services due to the ways that racism, colonialism and sexism interlock or work together. Through the exploration of service users' narratives, this research identifies and critically analyses the multiple, coexisting dimensions that are woven into participants' stories of access and care. My goal is for this work to serve as the basis for advancing approaches to services that are respectful of differences, that are responsive to individual identities and circumstances and that also seek to address systemic forms of oppression. In this way, inequities and service barriers might be overcome without relying on generalised notions and assumptions in regards to Anglophone (or any other) populations. I believe that adopting an intersectional perspective could lead to practice approaches that move beyond the will to know the other to instead align with more critical and progressive approaches that will help to further social justice objectives.

Shifting the Paradigm

A shift away from generalised and categorical interpretations represents a shift in thought, in fundamental beliefs and in ideologies. Specifically, it reflects a shift away from humanist and modernist views of the subject as singular, stable and coherent and as having an immutable essence or fundamental, defining quality (Ashe, 1999). Static and generalized analyses in regards to identity have emerged from this approach to the subject wherein a single axis of identity is recognised and prioritized over others. This approach remains a foundation of identity politics, providing a tool for the securing of resources and the attainment of socio-political goals (Heyes, 2009). However, it is important to note that essentialist analyses and claims to identity are problematic. Notably, this approach fails to acknowledge and address

other identity categories and intra-group differences (St. Pierre, 2000). As St Pierre (2000) has noted, this is a dangerous practice which, through the erasure of differences, allows for people to be “slotted into a hierarchy or grid and then manipulated, dismissed, and oppressed” (p. 480).

Essentialist approaches to group identity can also be seen in cultural competency models of social work practice which presume a knowable, essentialized subject. The cultural competency focus is on ‘knowing the Other’ insofar as professionals are expected to know about and be skilled in working with people from other cultures and groups. This focus creates a situation where professionals are caught up in what Browne et al. (2009) refer to as a “misplaced focus on the need for more cultural knowledge” (p. 173), rather than maintaining a focus which is grounded in social justice, critical, or anti-oppressive perspectives.

As opposed to the modernist and absolutist notions that underscore identity politics and cultural competency models, poststructural perspectives focus on multiplicity, fluidity, language, power, social and historical context and subjectivity (Weedon, 1996). Shifting to a poststructural paradigm in regards to thinking about identity opens up possibilities for more critical approaches to working across difference. Poststructuralism allows for an understanding of the interconnectedness of multiple dimensions of identity along with a recognition of the diversity that exists within identity groups. In the context of linguistic difference as examined in this research, adhering to essentialized categorization or promoting cultural competency approaches is problematic for many of the reasons identified above. Particularly, in adopting a focus on knowing the Other, social workers continue to rely on generalised knowledge. This leaves workers to make decisions based on assumptions about people according to their affiliation with the available categories of reference, in this case, Francophone, Anglophone and Allophone.

As an Anglophone, I have heard many comments and have experienced decisions and actions that were made on classifications or cultural assumptions about Anglophones. These stand out for me based on who I am and where I stand, but the same types of cultural generalisations are also made about Francophones and Allophones. It is important to note that, as an Anglophone, I have had to challenge my own thinking in terms of linguistic categories; to expose and resist my own tendency to try to categorize and to understand and work with non-Anglophones. I believe that disrupting the boundaries of these language categories while shifting away from the essentialized notions that maintain them helps to lay the groundwork for moving forward.

CHAPTER 3: RESEARCH DESIGN

Ontology, Epistemology and Research Paradigm

I have undertaken this research in a way that is anti-oppressive, consistent with principles of social justice, and coherent with the goals that the research seeks to achieve. I remain mindful of Potts and Brown's (2005) contention that the research journey should be intentional in its process and purposeful in its goals. The beginning of this research journey started with me; with who I am in the world and how I see things. As a mostly dominantly located woman, I have lived and have understood and experienced the world from dominant western ontological and epistemological perspectives. I have also benefitted from the privilege and power that comes from occupying these positions over the course of my life. I recognize that I have internalized dominant ways of seeing and being and so seek to continually engage in the active work of challenging 'what I think I know' and 'how I came to know it' in my endeavour to act, work, and research in ways that are anti-oppressive.

I have chosen this particular area of research because of my own position as a social worker and as an English speaking person living in Québec. As such, I am not only interested in this topic, but I am closely tied both personally and professionally to the research that I have conducted. The decision to study a topic so close to me was, in part, a conscious effort to challenge the positivist claims of the researcher-subject as objective and neutral. For me, this choice was also a way of embracing the multiple relations that exist between researchers and their research (Fine, 1994). It afforded me an opportunity to "work the hyphen", to "enter and play with the blurred boundaries" between researcher, research participant and research contexts (Fine, 1994, p. 72).

I have approached this research from a paradigm based in poststructural, feminist and intersectional theories. My research creates knowledge about the meanings that people make of their experiences from their own perspectives and particular places and spaces in the world. As such, I have faced this research question with the understanding that truths are multiple, partial and situated (Weedon, 1996). I have also aligned my paradigm with poststructural conceptions of subjectivity as multiple and fluid in contrast to singular and fixed notions central to modernist thought and positivist research (St. Pierre, 2000). Feminist theory, particularly as articulated by those feminist theorists who “align themselves with the idea of epistemic privilege” (Strega, 2015, p. 132) also influenced my research perspective. In undertaking research that contributes to social justice, I believe that it is important to privilege subjugated perspectives, voices and knowledges in order to challenge dominant truth claims. It is for this reason that my research has focused on the narratives of social service users as opposed to social service providers.

My research perspective has also been informed by the concept of intersectionality. Intersectional theory is largely credited to the work of critical race and black feminist scholars such as Kimberle Crenshaw (1991) and Patricia Hill Collins (1992). In regards to intersectional theorizing, Nathalie Clark (2012), an Indigenous scholar, has noted that “the concept is not new to Indigenous peoples; it’s the way we have always thought” (p. 133). As Clark (2012) suggests, intersectionality is a concept that has been, and continues to be, integral to many Indigenous worldviews. It is also a notion that has been a powerful tool for black feminist and critical race scholars in challenging dominant perspectives, theories and conceptual limitations (Dhamoon, 2011). From intersectional theory I have embraced the notion that processes of differentiation and consequent social locations are multiple, relational and dynamic and must be understood and analysed as being co-constitutive and co-dependant (Dhamoon, 2011). As such, I have

conducted my research and analysis in a way that is attentive to multiple axes of identity, multiple systems of marginalisation and privilege, and to the intersection of these categories in people's' lives.

Narrative Methodology

This research uses a narrative methodology to create knowledge in a way, and for goals, which will serve the community that I am a part of and the profession that I am engaged in. Andrews et al. (2013) suggest that “narratives carry traces of human lives that we want to understand” (p. 2). In the case of this research, the participants' stories have been essential sites of knowledge and have provided a better understanding of the ways in which Anglophones experience services as well as how they make sense of these experiences in the storytelling process. The narratives that were shared with me in this research process provide important insights for understanding the world of the storyteller as well as offering deep, rich descriptions of encounters with social workers and the social service system.

Telling stories is an important way for people to organise and express their emotions, values, experiences, desires and beliefs (Fraser, 2004). Storytelling is a means of representing oneself and one's experiences in, and to, the world and to one's self. As such, narratives and narrative methodologies allow us to better understand how people make meaning and interpret themselves and others within particular contexts and within relations of power (Fraser, 2004). Using a narrative analysis has allowed me to consider not only the content of the stories but the storytelling process and form as used by the narrator (Riessman, 2002). Fraser (2004) contends that the ways in which storytellers construct and tell their stories, to themselves and to others, either reinforces or contests dominant discourses and social practices. In this sense, “personal

stories are not merely a way of telling someone (or oneself) about one's life; they are the means by which identities may be fashioned” (Riessman, 2002, p. 218). As Fraser (2004) suggests, narrative analysis therefore requires the researcher to consider how social structures and culture are woven into the fabric of the stories that researchers and research participants tell.

Methodological ‘Fit’

Narrative methodology is well suited to my research topic primarily because it allows for the voices of the research participants to be centered in the research process as well as in the research outcomes. Narrative approaches to research “authorize the stories that ‘ordinary’ people tell” (Fraser, 2004, p.181) and by focusing on the narratives of Anglophone social service users, I call into question dominant knowledge claims and open up the field to include what have often been overlooked, ignored, or subjugated perspectives within the context of social service delivery. Narrative methodology also fits with my research paradigm which is grounded in poststructural, feminist and intersectional perspectives. Stories or narratives reflect multiple, partial and contextual truth claims and narrative analysis seeks to understand the meanings that people give to their experiences and to themselves in the process. In using a narrative methodology for my research, I have been able to connect the personal experiences of the storytellers to the broader political struggles, discourses and power relations that they participate in. A poststructural feminist approach as applied to interpreting narratives also focuses on the agency of the storyteller, considering as Strega (2015) has outlined, the ability of the individual to “resist, subvert and change” the discourses that discipline, constrain and force her choices (p. 22). This methodological approach is well suited to the current research goals as it opens up interesting possibilities for social change.

Riessman (2002) asserts that “individuals construct past events and actions in personal narratives to claim identities and construct lives” (p. 218). Hearing and analysing the narratives of Anglophone social services users has offered some insights into how these participants represent and make meaning of their social identities, including their linguistic locations. This relates to my interest in understanding and troubling the workings of language categories and has allowed me to highlight the ways in which research participants resisted, subverted or sought to change the discursive boundaries associated with linguistic identities.

Narrative research methodologies are useful for exploring the complexities of human experience and identity and can also serve to inform practice and service developments (Yi Hsu & McCormack, 2011). Service users’ voices, experiences and stories have largely occupied marginalized positions within healthcare and social service settings. However, the use of narrative methodologies can serve to transform power differentials and challenge dominant discourses that may be operating in the context of health and social services. For example, in her research on masculinity and multiple sclerosis, Riessman (2003) used a narrative methodology to counter the healthcare system’s biomedical focus on disease and consequent inattention to service users’ experiences of illness.

In their research, Yi Hsu and McCormack (2011) found that using narrative methods with older health services users provided valuable access to understanding “complex healthcare and social care relationships” (p. 841). These researchers suggest that service user knowledge, as centered through the narrative process, can help to ensure that services are responsive to the needs of the individuals accessing care. Mishler (2005) concurs with this point and, based on his own research, claims that service user narratives have played a significant role in the evolution of humane care in medicine. Mishler (2005) argues that the professional’s attentiveness to patients’

stories has become an important criterion for evaluating service provision. He also suggests that studying patients' experiences of care through their narratives of resistance can contribute to a critical analysis "that includes both the larger world of inequalities and the more contained world of clinical practice" (Mishler, 2005, p. 445). In following from these research examples, narrative methodology has been particularly well suited to my research in that it has offered a means to center service users' voices, to illuminate complex health and social care relationships and to critically inform practice while simultaneously exposing broader social inequalities.

Data Collection

Recruitment:

At the outset of the research project my goal was to conduct narrative style interviews with five participants in the New Carlisle and surrounding areas over the course of a month or two. I limited the number of interviews for this study to five due to the time consuming, intensive and in depth analytical work required by narrative methodology. As such, recruiting a limited number of participants seemed a feasible task. The fact that I had no prior or currently existing relationship with the Anglophone community in this area was positive in terms of avoiding dual roles as well as potential situations of conflict of interest. On the other hand, this anonymity in the community also represented a stumbling block for me in the recruitment process. I initially recognized that recruitment would be a challenge, but I underestimated just how difficult it would be to solicit participation in this study. In order to promote the research and to increase community members' comfort level with me (a new and unknown person in the community), I adopted a recruitment strategy that focused on collaborating with CASA (Committee for Anglophone Social Action), a well-known and well respected community service organization.

CASA has been working with English speaking communities along the Gaspé coast for over forty years with a focus on protecting and promoting the interests of the English-speaking population in the region. Part of CASA's mandate is to "assure that the English population receives adequate services and communications of all kinds throughout the Gaspé" (CASA, 2012). Due to this mission and their reputation in the community CASA seemed an obvious choice for partnership in this research project.

During the initial stages of the research, Cathy Brown, the Executive Director of CASA, suggested that recruiting five participants for the study would be a realistic goal (personal communication, February 7, 2016). She was right, and this goal was achieved in large part due to the collaborative spirit and efforts that Cathy and the CASA personnel provided through the recruitment process. Recruiting participants for this study required some patience, time and ingenuity, particularly in terms of developing connections with the community and building a rapport of trust with potential participants. After a slow start to recruitment, I concluded that this trust would be best developed by spending time in the community talking to Anglophones in the area about the research. To this end, I teamed up with CASA and was invited to introduce myself at several community events. This led to very positive results as three of the five participants recruited were community members whom I had met on my visits and who had expressed interest in participating in the research after meeting me and hearing about the study first hand.

Developing a rapport with community members in the area was an enjoyable experience. On a number of occasions, I attended CASA group wellness activities where the program staff graciously afforded me the opportunity to talk to group members about my research and to answer their questions about the project. I began each discussion by introducing myself and

talking about where I lived and worked and why I was interested in conducting this research. My discussion of the research was always informal although I provided a one page description of the research (see Appendix B) along with my contact information for people to take home if desired. Sometimes people asked questions or shared anecdotes related to the research topic which generated further informal discussions. I sensed that many people were interested to know that I had been living on the Gaspé coast for some time and that I was an Anglophone working in the health and social service system. I believe that these two aspects along with the fact that I was being introduced to community members by CASA, a trusted source, contributed to establishing my credibility with community members and reinforced the legitimacy of my research endeavor, aspects which positively influenced the recruitment process.

I have reflected on the recruitment methods that I used in this research and have made an assessment of these methods that can be seen in Table 1 entitled *Assessment of Recruitment Strategies*. The assessment includes a brief evaluation of each recruitment method used and serves to discern the more effective strategies from those that were less helpful. Because the recruitment was slow to start, I submitted an application to amend my initial ethics application in January 2016 (see Appendix E) to provide an honorarium to each research participant in the form of a \$20 gift card for the grocery store. Aside from this amendment, all recruitment strategies were consistent with the recruitment methods outlined in my initial ethics application. However, it is important to note that there were some unexpected, independent and external promotion efforts that were undertaken by supportive third parties. Specifically, these unanticipated measures included a newspaper article about the research that was written and published in a local newspaper as well as the circulation of information about the research by community groups (other than CASA) via their websites and facebook pages.

It is worth noting that after the newspaper article was printed in the regional English newspaper, I received phone calls from some community members. Although the content of these phone calls was not recorded, transcribed or integrated into the research findings, the fact that people called to find out more about the research and to show support for the study speaks to the relevancy of this research topic. Two of these calls came from retired, bilingual, health care professionals (a nurse and a social worker) who were interested in learning more about the study. Both of these people expressed their support for the research and took time to share their concerns with me about issues related to access to services for English speaking people in the region. In addition to these calls, I was also contacted by a community member who, after reading the newspaper article, called me because she needed help and wanted to access a social worker who could speak English. Once I understood the nature of this call, I referred the caller to the appropriate service and social worker in her area. This particular call was, and remains, significant for me as it clearly demonstrates the relevance of this research by highlighting the difficulties that Anglophones have in terms of accessing social services. I believe it also speaks to the need to improve the community's awareness of services, that is to increase visibility alongside accessibility of social services for the English speaking community.

The recruitment process took approximately six months, a time line which was much longer than I had initially anticipated. As outlined in Table 1, certain recruitment strategies such as informal networking and collaboration with CASA were key to successfully recruiting participants. In fact, all research participants were either referred by a community member (from CASA or other community organizations) or had had contact with me during one of my visits to the community to discuss the research. In the end, I was able to recruit five participants and successfully conducted five interviews during the spring of 2016 (from April to June 2016).

Table 1. Assessment of Recruitment Strategies

Recruitment Method	Assessment of implementation	Assessment of effectiveness
Posters (see Appendix C) placed around the community and information posted on line by CASA	Very easy to display posters within the community and to post information on CASA's website/facebook page	Fairly ineffective in terms of recruitment as no participants contacted me based on poster or website promotion. This method may have contributed to establishing my presence in the community and could have contributed to increased awareness of the study in the area.
Informal discussion of the research within the community network	Difficult to implement in terms of time and scheduling. Seeking the support of key community members was critical but very time consuming and involved some telephone conferences, community networking and numerous trips to the New Carlisle area.	This was the most effective aspect of the recruitment strategy. It required networking with key figures and organizations in the community and helped to introduce and legitimate my presence and involvement in the community.
Snowball sampling	Easy to implement	Not very effective. Most participants were in touch with me based on information received from fellow community members who were aware of the research, but who were not participants themselves.
Newspaper advertisement (see Appendix D)	This strategy was easy to implement, but the fee for this service was substantial.	On its own, this strategy did not succeed in soliciting participation. However, it did increase the visibility of the study and led one local reporter to write an article about me and the research project.

Participants

The group of research participants was comprised of five people, four women and one man. It is important to mention that one person was accompanied by their partner during the interview as this was their preference, however the partner's comments do not figure in the data collected. All participants were living in the catchment area of the study, within the geographical area spanning from Port Daniel to New Richmond on the Gaspé coast. Most of the participants (four out of five) were born in the region and almost all had spent significant amounts of time in other provinces only to later return to their home communities. All participants spoke English and all had some French language skills, albeit with different levels of fluency. One participant identified as a member of a racial minority and as having immigrated to Canada. One participant lived in an indigenous community and the others lived in small rural towns along the coast. At least three of the five participants referenced their level of education in the interviews, and noted having at least a bachelor's degree. All participants appeared to be living in seemingly stable economic and social conditions at the time of the interviews.

Interviews, Recording, Field Notes and Transcription

I conducted unstructured, conversational style, narrative interviews with the five research participants in order to hear their stories about accessing and engaging with social services. These interviews comprise the data and basis for critical analysis that will be presented in the Data Analysis and Discussion chapters of this thesis. Riessman (2002) suggests that narratives can emerge from almost any of the researcher's questions on the condition that the researcher is able to privilege a conversational style of engagement with the storyteller. Based on this rationale I conducted the interviews in a way that sought to ensure the comfort of the participants

and to stimulate a context conducive to conversation. Each participant chose the location for their interview based on their preference, comfort and convenience. The meetings began with introductions, some informal discussion, a presentation of the consent form (see Appendix A) and a question period followed by narrative style interview questions. These questions were:

1. Can you tell me about the social services that you have accessed or used within the past five years?
2. Can you tell me about how you asked for these services?
3. Can you tell me about what went well in this experience?
4. Can you tell me about what was difficult or what didn't go well in this experience?
5. Can you tell me how you got along with the worker? (For example, how well you connected, how you communicated, whether you felt understood or respected)
6. Can you tell me how personal characteristics (gender, class, age, race, language, sexual orientation, culture, ability) might have affected your experience?

It is important to note that in most cases, the narratives that emerged from question 1 included responses to subsequent questions. As such, questions 2 through 5 served as prompts which I used only as needed to encourage participants to further elaborate in relation to particular themes. I did systematically ask question 6 in all of the interviews as this question touched on a theme that did not explicitly emerge in participants' narratives.

As Coates (2013) has noted, "when someone starts to tell a story, the other conversational participants withdraw temporarily from active participation and give the story-teller privileged access to the floor" (p. 12). Throughout the interviews, out of respect for the story tellers and for the narrative process, I was conscious of the importance of listening carefully and I sought to be

attentive to the ways in which each narrator interacted with their story. During the interviews, I was also attentive to my own presence and was nervous about leading or falling back on more traditional interviewing strategies. Based on Fraser's (2004) recommendations, at certain points in each interview I verified my understandings or interpretations with the storyteller, but also tried to refrain from being too directive in the process.

I began recording the interviews following the introductions, a period of informal discussion about the topic, and after presenting and signing of the consent form. The meetings ranged in length from one hour to one and a half hours while the recorded, narrative portion of the interviews averaged approximately forty-five minutes. It is interesting to note that following each interview, once the interview process had officially come to an end, when the audio recording had been stopped, my interactions with the participants continued but seemed to take on a new dimension. After the interview had concluded, participants sometimes shared more personal details with me about their lives. Some participants showed me significant belongings in their homes or photographs of loved ones, while some shared anecdotes and stories about their family, their ancestors and their history in the region. These exchanges that occurred after the official interview had concluded served to render the performative aspects of the interview process more visible to me. The contrast between the style of exchange that I experienced during the interviews as opposed to those experienced after the interviews also illuminated the relational aspect of research for me. I became more aware of the impact of my presence as a researcher on the narrative process which helped me to explore questions of how and why storytellers told their particular stories, in those particular ways, in that particular context and in relation to me and the research framework that I had established.

All participants consented to having their interviews audio recorded for the purpose of transcription. The recording process was intended to be unimposing as I used a small smart phone, placed between myself and the participants, to record our voices. Yet, despite the fairly discreet presence of the recording device, I believe that the act of audio-recording the interviews had an effect on the participants, on me as the researcher and ultimately on the narratives that were shaped. As mentioned above, this was apparent in terms of the contrast of style and tone of the exchanges during the recording as opposed to those that happened after the recording had finished. Although this could not be avoided considering my methodological choices, I do believe that it should be acknowledged. It also needs to be noted that the use of smart phone for audio recording led to some difficulties in the data collection process. Specifically, in one interview the quality and length of the recording was compromised due to interference, leading me to rely more heavily on my field notes in the analysis of this narrative.

My own presence as a researcher also needs to be recognized and accounted for not only for my role as a co-author of sorts in the narratives, but also as the person or lens through which the data was collected, interpreted and analyzed. In order to provide a context to the narrative data, and to reflect on my own presence, perspective and experiences of the interviews I made detailed field notes following each meeting. These field notes contained my own observations, impressions, thoughts, feelings and experiences about the interviews and about the research process from my perspective. In the notes I also identified what I understood to be key messages or important points that the participant wanted me to take away from the interview. These often related to their reasons or motivations for participating in the study, namely to bring about change and to improve the experiences of Anglophones accessing and engaging with social services in the region.

Ethics

There were ethical issues that I addressed before beginning this research project and through all subsequent phases of the research process including data collection, analysis and writing up. During the initial phases of the research I submitted an application to conduct research along with a proposed ethics protocol to the University of Victoria Human Research Ethics Board (HREB). The HREB approved my application in January of 2016 and it was subsequently renewed in January of 2017 (see Appendix E). My ethics protocol detailed the ways in which I intended to navigate and mitigate ethical issues and concerns throughout the different phases of the research process. Consideration of the ethics of this research necessarily involves a deep consideration of my own positions and roles within my own community and within my region. One particular concern throughout the research process has been related to my personal and professional history and involvement with local Anglophones in the community of Gaspé. Considering my connections and pre-existing relationships with other community members within our small, local population, and given my position as a social worker within the community, the potential for overlapping roles and boundaries was foreseeable. As a social worker in a rural community and as a member of the English speaking community I have worked with and have personal relationships with many community members who could have been potential research participants. Moreover, the fact that I also have relationships with the social workers practicing in my community and offering social services to potential research participants led me to conclude that conducting this kind of research within my own community was ethically unfeasible due to potential problems of anonymity, proximity and conflict of interest. In order to mitigate this concern, I designed this research in such a way as to minimize the potential for dual roles.

I chose to conduct the research outside of my home community in order to ensure geographic distance and unfamiliarity between myself and the research participants. This measure allowed me to separate my research role from my social worker role considering that I was unknown both professionally and personally in the New Carlisle and surrounding areas. Furthermore, making this choice to recruit participants from a different territory, participants that I had had no prior professional contact with, also eliminated the possibility of me being called upon to offer services to these participants in the future. Throughout the research process, I maintained the role of researcher and provided referral information for participants to seek social and/or psychological services as needed. This allowed me to distance myself from the role of counsellor or social worker in regards to research participants.

At the beginning of each interview the consent form (Appendix A) was presented, explained and discussed with each participant. Additional information about the research was also provided and participants were encouraged to ask questions before signing their consent form. It is important to note that participants were also informed of their right to withdrawal from the research at any point in time, without consequences. Two copies of the consent form were signed; one copy was kept by each participant and I kept the remaining copy. The protection of each research participant's personal information and identity throughout the research process has been of particular concern for me considering the challenges posed by the small, closely knit context of life in a rural community. As outlined in the consent form, all research participants were provided with information about the research process and were informed of the measures that would be taken to protect their anonymity as well as the confidentiality of their data. All participants signed consent forms, agreed to be audio-recorded and authorized future contact by

the researcher during subsequent phases of the research process. Safeguards to preserve participants' confidentiality and anonymity throughout the research process included:

- Providing choice in regards to the location of interviews;
- Not using a transcriber;
- Using pseudonyms;
- Asking participants not to name other people in the interview process (and not transcribing names if they are mentioned in the interviews);
- Retracting or changing specific places or details from the transcripts in order to preserve privacy.

There were some potential emotional risks to participants involved in conducting the interviews that I also needed to prepare for and to mitigate in the interview process. Although the focus of the study has been centered on issues of access and engagement with social services, many participants shared stories that were deeply personal and, at times, highly emotional. Although I did not seek to explore the reasons or events that originally led the participants to seek social services, many participants told their stories in such a way so as to explain how and why they called upon services. Although most participants' stories involved hardship, trauma or grief, none of the participants showed signs of distress during the interview process and none asked to skip questions, take breaks or stop the interview as they had been encouraged to do as needed.

Evaluation

In studying the experiences of people living within my region I am accountable not only to the research participants themselves, but to the English speaking communities of the region and to

the broader Québec community as well. My aim with this study has been to conduct research that respects participant's voices, that questions dominant discourses and that challenges the divisive practices that continue to operate between/within linguistic communities in Québec. The evaluation criteria that I believe are best suited to determining the value of this research reflect my own priorities as a researcher/student committed to social justice, as a citizen committed to the well-being of my region and community and as a social worker committed to anti-oppressive practice. With this in mind, I have identified three criteria for evaluating this research. The first involves whether I have effectively interrogated my own involvement in the research process and whether I have "come clean at the hyphen" and have adequately anticipated the potential impacts and effects of the research data (Fine, Weis, Weseen & Wong, 2003, p. 195). This particular criterion demands consideration of my honesty, transparency and trustworthiness as a researcher and in regards to my research process and final outcomes.

Secondly, I believe that it is important to assess whether the research is coherent. This involves determining the relevance of the study in relation to an identified need while also considering the correspondence of participants' stories with the data analysis, the conclusions and the research outcomes. I believe that this is a key consideration that speaks to the rigor of the research process and that ultimately contributes to the credibility of the study.

Lastly, I consider it essential to consider whether this research contributes, in terms of its' process and outcomes, to promoting equality, social justice and material change. In other words, has this research achieved its goals in ways that fit' it's purpose? Is it "meaningfully coherent" (Tracy, 2010, p.848). In this sense, I intend this research to be evaluated based on how it contributes to deconstructing barriers and building bridges in regards to access to social services within the community.

Merits

This research explores the experiences of Anglophones who have accessed social services in the Gaspé region. The research has been developed with an awareness of the challenges related to access and care that I have observed in my own personal and professional experiences in the region and which have also emerged in the review of the existing literature on the topic. I believe that one of the strengths of this research is that it provided a vehicle for community members to speak and to be heard and, in this regard, the research process has responded to a need in the community. The research participants who told me their stories spoke with purpose and intent and some even noted that they had been hoping to have the chance to tell their stories in order to bring about positive changes for their communities.

I believe that narrative methodologies, including the one that I have used in this study, offer a strong framework from which to centre the voices of the storytellers. The participants' narratives offer rich data and have provided me the opportunity to explore the complexities of their meanings in some depth. One particular strength of using a narrative methodology, and one which aligns nicely with the intersectional perspective used in this research, is that the analysis is holistic and focuses on preserving the integrity and complexity of the overall narrative instead of dissecting it into isolated parts. This type of methodology has allowed me to explore aspects related to identity, and social/political context that go beyond a two dimensional or content-focused analysis.

Limitations

Some of the limitations commonly cited for narrative research apply to this study. As noted by Riessman (2002), the amount of time, labour and attention to subtlety involved in narrative research restricts the numbers of participants and stories that might be involved in the research

process. This was the case in my research as I had a limited number of participants (five) and yet exceeded the initial amount of time estimated to complete the project. This was due in part to recruitment issues, but also due to the labour intensive work of transcribing and analysing the stories, line-by-line.

It is also important to note that this research reflects a particular kind of knowledge, one based on the perspectives that I bring to the analysis, and on my own presence as a co-author of sorts in this narrative process. Although more a reminder than a limitation, it is important to note that the claims made in this research focus on participants' stories, provide critical analysis, and ultimately create knowledge that is credible and relevant but that does not reveal 'a truth' or prescribe 'an answer'. In using a narrative methodology and in shifting my research paradigm away from modernist notions, the complexity, contradictions and tensions of the research data and process are in the forefront. The knowledge created in this research is situated in context and no universal truth claims or categorical conclusions are sought to be made.

CHAPTER 4: DATA ANALYSIS

Reviewing the data

I will begin this chapter by briefly describing some of the stories that were shared with me. I will highlight some of my own observations and impressions and will explain how I came to choose the segments of narrative to include as well as how I named each story. As a researcher, my choices in regards to the data analysis reflect the ways in which I am creating a new, meta narrative. Riessman (2001) emphasises that the choice of which segments to analyse in narrative research is a decision that is influenced by the researcher's own position; her ideas, preferences and research interests. She suggests that this is one of many ways in which "the investigator variously 'infiltrates' the text" (Riessman, 2001, p. 701).

In the paragraphs that follow, I will outline my rationale for selecting the segments of narratives that appear in this chapter. This selection involved consideration of a number of factors. Firstly, I chose to include segments of stories that addressed my research question, specifically in relation to the experiences of Anglophones accessing or using social services. Considering that most participants spoke of their experiences with both social and health services, I chose portions of text that conveyed thoughts, ideas and issues that were relevant to the field of social services. Secondly, I sought to highlight passages that touched on different dimensions of experience including intrapersonal, interpersonal, cultural and structural aspects as suggested by Fraser (2004). These multiple dimensions allowed me to examine and develop insights into issues related to service access and delivery, but also in regards to linguistic categories, identity and relations of power. Lastly, I chose to include segments of stories that would not risk identifying the research participants. The level of detail or specificity of some parts of participants' narratives could potentially serve to reveal their identities. I felt that this was a very real concern considering the small size of the Anglophone community in region, not

to mention the proximity and interconnectedness of community members. As such, I have limited the excerpts of stories that appear here and have retracted or modified any content that could compromise the anonymity and confidentiality of the participants.

This chapter also includes a review of my interpretation and analysis of the narrative data. As outlined by Riessman (2001) narratives can be analysed textually, conversationally, culturally, politically, historically and performatively. In this research, I approached the data analysis with an appreciation and alertness to the textual, cultural, historical and political aspects of each story. Fraser (2004) suggests that examining stories with a consideration of their multiple dimensions is very relevant when research seeks to understand the social roles of a story and the complex interactions of people and their environments. For this reason, I chose to use Fraser's (2004) framework to "scan across different domains of experience", to analyse each participant's story with a particular attention to the intrapersonal, interpersonal, cultural and structural aspects emerging from the narratives (p. 191). The key themes resulting from this analysis are presented at the end of this chapter.

Throughout the analysis, I have been attentive to the role of language and language categories. Specifically, I have analysed the ways in which language and ideas about language informed the participants' experiences of social services as well as the ways in which language categories and boundaries permeated their stories and were negotiated and renegotiated in the storytelling process. Through these points of analysis, one being more concrete and the other referential, language remained a constant and discernable force that served to organise and categorize people and actions, serving as a basis to differentiate the self from the other and leading to material effects in terms of service access and delivery. The participants' narratives provide concrete examples of how the deep seated, dividing practices associated with language

difference produce certain kinds of subjects, and of how they serve to inform social work encounters and service delivery across linguistic boundaries. Each narrative provides a glimpse into a complex web of power dynamics which necessarily includes language as a point of differentiation. The narratives also address other forms of othering and of marginalization, however language as a system of differentiation remains a transversal theme, underscoring, producing and reproducing itself in all the narratives presented and analysed in this research.

Analytical Considerations

It is important to note that all the participants' narratives included some discussion of health and social services in general terms and often with little to no distinctions made between professional fields, roles and categories. On occasion, participants referred to 'the CLSC' or 'the hospital' without distinguishing between *social* as opposed to *health* services. This speaks to the influence of health and social service policy and to the structural influence of CLSC institutions on the region's culture. Prior to the reform that is currently underway across Québec, integrated front line health and social services have/had been offered through CLSCs since the 1970s. The CLSCs are familiar and well used local community services centres that are affiliated with local hospitals and long term care facilities. There is a CLSC in every community serving as an entrance point or "porte d'entrée" for accessing health and social services. This institutional structure, which integrates health and social services, was mirrored in the research participants' narratives which also combined health services with social services in the storytelling process. This reflects a culturally specific understanding of service delivery that has been defined in the community over time, through the existence and evolution of the CLSC as an institution. In this sense, the CLSC structure influences not only how services are experienced by service users, but

also how services are understood and talked about. This is particularly evident in the conflation of health and social services in participant narratives and is an aspect that should be considered when reading through this analysis.

Anglophone's Stories of Access and Care

In the following sections I will present, one by one, a brief overview of each participant's narrative along with my impressions and initial thoughts in regards to each interview. The comments are interspersed with segments of text which are, whenever possible, presented in long and uncut portions to preserve the integrity of the stories as a whole. This, however, was not always possible given that many parts of the narratives were redacted to preserve the confidentiality and anonymity of the participants, and in the case of one narrative, portions of transcribed text were not available due to technical reasons. Overall, the narratives provided abundant, rich and detailed data that serve as the basis for the analysis, findings and conclusions that will be discussed in subsequent sections.

“Too many barriers” - Darlene's narrative

Darlene is an Anglophone who has had fairly extensive experience collaborating with social workers and social services institutions on the Gaspé coast. Her story focuses on her experiences of contacting social services because of a duty to report, as well as requesting services to help a family member as well as other children in her community. A large part of Darlene's narrative is focused on her own experiences, however she also talks about the experiences of a family member and about her own involvement in helping this particular person to access services. Her stories seem to work together, to serve as evidence or support for key points that Darlene raises

throughout her storytelling. As a whole, Darlene's story ultimately highlights the inequities that she perceives and that she speaks about so passionately about in regards to social service delivery. My initial impression when listening to Darlene's stories was that they were not rehearsed but were notably intentional or purposeful. Listening to Darlene speak gave me the feeling that she had been waiting for an opportunity to share her experiences and observations and to voice her concerns related to access to social services for Anglophones in the region. She also noted that she hoped that her stories might contribute to bringing about change in the current system.

I have selected some segments of Darlene's stories to share. The first one addresses some of the barriers that Darlene has experienced when trying to contact child protection services to report the situation of a child in her community. It is important to note that in the Gaspé region and perhaps in other areas of Québec, the French term 'signalement' is often used by English speakers to describe the process of reporting a situation to the authorities. Here is an excerpt from Darlene's narrative:

Darlene: When I look back, I look at the positions that I used to have [retracted] and what we normally do here is we have to call down to [retracted] to do a signalement and then what they do is they reach out up here. But what I have noticed, and I am an organized individual, [is that] I could call and leave a message or speak to someone and tell them and they'd say ok, someone will get back to you...and they didn't. But because I had it documented, within three hours of the day, I'm like, ok I have to call them again because no one has gotten back to me and this child is about to go home but I don't think they should be going home. So I've, so that type of thing, they don't call you back right away, or they call back the next day or something like this. Also, when I've called, um, they ask you, you know, I ask, could I speak to someone, do you speak English? They said well a little bit, they said well, they said well do you speak French? Yes I do, but I'm not doing this in French. I want to do it in English because my first language is English and I want to make sure that I am expressing myself clearly. So I have had occurrences where well someone will call back in a half hour, or that 'so and so' is not on and they speak English better than me, so to me, that, that's of concern because if someone, I mean [retracted] at the time I had to do it, but if you have somebody in the community

who has actually said ok I'm calling social services because this isn't right and for them to be able to call back again, maybe they have witnessed something and they have built up the nerve to call then they're being told well the person who speaks better English than me is only in tomorrow, or you know, so that has been a concern.

Researcher: so that's been a concern.

Darlene: It is because there's language barriers. Sometimes the words in English are not the same in French, um and sometimes, especially if English is your second language, like if I look at [some communities] here, Mi'kmaq is their first language, English is their second. So you're trying to have someone with their second language as English talking to somebody who their first language is French. Too many barriers.

Darlene's narrative also included details about how she felt being in contact with the social workers during their encounters. The following excerpt describes her experiences with the social workers:

Darlene: Honestly, the times that I've had to call, [retracted] uum it would depend on who I got. Um, I can't remember any of their names, but there was one lady I could feel, I could sit and I'm talking as if I'm talking to you. Then there was another lady that was just like give me the information, yep, thank you. And it was like ok. So ya, it depended who I got and at some point honestly, I could tell you which one, I don't know, would take the time for the English speaking person, I hate to say that, it's a reality, there's a difference, I could tell, I still did it, but you can tell there was more care and compassion.

Researcher: un hmm, ok, and so this is also another one of my questions about what went well in some of these experiences, so sometimes you felt listened to or...

Darlene: Ya, there were, when, when, I don't know, when the compassion was there, um, I remember working with this one lady and explaining, because it was a very intricate situation, you know it was just even the reassurance, you know this is exactly what we have to do, I felt that there was a dialogue, and I felt we were both putting the child at the centre and doing what we both had to do on either end, and those are the successes.

Darlene's narrative is important not only because it identifies the challenges she experienced in engaging with services, but also because she talks about some of the inequities that she has perceived through her experiences. This third segment is a passage that focuses on difference

and how personal characteristics were seen to impact access to social services and service delivery.

Honestly I think that it [difference based on race, culture, class] has a lot to do with it because I was working with a first nations community I felt there were, I want to say, first nation community, I felt, I don't know if we were, when we did call, if we were taken seriously or when we called... like I'll give you this example because this is.. we've called for social services here for a child. I've felt sometimes they, sometimes, they were quick to just go – ok, you know, recommending child be removed.

The flip side is [Excerpt retracted]

So sometimes I feel that there's, they're quick to remove a child if they had to, but then I also, living, I'm originally from [retracted] um, I have a family member that has had to call social services and has had to call a signalement. [Retracted] and [this person] has called down to social services even recently...and there, like the child had said at school this, the school called, the child had said it at home, the social worker went into the school, asked different questions, said the same thing, so it was not just one sided. Nothing happened. [They] still had to send [the] kids to the [place]. So what I noticed with that was when I've been working [retracted] with first nations, they are quick to [swiping hand gesture], and then when it was a not first nations, it was 'there's not enough evidence'.

Further along in her story, Darlene's choice of words and her repetition and emphasis of phrases relating to seeing resonated with me. Her vocal expression and her decision to talk about her experience through the convention of sight was persuasive. Darlene's narratives were crafted in such a way that she was able to put forth an argument, that was then carefully supported by other points, observations and anecdotes which, once woven together, created a solid case for her critiques of the system. The crafting of her narrative in this way highlighted the very power differentials that she talked about in her story. Darlene, as a woman, as an Anglophone and as an ally with the indigenous community told her story with an effort to be reasoned and convincing. This tells me that Darlene's voice, her knowledge and her concerns, occupy marginal spaces and

that her way of storytelling seeks out the recognition of her knowledge as legitimate. Here are three examples of passages where her tone and emphasis were particularly persuasive:

I see a difference for if its Anglophone speaking, if you're on the lower end of the poverty scale and um, I do see sometimes racial, meaning if you are Anglophone or first nations, seriously, because I see quicker, just because of who I am and what I do, I see all these different things.

...

And I saw with my own eyes and with my training there is something not right here, these are not the same children. And you know so I helped write a letter and I attached my qualifications and it got further than my [family member's attempt to access CLSC services], it shouldn't have to be that way. I don't know if that answering, but there's something, there's something, or there's not enough workers. I don't know on that end, I don't know about the workscale, but maybe there's not enough?

...

That's another thing, um you know, we seriously on the Gaspé coast need English or Anglophone resources. That and I'm not saying ok if you speak French you can't do it, you need to be solid in English in order to do this. Because if not, we have people who are going through issues at home who won't go to a CLSC for resources because of language barriers or you know, and I've seen it, I've seen it. Or where somebody comes in and it's the way they're dressed, I've seen it, they are treated differently. So I don't know, I could go on.

Darlene's narrative suggests that language is a factor that influences who becomes a social service user and who does not, that is to say, who tries to access services and who goes through issues "at home". It also points to the idea that language, along with race and socio-economic status, effect how people are perceived and received by the social service institutions and by the social workers they encounter.

“Round and round you go” - Mabel's story

Mabel's stories were unique in that she provided very detailed, chronological accounts of a number of different times when she had helped people to access services. In her narrative,

Mabel does not make a clear distinction between social services and health services, and instead speaks about issues that she has experienced in both areas using a somewhat meandering style of storytelling. Her narrative is comprised of stories about different experiences which are all intertwined and related through her role as an informal advocate or helper for her non-bilingual, English speaking friends. Mabel's narrative wandered and circled back and forth as she recounted her experiences of cycling through processes, logistics, and steps in attempts to access services with her friends. Mabel's use of circular imagery throughout her stories stood out for me and so the choice to name her narrative "round and round you go" seemed fitting.

Mabel: Well the ones [social services] that I accessed, I was accessing for a friend, and the only reason I accessed them was because I am bilingual. So they normally would ask me to go, and I do quite a bit of that kind of thing for them, and um, I feel, myself, if I was totally English speaking like they are I would be very, very, upset. Um... our hospital in this area is much worse than the one in [retracted], [retracted] is much better than [retracted] so far as having English speaking people there. It's hard for you to make yourself understood number one if you're not French speaking. And when a French speaking person, if you do get somebody, they don't have enough English people, and when you do get someone they have to speak in such a way or their words are in such a way that the whole context is lost. Even myself being bilingual when it comes to medical terms etc., I have to pay close, close attention to what they're saying. Not if it's written on a form, but verbally yes. And I feel that there's a great need for bilingual – when I say Bilingual, I don't mean someone that can just say bonjour, comment ça va, I mean somebody that is able to converse with you, converse with you completely in English. It doesn't happen. Um, you may have to make more than one phone call, sometimes people hang up on you, if they talk to you in French and your response is I don't understand, then there goes the phone and that's the end of it whether it's for a medical appointment or whatever. It's not all the time, but sometimes that does happen. Um...(pause) they may do their best, but their best is not bilingual. I know it.

Sarah: And um, so can you tell me about how you went about, for example, have you ever asked for home care services for a friend or something along those lines?

Mabel: I asked for the social worker to come and visit the home. And ah after several attempts, finally I got one person to come up and uh he went into the home and the lady had Alzheimer's he went in the home and tried to talk to her well, you know what the response was, zip, zip. Had no idea who he was or what he was doing there. Her husband did. And uh, thing were going pretty well like because I was there, then after it

came down to where the papers were going to be signed to have her put in a home, her husband backed out, he wasn't ready. So a year later, he said, I want you to make some calls for me again. I said no problem, I said you're sure this time and he said yes I'm sure. So away we went, make the phone calls all over again, and you know they all put you from one to another to another till you finally get the person you want to talk to. Having had him before, I was able to say I would like to speak to... Well maybe somebody has changed so you don't have the same person anymore and they don't stay in their positions too long, they kinda, I don't know if it's the general rule today, they switch, round and round and round you go. Anyway, um, he said are you sure he wants to do it this time, and I said yes he told me he's completely ready this time. So he came back again. And he found, of course, the same situation as before, only she was worse. Pause. Got everything all set again, no not yet, was [the husband's] answer. OK, Fine, that's great.

Mabel goes on to recount how this situation sadly ended with the husband's death. She shares her thoughts on why he did not accept services in the home that were available to him (to help care for his wife), citing financial concerns and fear as likely factors in his decision. She also talks about the social workers involved in the situation in the excerpts that follow:

Well, he [the social worker] seemed to be very positive, I mean when we talked to him he was very positive and he seemed to know his business. Um, but again, it's just kinda, I don't know, I don't know if everybody feels that way, but I don't figure that, it almost seems like the English minority get pushed aside. Maybe I'm wrong, maybe everybody feels the same way? I don't know, but I do feel that, um, in a lot of cases they are not as helpful as they would be if you could talk French.

[retracted]

I don't know, I think that they're, what should I say, very evasive maybe, they don't, and they don't really want to set a time like if you could say to them I'm going to put her in the home this day, but it's like, you have to go thru this step then into this one, then into this one, it seems like it's always a never ending circle till you finally get it...and so many people to go through! I don't know? It might be just my own feeling but, I certainly feel that there too many cogs in the wheel.

The unifying theme of Mabel's various stories is her identity, and specifically, her informal role in the community as a bilingual helper, which she explains as being related to her own upbringing and personal history.

Mabel: Ya, but I don't know, it's just, it's just I'm fortunate enough to have been able to pick up the language as a child and I didn't have any choice. There were 18 of them across the road and it was only me at home, I'm an only child, so it was survival for me. And um, they laughed lots when I spoke. I remember them laughing, sitting there laughing because I would say something totally backwards, and I would say well laugh if you want to but just tell me how to say it and next time I'll say it properly. So that's how I learned French and then when I went to school it was kind of, take the slang out if you want, and then I hope I don't pick too much of it up since I came back, but I try not to use the old slang words from here. Um, it served me well, it served me to earn my living [retracted]. So you know, but not everybody thinks the way I do. My kids I couldn't convince them. They understand but they don't speak. Only if they're stuck, my husband is bilingual. And again, bilingual to a certain degree, but he again does not always use the proper terminology, only people who are older now, talk like that, other than his wife. I do. I say, what are you saying, I want to hear this again. I think it's funny. Well, my role has been to drive people anywhere from Gaspé to Maria. Take them for their appointments to be able to communicate for them etc. yep.

Sarah: And is this something that you do...

Mabel: Out of my own, yes. It's because I want to. Ya. I'm not affiliated with the [volunteer organisation]. I'm not affiliated with them, somebody said I should sign up and I said, no, I just take people like that. I just do it, not for something to do, because I have lots to do, but just because they need someone to take them, so I take them.

Mabel says that she was lucky to have been able to learn French as a child and says that having French abilities allowed her to participate in a meaningful way in the labour force and in and around her community as an adult. Mabel's story gave me the sense that becoming bilingual was for her, not only a positive accomplishment, but perhaps also a way of overcoming her early childhood experiences of feeling different or isolated within her neighbourhood.

“It’s just the beginning” – Sharon’s story

Sharon’s narrative was emotional and provided a rich description of her and her family’s struggles over the years and their experiences with accessing and using social services. I have limited quotations and have retracted some of the content that is cited from Sharon’s narrative in order to respect her privacy and to safeguard her anonymity. This was particularly important with Sharon’s narrative considering the details of her situation and the context surrounding her and her family’s contact with social services.

Sharon’s narrative was centred around the tragic death of one of her children, an adult who had been struggling with mental health and substance use issues. Her own struggles and experiences were also featured in her narrative, closely woven into the story of her loved one’s struggle to engage with social services in a meaningful way. Here is part of Sharon’s story:

I’ve had a lot of different contacts for different reasons, like at the hospital, a lot of them you’re really well treated, but my issues are more with counselling and things like that.

Ya, so, the issue is...I had a [child] that had lots of ups and downs like, manic kinda, [they were] never diagnosed with anything, but often, like, I went to counselling for years for different reasons because I basically had [children] that were like getting themselves in trouble and a husband who was a heavy drinker, so I went for years to counselling and eventually my [child] was looking for counselling too and the biggest issue with the both was how often you had to start with a new counsellor. And they don’t go back as far as I can tell in the file, they want you to start from scratch, and because so many people come here from university and use this as their starting point and then move away, you often get that. The person has to repeat the story right from the beginning. That alone is so draining!

But, and then there’s the language thing too, like I was saying, how you’re just, you’re, you just want to tell your story that’s easy for you but for them if you can see that there’s a look on their face, they’re questioning, then you think they don’t understand so then you’re searching for these easy words while you should be just concentrating on you, you’re more concerned whether or not they understand so... I know we live in a province that we should all speak French, but we don’t at this point. And when you’re under stress and everything, it’s that much harder. And, but for me it was for a lot of the times I was just venting but I was trying to figure out my family life situation too, so in a lot of ways it did help me to learn how to deal with things at home.

Sharon's narrative had a linear direction and followed a sequence of events that culminated in the death of her loved one. Sharon identified this point in the narrative as crucial and as the reason for her sharing her story in this research. She told me that she wanted this message to be heard and understood. Here is an excerpt from this part of her narrative, a moment and message that was very powerful to me as a witness to her story:

[days following the death of her loved one]

But...the CLSC was contacted by [person x] to tell them what had happened that weekend and then Monday morning, we get a phone call, and, I answered the phone and of course you're not quite, you just wanted to be polite on the phone, but it took me a couple of days to realise what I should have said. But, she said, oh you know, we're counsellors at the CLSC and that we know what you are dealing with and maybe you, [and] your [family] would want to come and get counselling services, because you could come today. And I said oh thank you we're all fine, we'll call if we need it. And then, the next day, it dawned on me... today they can see all [retracted] of us. Today! But when my [child] needed help they couldn't see [them] for two weeks! That's my story, that's the thing, when someone really needs help, it's not there. If you can wait two weeks, well you can't, you know. At the time, that was near the time that [my child] passed, that's not the point, the point is that when you need the help you can't get it. And to me it was almost a slap in the face for them to call and tell that [the] people that were well, they could come today, but people when they need it, they can't come. So there's my story. That's very frustrating.

Once Sharon had told this story she also talked about her personal experiences as an Anglophone accessing both social and health services over the years. I was amazed by Sharon's nuanced, honest and complex narratives, and I noticed that she included positive elements throughout her stories despite the hardships and challenges that she had faced. She also talked about issues surrounding awareness and stigma in regards to mental health issues and her story ended on a note that shed light on possibilities for the future. Because of the openness of perspective and forward looking nature of her narrative, I chose to call it "It's just the beginning". Here are some examples:

They [the social workers] were always trying hard. Some really spoke English well, or understood well. Most you felt, for me anyway, I guess I just needed to vent. But then they helped me. I had wanted help to figure out how to deal with my [situation] and finally I got up the courage to [make a change] and then I went to see the counsellor after that and she said “I can’t believe it, I can’t believe that you did it, because you do things in such small baby steps, I never thought you’d do it”. So I was proud of myself. They taught me different things, like how to stand up for myself, over the years I saw many counsellors, so...

...

...like the language barrier is ok, but like I’ve, in that last nine years I guess, I had [health problems] and so I’ve been at the CLSC many, many, times so they all know me and you know like I’m, they know I’m not bilingual but they know I try and that I’m not hard to deal with so I find that I get well served, like, for that. But still, like you know, you’re always struggling with the language, but I mean that’s that never going to go away, I mean it’s never going to go back to being a bilingual or a unilingual English province, like you know, it’s actually moving well there. The younger people are doing well, but the seniors, the English seniors that are still here, are struggling and that’s what I see [retracted] ...I’m trying to get them to realise it’s not scary and like I know what I’ve dealt with and I know that people haven’t all had the same issues but if I have issues, they must have issues too...

...

Now there’s so much more awareness about mental health and that’s still not enough. It’s just the beginning.

Sharon’s narrative highlights struggles related to language, such as the struggle to understand and be understood, and the struggle to meet the expectation that Anglophones speak French in today’s Québec. Her and her family’s experiences with social services raise concerns about service accessibility, particularly in crisis situations, that, while seemingly generalizable to the population as a whole, cannot be separated from the fact that her and her loved ones requested services in English.

“They have to care” – Joy’s narrative

Joy’s story unfolded sequentially and began when her child was born and diagnosed with a disability. Her story traces the paths that she and her family have navigated within the health and social services system over the past decade. Joy, her partner and her child identify as Anglophone and have sought and received services from a variety of health and social service professionals over the years. In her story, Joy’s encounters with social workers and her experiences of accessing social services were neatly woven into the broader fabric of her narrative which focused on all services (including social, medical, rehabilitative and educative) that her child has required and that the family has accessed. Throughout her story Joy made distinctions between various types of professionals involved and she had a clear understanding of professional roles and boundaries. However, I noted that her story gravitated towards a bigger picture, one which was focused on the larger network of professionals and services and the coordination of these services (or lack thereof) that she had experienced. I had the impression that the social workers in the narrative were like dancers in a somewhat muddled and awkward multidisciplinary square dance. Like the other professionals figuring in her story, I got a sense of the social workers’ comings and goings, their periodic involvement, while also seeing the movement of the diverse group of dancers as a whole.

Two specific encounters with social workers provided a strong comparison in terms of Joy’s experiences of social service delivery. Joy noted that in her first encounter with a social worker, when her child was very young, the worker’s approach was somewhat cold and methodical. She got the sense that the social worker felt inconvenienced by the fact that Joy spoke English, that she seemed “put out” to have to communicate with Joy. Joy also had the impression that the worker was there to “tick off the boxes” rather than listen and truly understand her situation. For example, Joy explained that she does not expect all professionals to speak English, but she

emphasised that professionals do have to care about the people they are helping. She further stated that having a social worker who cared about her and her family was of utmost importance, an aspect which she described as relating to the openness, kindness and concern of the worker for her and her family. Although Joy stressed the importance of being able to have access to services in English, she qualified that caring was, for her and her child, just as important as a worker's level of fluency. Throughout the narrative, Joy repeatedly used terms referring to the notion to caring. Her emphasis of this point has led me to name her story "They have to care".

Joy also addressed more recent encounters with a social worker which she describes as being more positive. Part of her story outlines how together, Joy and the most recent social worker, often search for words in English and in French in order to communicate and understand one another. Despite the challenges posed by language barriers, Joy identified this experience as positive because of the openness of the worker, her willingness to try, and the fact that she 'cared'. Joy also identified this experience as positive because of the transparency of the worker, her ability to delineate her role, what she could and could not offer, as well as her ability to help Joy coordinate services and guide her through the complexities of the system.

At the end of her narrative Joy spoke about the ways in which she thought personal characteristics (her own, her child's and those of the workers) affected their experiences of access to services and their contact with the workers. Besides identifying language as a critical factor in her encounters, Joy also explained that her child's diagnosis and disability also played a significant role in defining their experiences within the health and social services system. Joy described her struggle to receive additional services for difficulties unrelated to her child's initial diagnosis. She felt that because her child had been placed in a certain category of disability, it

was much more difficult to get professionals to recognise that her child might also have other needs and challenges that merit attention, support and services.

It was obvious to me when listening to Joy's story, that she and her family had extensive experience with health and social service providers and organisations. The amount of time and energy that Joy and her family have spent accessing services and working within the system carries a lot of weight for me and offers a great deal of credibility to her comments and to her critiques. Joy's story highlighted several significant challenges and barriers to access including inconsistency of services and follow ups, instability in terms of personnel, and the scarcity or unavailability of specialised services in English in the region.

“It's all politics” - Mark's story

Mark's narrative speaks to his numerous years of experience dealing with a myriad of professionals due to his history of extensive health problems. His story is chronological and linear in direction and it is primarily focused on his experiences of receiving care from the health and social services system with some detail also provided about the logistics of some of these experiences. These narratives concern Mark's health, a primary concern and the reason for his involvement with professionals over the years. The stories are, at times, specific in describing particular events, but are also general in the sense that they address ideas or issues related to services in broad sense based on his collective experiences over the years. It is important to note that a third party sat in on this interview with Mark's consent but that this person's comments are not included in the current research.

What is of note to me in Mark's story is that there are very few boundaries drawn between the different types of services (health provider versus social service provider) that have been

involved in his care over the years. Instead, his narrative seems to focus on the notion of care in a more general sense and raises concerns that are relevant to a wide range of professionals in the health and social services system. I think that Mark's narrative is important because he distinguishes service delivery experiences based on place and context. Notably, he compares his experiences in a local, rural context to those that he experienced in a larger, unfamiliar urban centre. He also makes connections throughout his story between his own experiences and the politics of service delivery and care. For this reason, I have chosen to use one of Mark's quotes, "It's all politics", as the name of his story.

The following excerpt deals with times when Mark was sent away to a larger center for specialized health care. He describes the challenges he faced and makes comparisons between his local services and specialized medical services received in an urban centre.

Mark: Well I've had a lot of health problems since I was [younger]. It started with [a certain disease], and ah, after that I had [that again] ...and I was diagnosed with [another] health problem...and it went downhill from there, from when I was [younger]. I worked all through it and I had to stop working [after some years]

[Cough]...

And, ah, anyways its gone downhill, my [health problems] got worse and worse and so I mean like I made a lot of trips to the clinics you know and to the CLSC, problems, I would wake up at night and just couldn't seem to breathe and the people down at the CLSC are pretty much people that live down here and we know most of them. You know and they are very good. Some of them don't speak that much English, and you know what, I don't speak that much French, but we get along and we can understand each other. But what happened is that [I got sick again] and then 3 years ago I got [another health problem], and it was pretty serious and pretty scary, spent some time up in [the city] and spent all summer in the hospital.

Ya, they were good... (with some hesitation noted)...

But, ya, well the point is, if I was in a delicatessen and I ordered a sandwich and I ordered no mayonnaise and they brought me mayo, well that's ok, it wouldn't be a big deal but when they're talking about my health and what some procedures are going to be, I kind of understand but I'm not really sure.

[retracted]

A lot of things were good [in these experiences]. They know exactly what they are doing, they're professional. Its sometime getting the message across, it doesn't get through.

Sarah: And so, what was the most difficult thing or feeling?

Mark: Just the unknown, I didn't understand what was going on sometimes and one time, I usually, you know, well if you've ever been in the hospital, you get a sore back. I had a really sore back, I don't know what it was from, from working down there, my back was really sore and I had such a manual day, and they didn't know what I had and then I tried my best in French and then usually it worked and I said, I pushed the button and I said I need someone to adjust my bed. "Comment?" [they said]. I said, never mind. Someone came in and wanted to know what I wanted, well I was up at that time and then I just said I'm not gonna ask anymore. But...it's just being, you know, you feel all alone. A little fella in the bed next to me, his wife was there. You know you don't feel like you know, you get lonely, you get that feeling you just kinda wanna close your eyes and shake your head and pretend like it's not happening, go to your happy place. And it was a hard, it was a hard, how long was that time, 5 days? It was a hard 5 days.

Sarah: Did they ever contact anyone to help coordinate things for you, a social worker?

Mark: No, nothing like that.

Sarah: And the contact you have here is with the CLSC in [your local community].

Mark: Ya, all the services, across the road from [a restaurant] and our family doctor too which is handy. ..

Here, they try. You know, they all try and like I said, I know them, you know, you see them sometimes, shopping, grocery shopping, where I used to work, you see all of them. You don't know all of their names, but you know their faces and they're friendly.

Throughout his narrative Mark also added short comments referring to broader systemic issues in relation to his experiences. He suggested that language barriers might be difficult to address because of issues of power and politics. For example, in regards to the possibility of bringing about changes to the health and social services system to reduce language barriers he cautioned "ya but you know, unions, and you know, like seniority". He also stated that he thought personnel were overworked, "They are really good, but they are overworked, that makes a difference in the way you treat others. Not that they are mean, but, it's just that it must get tiresome for them". Mark also referenced Québec's recent health and social services reform

asserting “it’s not hard to see what they’re doing, when the next election comes then they start giving things back. Funny, the premier is a doctor”.

Analysis and Findings

In the following sections, I will explain my analysis of the data and will explore the two key themes that have emerged. Using Fraser’s (2004) framework, I analysed the stories with an attentiveness to the intrapersonal, interpersonal, cultural and structural aspects of the narratives. The results of this analysis relate to two main themes. The first theme addresses the participants’ experiences of access and care and involves several concrete concerns in regards to service access and delivery. The second theme is more abstract, and relates to broader discursive implications in terms of participants’ experiences of services and their narration of these experiences. These themes will be discussed in the following paragraphs and a discussion of these findings as well as my concluding thoughts will be presented in a subsequent chapter.

Theme 1: Heightened Difficulties with Access and Care

Based on the analysis of participants’ narratives, it is clear that language difference has an impact on how services are accessed and received within an already tightly-stretched social service system. Several adverse effects of requesting services in English in the region were reported by participants. These adverse effects suggest that what may be considered common or universal problems of service delivery and poor practice were amplified for these Anglophone social service users. In other words, the general types of problems that impact all social services users were found to be further complicated or intensified in the context of language difference. The participants’ narratives identify organisational and practice related problems as being more

pronounced for Anglophone service users, a finding which suggests that the more acute nature of these challenges creates or contributes to current problems of access to, and sustained engagement with, social services for English speakers in the region.

Logistical and Organisational Concerns

Many of the adverse effects or results of requesting services in English reported by participants referenced logistical challenges regarding service delivery. Some participants, such as Darlene and Mabel, noted that they could get further, faster within the system when they spoke French.

For example, in the context of health services, Darlene says:

And just going in to see a doctor, I got in further and quicker because I speak French. I mean I would speak English, and I want, cause I am like that, I keep speaking English, but when I could feel, ok this is not going the way I wanted, so I flipped over to French. So we have issues on the coast... and for services.

In her story, Mabel describes her experience of service access logistics and provides some comparison based on language difference when she says:

I really do feel that there's too many [cogs in the wheel] cause like, I don't see the reason for it? And to go here, to be sent there, to be sent back here to there and you just keep going like a yo-yo up and down, up one hallway and down another one. I know we had a lot of trouble with that. But because I could talk French it eliminated it, imagine if I couldn't of? Then you would be in trouble big time! They just kinda shove you aside, your case isn't important kinda thing. But that's the big language barrier.

Mark, who identified as having significant difficulty in speaking and understanding French in the context of service access, noted feeling more secure and comfortable in regards to navigating service logistics when he was accompanied by his bilingual partner. Mark said he preferred to be accompanied, to have someone to be his 'security blanket' when accessing services to ensure

good communication and awareness and to feel more at ease in his encounters with professionals (predominantly medical practitioners).

The logistical problems related to language barriers were of concern for participants, particularly in regards to access to services. Participants faced challenges when accessing services that were directly related to the fact that they spoke English. Both Darlene and Mabel talked about problems they encountered when trying to access services in English over the phone. Mabel expressed concern over the inconsistency of services and noted that in her role as an unofficial helper, she had to assist people to take additional steps or make exceptional efforts to gain access to services. As referenced earlier, she notes:

Um, you may have to make more than one phone call, sometimes people hang up on you, if they talk to you in French and your response is I don't understand, then there goes the phone and that's the end of it, whether it's for a medical appointment or whatever. It's not all the time, but sometimes that does happen. Um...(pause) they may do their best, but their best is not bilingual.

Darlene explained similar concerns in regards to the bilingualism of front-line workers and she pointed to the deterrent effect that these types of issues can have in regards to access to services.

The following excerpt, as cited earlier, details her experiences:

I could call and leave a message or speak to someone and tell them and they'd say ok, someone will get back to you. And they didn't [retracted], so that type of thing, they don't call you back right away, or they call back the next day or something like this. Also, when I've called, ummm, they ask you, you know, I ask, could I speak to someone, do you speak English? They say well a little bit, they said well...they said well do you speak French, yes I do, but I'm not doing this in French. I want to do it in English, because my first language is English and I want to make sure that I am expressing myself clearly. So I have had occurrences where well someone will call back in a half hour or that so and so is not on and they speak English better than me, so to me that's of concern because if someone, I mean in my job, at the time I had to do it, but if you have somebody in the community who has actually said ok I'm calling social services because this isn't right and for them to be able to call back again, maybe they have witnessed something and they have built up the nerve to call then they're being told well the person who speaks better English than me is only in tomorrow, or you know, so that, um has been a concern.

The fact that Darlene has been asked to call social services back later reflects a deviation from typical practice and from the usual pattern of service delivery. In this case, Darlene's request to speak in English placed the onus on her, as a service user, to reattempt to access services at a later time. As she clearly suggests, this is a concern because of the likelihood that others in this position may become discouraged and may not try to re-contact services despite a situation of need.

Other concerns raised by participants in terms of service delivery involved gaps in services or lack of availability of services in English. For example, Darlene noted that that she was uncertain as to whether social services were following up on her requests for support for children in her community. She suggested that an insufficient number of bilingual personnel was contributing to the problem commenting that "I don't know if there's a gap or not enough people to go and assess the situation or provide extra services, in English?". Mark also addressed bilingual staffing issues and suggested that within hospital settings, it would be helpful to "try to organise...on every shift, to try to have someone who can communicate with the patients" he added "it's just little things sometimes". Joy also identified problems with human resources and noted gaps in terms of access to a range of rehabilitation services in English for her child with special needs. She explained that when staff were available to offer services, these were generally adequate in terms of meeting basic needs, but she emphasized that service delivery was highly inconsistent since only a handful of professionals in the field, and in her area, could work in English. This situation led to significant gaps in services, periods of time in which the required support was unavailable to Joy and her family.

Practice Related Concerns

All service users may, at one time or another, experience practice related problems in their encounters with social workers. However, my analysis of Anglophones' narratives shows that certain practice related problems were intensified in a cross-linguistic context. This was noted by most participants in regards to at least one, but sometimes several, encounters with professionals. Overall, three main types of practice related problems emerged from the narratives. Firstly, all participants addressed issues and challenges related to the ability to engage in a dialogue with their worker on one or several occasions. Secondly, some participants described practice problems or attitudes that led them to feel unwelcome, less important, or burdensome. And lastly, some participants described social work encounters that were overly task centred and too heavily focused on getting the facts at the expense of connecting with the service user and seeking to understand their situation. These practice related concerns are addressed in the sections below.

Dialogue

Communication is undoubtedly an essential feature of social work practice. In the context of linguistic difference, communication becomes complicated, albeit to varying degrees, based on the comprehensive and expressive abilities of both the worker and the service user in any given encounter. The struggle to find mutual meaning in encounters with professionals was a theme that was addressed by all participants. For example, despite being fluent in French, Darlene noted the importance of providing accurate information to social services and, as such, she felt more comfortable to express herself in English when talking with social workers. She emphasized the subtleties involved in words' meanings and identified facing language barriers in

the context of services, noting that in translation “sometimes the words in English are not the same in French”.

It is important to note that all participants identified having different levels of French language ability and therefore all experienced language barriers to differing degrees and in different ways. For example, Sharon explained her need to speak in English when talking about important personal issues with social workers and she described the challenges that she experienced in these encounters. As cited earlier, she recounted:

But and then there's the language thing too, like I was saying, how you're just, you're, you just wanna tell your story that's easy for you but for them if you can see that there's a look on their face, they're questioning, then you think they don't understand so then you're searching for these easy words while you should be just concentrating on you, you're more concerned on whether or not they understand.

Darlene also raised issues related to the struggles of engaging in dialogue citing that her family member experienced challenges with a social worker in this regard. Darlene describes her family member's frustration and recalls:

[My family member] said 'I'm trying to pour out my heart for my kids', [this person] is trying you know, and [this person's] French is not strong, so [they] said, 'we were trying to have a dialogue, trying to understand each other'.

Mark also talked about communication problems and, specifically, of his challenges in speaking and understanding French. Mark identified feeling lost and confused when he was in contact with the health and social service system on his own, without a bilingual support person to accompany him. In regards to health services, Mark noted that he always tried his best in French and that it often worked in communicating his basic needs. However, he further described experiences where his French was not understood by professionals, and where no one

was available or able to communicate with him in English. In these situations, Mark recognised that he was not being intentionally disregarded, but noted “it’s just that you feel like, abandoned almost.” On one occasion, Mark said that he gave up, and just stopped trying to communicate. He recalled feeling alone and isolated because of the language barrier which effectively prevented all meaningful communication between himself and the personnel around him.

Although Mark’s comments about language barriers relate to his experiences of being hospitalised and receiving medical care (as opposed to social services), the points raised in this part of his story were also of concern for other participants. Sharon noted that both she and her father (also an Anglophone) had been hospitalised and had experienced similar kinds of feelings of being left out due to language barriers. She recalled:

You see the difference, like when I was in hospital I was in a semi private room so I was well, well looked after, but I didn’t have that little personal connection because of the language barrier, because they would come into the lady next to me and she spoke French so they would chit chat and laugh and talk about everything under the sun and that was nice, and then for me it was just whatever had to be done. There was no like, ‘that little extra thing’ so that’s a big language barrier too and my dad was here in the hospital too and I noticed that. He said ‘oh they are very good to me and they come in and they look after me’ and he talked a little bit of French, not a lot but he tried, and he was super, super friendly, so he never gave them any trouble so they were really nice to him. But I think that he missed out on that socialising too as an older person when you are in the hospital you just want, anyways he wanted, to be special...

The examples provided here show that communication problems due to linguistic differences pose particular challenges for services users and professionals in regards to engaging in, and sustaining, accurate, meaningful and helpful dialogue. Some participants noted that language differences impacted the abilities of some workers to offer comforting words or empathetic exchange to service users in need. In the context of health services, these experiences were

understood to contribute to participants' sense of isolation and marginalisation in regards to mainstream services and service providers.

Attitudes and Perceptions of Inclusion and Exclusion

Some participants identified that they felt the language barrier was a burden, was time consuming or was too much energy for some social workers and other professionals. For some participants, this perception seemed to create or reaffirm a sense that there was less concern for Anglophones within the social service system and that their needs were less of a priority for workers. For example, Darlene, having had many exchanges with social workers over the years, noted that connecting with a worker “depended [on] who I got”. As cited earlier, she explains that:

At some point honestly, I could tell you which one, I don't know, would take the time for the English speaking person, I hate to say that, it's a reality, there's a difference, I could tell, I still did it, but you can tell [when] there was more care and compassion.

Darlene's narrative points to the importance and impact of professionals' attitudes not only towards Anglophones but also towards the idea of working across linguistic difference. In a certain sense, Darlene suggests that recognising and taking time for English speakers is, in itself, an act of compassion and caring. Mark's narrative also raises this issue, wherein the language spoken by the worker is linked to the notion of caring. For example, he recalls:

She was telling me things and I didn't understand her and I was trying to understand, but I couldn't. I don't want to say she didn't care, but it sure seemed like she didn't care.

Similarly, Joy also touched on this theme in her narrative suggesting that care and compassion were central considerations in regards to the ability to connect with a social worker across

linguistic differences. As an example, Joy described a negative encounter that she experienced with a social worker who seemed “put out” by the burden of having to communicate with Joy and her family in English. In contrast, Joy’s narrative also described a more positive experience with a social worker who Joy described as being open to struggling through the language barriers that characterised their encounters.

It is interesting to note that Sharon’s narrative also addressed the idea of language difference as a burden for social workers, although from a slightly different angle. Sharon’s narrative alludes to this notion insofar as she equates her own openness to try, and her own agreeable behaviour as factors that positively influence outcomes. In this way, minimizing any additional inconveniences or challenges may be seen as a useful strategy to offset the perceived burden associated with offering services to Anglophones. For example, as previously noted, Sharon said:

I’ve been at the CLSC many, many times, so they all know me and you know, like, I’m , they know I’m not bilingual but they know I try. And that I’m not hard to deal with so I find that I get well served like ah, for that but still like you know you’re always struggling with the language, but I mean that’s that never going to go away.

Task-Based Social Work Practice

Some participants spoke about negative experiences that they had had with social workers, noting that these encounters were heavily based on fact getting or ‘ticking off the boxes’. For example, Joy spoke about a negative encounter with a social worker whom she described as being overly focused on getting information. She further noted that the worker showed little interest in understanding her situation or listening to her concerns. On a similar note, Mabel described her dealings with one social worker as being positive on an interpersonal level because

this worker was not “too pushy” as compared to some that she had encountered in the past.

Darlene also identified experiencing problems of this nature as described in this excerpt:

Like, you felt like they just want the black or white answer, like you felt rushed. Where sometimes, some of the concerns they're, it's not, very simple. You know what I mean? It's like address, name, date, and it's like ok, yes, this is the information, but there is a bigger picture here, these are the concerns.

Although a social worker's overreliance on the tasks at hand (at the expense of the service user-provider relationship) may be considered a general example of poor practice, this style of interaction may be disproportionately used in the context of linguistic difference. My analysis of the narratives identifies that social workers' tendency to focus on technical objectives or task driven needs as opposed to engaging in comforting or empathetic exchange has a negative effect on service users. Given the challenging nature of working across language differences, it is conceivable that social workers practicing in a cross linguistic context may tend to rely more heavily on technical, task focused approaches as opposed to more conversational style exchanges depending on their language abilities. This point corresponds with the earlier discussion of language barriers in hospital settings insofar as both hospital personnel and social workers were at times described by participants as focusing too heavily on the tasks to be accomplished while offering little to no dialogue or empathetic exchange. In both cases, this practice approach, whether adopted out of necessity or by choice, resulted in negative reactions from participants including feelings of isolation and marginalisation.

Theme 2: Two Systems, Two Solitudes and Negotiating Divides

Two systems

My analysis of these narratives describing Anglophone service users' experiences within the predominantly Francophone social service system in the region reveals that notions of

disconnectedness between English and French speakers continue to play a role in shaping encounters in the context of linguistic difference. Anglophones' different ways of accessing services, for example by seeking out the help of other Anglophones or bilingual navigators, can be seen to reflect this notion wherein the unfamiliarity and incompatibility with the Other is presumed and perpetuated. The encounters experienced and narrated by the participants suggest that in the absence of Anglophone institutions, Anglophone service users seek to find ways to bridge the divide between these, at times, presumed or seemingly disparate realities and systems. The content and overall tone of the narratives emphasized that participants identified the health and social services system as being limited or unable to represent Anglophones or adequately provide for Anglophone service users. For instance, I noted some feelings of skepticism from some participants in regards to the ability, and sometimes the intentions, of the system to adequately and promptly respond to their needs. For example, Mabel noted that:

Of course, it's so obvious, like [Tom] could not have got as far as he did, but I jumped in there and said "What are you doing with the MRI?" and it's only because I could grab right on in French and that's when they decided to jump and get something going.

Darlene shared similar concerns and some suspicion in regards to a situation where she offered help to a family member. She noted that only after she intervened in the situation, as an educated professional, and as a bilingual and experienced person in the community, that her family member's request for services was answered. She commented:

I found [my family member] got answered quicker, for me, you know, and to me, I look at, ok, I am no one important but why did he get this response quicker because, he should have been called anyway.

At times, participant narratives expressed a sentiment of distrust of the intentions of workers and of the system in regards to providing Anglophones with good quality services and appropriate service delivery. This was also conveyed in Mark's comments about not wanting to believe that a professional "didn't care", but feeling that way nevertheless. Mabel's narrative also evoked skepticism in regards to workers' intentions and practices noting that her presence as a helper was valuable stating that "It's just the fact that people know you're coming so they kinda have be on their toes and because I speak French, they kinda can't get away with too much". Mabel's comment alludes to a negative perception of the intentions and practices of workers, suggesting that complacency and sub-par services generally characterise service delivery to Anglophones, and specifically for Anglophones with limited French language skills. However, it is also critical to mention that this type of skepticism was noted despite the fact that Mabel, along with other participants, also shared positive comments and had good encounters with social workers on at least some occasions.

Two Solitudes

This analysis suggests that participants' perceptions of the social service system remain connected, albeit to varying degrees, to historical notions of incompatibility or separateness, between English and French speakers. The historical struggles between these two settler groups surface in and through the narratives, at times reminiscent of Hugh MacLennan's (1945) characterisation of Anglophone and Francophone relations in terms of "two solitudes". MacLennan's novel, which explores the tensions between the English and the French in Canada, remains a widely recognised symbol in Canadian culture representing fixed boundaries of linguistic identity and belonging in English and French white settler ideologies. Needless to say, much has changed since MacLennan's time, and the era of two solitudes is alleged to have

passed. A case in point, in her installation speech of 2005, then newly appointed Governor General Michaëlle Jean announced the end of this era claiming:

Il est fini le temps des ‘deux solitudes’ qui a trop longtemps défini notre approche de ce pays - the time of the ‘two solitudes’ that for too long described the character of this country is past. (2005).

Despite this hopeful declaration and the gains that have been made since MacLennan’s time, vestiges of this disparate view of Anglophones and Francophones appear to live on in the discourses, imaginations, structures and practices that we continue to embody and experience today.

To some degree, Anglophones’ perceptions and different ways of accessing services as discussed above, can be seen to reflect this notion of unfamiliarity and incompatibility between these two settler groups. However, it is also important to acknowledge that the specific, concrete challenges and material expressions of linguistic difference (as discussed in theme 1) also contribute to participants’ behaviours and beliefs in regards to the system. With this in mind, the challenge then becomes raising the concerns and addressing the problems experienced by Anglophone service users while refraining from fuelling or reinforcing the discourse of disparate systems and solitudes that seems to limit progressive approaches to working across linguistic and other intersecting boundaries.

McAndrew, (as cited in Zanazanian, 2012) in describing the state of relations between Anglophones and Francophones in Québec, summarizes the dynamic as follows:

As the Franco-Québécois, a previously subordinate majority in the sociological sense, successfully restructured the balance of power with the province’s Anglophone minority in the 1960s, it came to represent the core of the new Québécois nation that is today responsible for socializing all Québec citizens and not just members of its own ethno-cultural community. In this process, the Anglo-Québécois, a formerly dominant minority that is increasingly heterogeneous in its ethnic makeup and that still possesses some economic clout and institutional completeness, has come to be caught up in a sort of

identity politics with Québec Francophones, where both groups still compete with each other over their respective regeneration and linguistic reproduction. (p. 216)

This notion of competition simultaneously describes and perpetuates the allegory of solitudes while it also establishes the presence of this discourse as a visible feature of language politics in Québec today. The ways in which the participants negotiated linguistic boundaries and identities in their narratives and in the context of social service access and care at times corresponded with this discourse, while at others, it challenged and resisted this ideological framework.

Lingering Divisive Discourses

Certain aspects of participants' narratives echoed historical and divisive ideologies in regards to Anglophone and Francophones categories, linguistic identities and group relations. The linguistic identity of participants and their experiences of linguistic categories within the context of social services has been of particular interest to me in relation to my initial research question. As mentioned above, in many of the narratives I noted contradictions between participants' accounts of their interpersonal, sometimes positive, experiences with social workers in contrast with their more general impressions or comments in regards to social service access and care. For instance, many participants spoke in positive terms of the services they received from specific workers at specific times, yet their general views in regards to social services tended to be more negative or critical. This feature of the narratives provides evidence of the broader forces at play, that is, the idea that Anglophone service users might hold on to negative beliefs about the Francophone system that are based on something beyond their own personal experiences. Moreover, these narratives indicate that discourses of socio-political division between English and French continue to play a role in framing experiences for Anglophones within the context of health and social services.

Some examples to illustrate this point include Darlene's accounts of her different experiences with social workers over the years. Darlene described some positive encounters with social workers, yet she also made more general statements about her overall impression that people are treated differently, and less favourably, for being English speaking. Mabel's narrative also involved this type of tension, between her own personal experiences with workers and her perspective of social services access and care in a broader sense. She noted in her story that the social worker was professional and "knew his business" and yet the tone of her narrative at times questioned professional competency and the openness and capacity of the system to offer appropriate services to Anglophones. These examples highlight how, at times, participants' experiences were narrated in ways that reproduced assumptions, beliefs or understandings of Francophones and Anglophones as separate and competing groups. In some stories, the narrators positioned Anglophones as potential, unwitting victims of the Francophone health and social service system. These contradictions highlight the tensions that exist between the specific and the general; between notions of singularity and representation in the context of French-English language difference. Moreover, the movement of the stories back and forth, between personal experiences and more representational views of the social services system, signal the presence of broader discourses, positions and beliefs that echo the discourse of solitudes.

Some narratives emphasized language difference and reproduced strong boundaries based on linguistic categories. Some also furthered political claims, the fuel of Anglophone-Francophone language identity politics in Québec as per Zanzanian (2012). For example, Darlene emphasised the importance of speaking English when engaging with social workers, a choice that allowed her to ensure that she was providing accurate information, but a choice and an act that was also highly political. Darlene's decisions to express herself in English in her encounters go beyond

practicality and serve as symbolic and political statements signaling the historical and ongoing presence of English speakers in the region; a position which invites acknowledgement and response. Her narrative reflects a political understanding of her encounters, experiences in which she consciously used her voice, position and presence to access services and advocate for English resources for people in need. In this regard, Darlene's narrative draws attention to the divide between linguistic groups and, in this particular regard, corresponds with mainstream discourses of identity politics wherein language difference is a political endeavour that may help in the securing of important resources.

Other examples of discourses of distinction and division between Anglophone and francophone groups can be found in Mabel's stories. Throughout her narrative, Mabel relied on rigid categorizations of people as either English, French or Bilingual. Her stories were careful to situate her protagonists as well as herself within neatly confined boundaries of these categories. Interestingly, Mabel situated herself as bilingual at the outset of her narrative, and at points in the interview, she distanced herself from being either Anglophone or Francophone. She refers to "us" and "them" at some points in the narrative including when she talks about how she learned French and became bilingual as a child. Her emphasis on her status as bilingual functions as resistance to being categorized as either French or English, yet Mabel's own reliance on generalisations related to these categories also reinforces separateness or solitudes discourse in regards to language categories.

Bridging the Divide: Navigators

The use of bilingual and well stated people as navigators is a concept and practice that was addressed in almost all of the participants' narratives. In the face of challenges and fears of not

being served, or not being well served, by the predominantly Francophone system, several participants suggested that social service users, and particularly those with limited French language skills may need to rely on third parties to help them gain access to services. Without this type of help, it was suggested that some service users would refrain from trying to access supports, would withdrawal, or, as Darlene noted, would go through issues alone, at home. In the participants' narratives, the idea of the navigator was raised and explored in various forms as a strategy for bridging the gap between Anglophone service users and the health and social services system in the region.

Of the five participants interviewed, it was interesting to note that at least two of these people had acted as navigators in the past. Most notably, Mabel identified herself as a bilingual helper for community members in need and her narrative focused on her role as a navigator and advocate of sorts for Anglophones in regards to health and social services. Darlene also spoke of her experiences in helping a family member to navigate the social services system. As previously cited, she explained that:

Like even at the CLSC, you know, for this family member [retracted] they said "[Darlene] you do this for a living, what are some things I can do?". And you know so I helped write a letter and I attached my qualifications and it got further than my [family member's initial request], it shouldn't have to be that way.

Mark spoke of the role of his partner as a support person, translator and informal navigator of sorts. In his story, Mark described her role as being more related to communication and support, as opposed to Darlene and Mabel's narratives which addressed the role of navigators in helping people to overcome access related barriers. Mark noted that his partner's presence was reassuring to him, particularly when he received services outside of his home community. He spoke of the importance of overcoming language barriers in health service related encounters, and particularly when faced with critical situations involving decision making and information

sharing. To this end, Mark's partner often helped him to bridge the communication gap in the context of health service provision while also offering him a sense of emotional security and reassurance. This role was somewhat similar to that described by Joy in regards to her current social worker. Joy identified this worker as a navigator of sorts, explaining that once her and her family had access to this professional, she became a central actor in terms of providing them with support and in regards to navigating the network of health, social and educational services they required.

Falling into Line: The Docile Anglophone Service User Subject

The participants' narratives described different ways of being and acting in the context of their health and social service encounters. Several of these descriptions highlighted the power of the system and its actors to promote or encourage certain kinds of service user behaviour while simultaneously deterring others. The power of the system to shape service user subjectivities can be understood using Foucault's ideas about the technologies of disciplinary power in institutions as laid out in *Discipline and Punish* (1975). Of particular relevance to this analysis is Foucault's notion of the docile body, or the ways in which institutionalized discipline shapes, molds, and creates desirable, obedient subjects or ideal service users. Foucault (1975) states that "discipline 'makes' individuals" and he explains that this disciplinary power is "the specific technique of a power that regards individuals as both as objects and as instruments of its exercise" (p. 170). From this perspective, service user subjectivities are both the products and the tools of disciplinary power in institutional health and social service settings.

Both Sharon's and Mark's narratives provided examples of the effects of disciplinary power on service users. Specifically, they illustrated the tendency of service users to placate certain aspects of their identities, including language, to conform to ideals and to institutional or professional expectations. For example, Sharon situates herself in her narrative as an

Anglophone who is not bilingual but who “tries”, who is “friendly” and is “not hard to deal with”. Furthermore, Sharon attributes her positive experiences with health and social services to these behaviours and ways of being a social service user. In this way, she positions herself as compliant, as someone who poses no threat to the system, to professional authority or to the status quo. Sharon also described her father in these terms, noting that he received good health care because he was “friendly” and, although he didn’t speak a lot of French, “he tried really hard” and “never gave them any trouble”. In his narrative, Mark also described times when he avoided troubling healthcare staff by withdrawing or refraining from asking for too much, in part due to language barriers but also as a way of conforming, of not being too demanding, and of ultimately subverting aspects of himself to become a docile body or a good service user. These comments illustrate the power differential that exists between service users and service providers, an aspect which is ultimately negotiated in all health and social service encounters. These narratives also expose the disciplinary mechanisms of power, the training, or *dressage*, that is employed within the health and social services system to not only favour good service users by rewarding them with good service, but, in doing so, to perpetuate the recreation of this particular type of service user subjectivity.

Resisting Boundaries: Acknowledging the Struggle

Many aspects of participants’ narratives demonstrated an acknowledgement of the complexities of language and service access and use in the region. Several narratives show resistance to the ideologies of separateness, solitudes or competition that remain part of the discursive landscape in Québec. For example, Sharon’s narrative involves a nuanced perspective in terms of language categories and linguistic identity. She refers to language as a kind of struggle that will never go away, referring in a literal sense to the challenges of learning and

speaking a second language, but also illuminating the ongoing historical and political struggles of language in Québec. Sharon talks about language as a struggle and describes the tension she experienced when she felt the need to express herself in your own language (English) with her social worker while, at the same time, acknowledging that it would be good if she was skilled and comfortable enough to speak in French. I believe that Sharon's narrative reflects a perspective that is fluid and open. She is able to resist the boundaries of rigid categorizations and instead, focuses on the struggle, recognizing and embracing the complexities and tensions that language presents in everyday life. In a similar way, Joy also addresses language as a struggle, suggesting that she is comfortable to "struggle through" her encounters with workers who are open, accepting and willing to try to find mutual understanding despite language barriers.

Mark's narrative focuses on his concerns and experiences with the health and social service system as an Anglophone with limited French language skills. It is interesting to note that Mark refers to linguistic groups in terms of English speakers and "French people" but does not structure his narrative based on categorical distinctions of us and them. His emphasis is on linguistic ability, including his own, but mostly in regards to the professionals that he has been in contact with. He describes his experiences and encounters in terms of the level of English spoken by the professionals and suggests that the context of the service delivery determines the level of importance in terms of being able to understand and communicate. Mark cites situations when he felt he needed help in English because he was very ill, his life was on the line, and yet he was unable to understand the hospital staff describing what was wrong with him and what his treatment would involve. In this case, in the context of medical services, Mark stresses the importance of having access to services in English, and yet in other, less critical contexts, he is

comfortable to try to speak French, to muddle through, and to accept that it usually works out. For example, Mark identifies having learned French lingo and having developed routines for communicating with customers when he was working in a store. He notes that his encounters with customers involved a sort of give and take which resulted in positive outcomes. Mark's concern in regards to the health and social services system is that this type of task centred, person-to person approach could improve service delivery for Anglophones, but he suggests that this could be difficult due to political and organisational issues, including collective agreements, staffing issues, seniority and so on. In this regard, Mark recognises that seemingly straightforward solutions in terms of language barriers and service delivery are in fact complex, political, and interconnected with other issues. As such, his narrative acknowledges the complexities that surround linguistic categories in everyday life and in the context of services.

Broadening Perspectives: Intersections of Concern

The presence of numerous concerns in participant narratives points to the fact that single issues alone, including language, cannot adequately describe or characterise experiences of access and care. As such, it is important to acknowledge, investigate and address the problems that are experienced for service users on multiple levels as these are inseparable and interconnected parts of a larger portrait. As described in the introduction of this research, the influence of social systems on participant experiences and in the narrative process have been key considerations in this research. In keeping with an intersectional perspective, I have analysed the narratives with a focus on how different social systems interrelate and how they operate in and through the participants' narratives. I have been alert to processes of differentiation, of 'othering' and of marginalisation based on categories of difference. What I have found is that

language, as an organising principle, underscored participants' narratives, but was not understood to exist or operate alone. The dimension of language was part and parcel of the intersecting and multiple social structures that co-influenced participants' experiences of access and care. Participants' stories addressed many different themes and issues, reinforcing the idea that experiences involve and intertwine multiple aspects of service users' and service providers' identities.

Several narratives provide evidence of this point. For example, Darlene's narrative emphasises that service access and care depends on several factors which, in her experiences, relate to language, race, education, and social and economic status. In her story, Mabel focused on language categories as determining factors in service access and care but also commented on age and economic status. Mark, Joy and Sharon implicitly and explicitly addressed issues of language, ableism and marginalisation in their narratives in the context of physical and mental health challenges. Interestingly, all participants' narratives raised issues about the power of professionals in the health and social services system and the power differentials that they had witnessed or experienced at particular times in their encounters. Furthermore, it is important to note that four of the five research participants were women and that most participants spoke of their experiences with female social workers (with the exception of Mabel). Yet despite the predominantly female context of service delivery, participants' narratives describe traditional, patriarchal style approaches to power and authority as experienced in several of their service related encounters. So, although gender was not specifically addressed by participants in their narratives, my analysis shows that a gendered social structure, a traditional (male dominated) hierarchical model of organisation, underscored service delivery, particularly in the absence of strong and intentional social work practice.

These issues, as raised in participant's narratives, relate to multiple and interconnected processes of marginalization and privilege. The complex relations of power as experienced and recreated through the narrative process are best understood through an intersectional lens. As Dhamoon (2011) suggests, intersectionality provides a means to critically analyse complexity; a perspective that recognises that "subjectivity is differently and differentially constituted through relations of privilege and penalty, with real material effects" (p. 240). In participant narratives, relations of power based on racial hierarchies, economic status and ability were all addressed with a focus on the "real material effects" that these systems of marginalisation had on the participants themselves or on their fellow community members. It is important to note however that issues of language also surface and intersect in these relations of power, providing support for Haque's (2012) contention that language provides "a convenient basis" for differentiation and marginalisation "along cultural and racialized lines" (p.15). The following paragraphs provide examples of these intersections and serve to highlight the real and material effects of these systems of differentiation and marginalisation on service users.

Race was identified by one participant (Darlene) as being a factor which was thought to influence social service access and delivery. Three participants did not discuss race in their narratives or in response to question 6, which was "Can you tell me how personal characteristics (gender, class, age, race, language, sexual orientation, culture, ability) might have affected your experience?". One participant, a racialized woman, responded to this question stating that she did not think that race affected her experiences with social services. She did, however feel that language was a factor that influenced her experience with services, particularly citing that she felt her social worker was displeased to have to speak with her in English. Although it is impossible to know what influenced the social worker's behaviour in her encounter with this

participant, it is critical to question whether systems of racial oppression are operating through seemingly less threatening terms such as those based on culture or language. Besides this participant's response to question 6, and other than Darlene's narrative, race was not taken up in any of the other participants' stories. This leaves me to analyse Darlene's narrative on the one hand, and, on the other hand, the absence of narrative content about race in the remaining stories.

Darlene's comments on race pertain to child protection interventions that she witnessed in regards to First Nations' children and families in her community. Specifically, Darlene talks about a situation where child protective services had been careful and tentative in response to a white Anglophone family and, on the contrary, had been quick to take more extreme measures with First Nations families in the community. Darlene says that child protective services rapidly recommended removal of First Nations children, but says that in the case of a "non-First nations" family, much more evidence was required and removal was not considered. Darlene's narrative, based on her experiences and observations, reaffirms that racial oppression is operating in social work practices and in social service institutions. Her story calls out racist social work practice that is based on dominant, colonial, white ideology and her observations point to the material effects of the disparities between the maintenance of white privilege on the one hand, and experiences of discrimination on the other. It is important to specify that my analysis of Darlene's story involves questioning of white privilege, but that the terms white or white privilege were not used in Darlene's or in any of the other participants' narratives. It is interesting to note that despite attentiveness to issues of colonization and discrimination, Darlene uses some caution when discussing race. For example, she uses the term "non-First Nations" when referring to a family member instead of labelling this person as white. This point raises the issue of the discomfort the surrounds discussing issues of race and racism. In general, in

most of the interviews, I sensed some degree of unease when the subject of race was brought up. This discomfort, and the avoidance of talking about race in general in the narratives, signal the insidiousness and power of dominant white discourse, in so far as silence works to maintain current systems of domination and oppression. It must be noted, to the contrary, that Darlene's observations and her storytelling reflected an awareness of the histories of colonisation of Indigenous peoples on this territory and a respect for the social and political importance of talking about racism and experiences of discrimination.

Some narratives also addressed issues related to economic status and language noting that money and class were important factors influencing service access and care. For example, in her story, Darlene explained that she had seen people being treated differently based on what they were wearing and whether they were "on the lower end of the poverty scale". In this case, Darlene's perception was that professionals treated service users differently and less favourably if they were poor or dressed in ways that identified them as being somehow different. These concerns overlapped with Darlene's observations that services users were also treated differently based on whether they were Anglophone and First Nations. Mabel's story, on the other hand, addresses class in a way which relates to the reluctance of service users to engage with services for fear of being judged or put in a position to have to pay for services that they cannot afford. Mabel talks about her efforts to encourage a friend to contact the social worker and she suggests that her friend was hesitant to access services fearing he would be unable to pay for the support services that the social worker might recommend. She suggests that "the almighty dollar" prevented her friend from asking for help and she also noted that he was scared to be judged and to have someone come into his home which Mabel described as being unsanitary.

These stories suggest that experiences of access or contact with social services are negatively influenced by poverty insofar as service user's outward expressions of being poor are, or are feared to be, subject to judgement or discipline by social workers or other social service professionals. It is clear in these examples that economic status was one of several factors contributing to inequities observed in regards to social services. This is an important concern for all service users, but it is also of particular concern for Anglophone communities on the Gaspé coast, given the existing socio-economic vulnerabilities experienced within these (our) communities.

Another intersection of concern was addressed by Joy in regards to the power and impact of social norms related to ability and disability. In part of her narrative, Joy talks about the limitations imposed by her child's diagnosis, and she describes how this diagnosis effectively eliminated the possibility of conducting further investigations, evaluations and seeking additional services for her child in regards to other needs. Her story serves as an important reminder of the dangers of relying on categorizations in helping professions, as she identifies that the principal diagnosis prevented many professionals from seeing her child as a whole person who might also experience needs unrelated to their particular disability. This meant that Joy had to persistently advocate for certain services for her child in order to respond to needs that were unrelated to the initial diagnosis. This struggle was compounded by the scarcity of English language specialised services in the region and as a result of these challenges, Joy reported that her child and family received less than optimal services in response to their needs.

Sharon's narrative also focused on issues in regards to notions of ability and disability alongside those related to language and linguistic identity. In her story, she described how people experiencing mental health problems or in crisis could not access services at critical

moments, when most in need. This deep concern comes from her own difficult experiences as a parent and highlights the challenges that exist in regards to accessing timely and appropriate services in the context of language difference and mental health issues. Sharon's focus on the need for awareness and more open discussion to reduce the stigma surrounding mental health within her community speaks to the marginalisation that individuals and their loved ones' experience in the face of mental illness. Sharon's story and her encouragement of others to speak up serve to challenge social norms, stigmas and dominant discourses surrounding mental illness. Moreover, her efforts to advocate for more open discussion and awareness of mental health issues within the English speaking community suggest that mainstream approaches to mental health awareness might fall short in reaching or taking hold with Anglophones in her community.

It is clear in light of this analysis that participants' lives as well as their experiences of service access and care are multifaceted; involving multiple dimensions and concerns. In the chapter that follows, I will present a discussion of the key themes raised here, relating these findings to broader contexts while also highlighting promising possibilities for change.

CHAPTER 5: DISCUSSION AND CONCLUSIONS

Discussion

My experiences as a social worker and as an English speaker in the region have led me to take note of the challenges facing Anglophone communities on the Gaspé coast and to concern myself with the well-being of those affected by these challenges. My experience has also helped me to appreciate the role that social services can play in supporting community members in need of help or in search of resources, advocacy or support. With this in mind, and in light of the socio-economic and social vulnerabilities experienced by Anglophone communities on the Gaspé coast, ensuring good access to services and quality care is of critical concern. At the outset of this research my hunch was that Anglophones' access to social services in the region was compromised or complicated by language barriers. I sensed that Anglophones faced particular challenges in terms of both initiating contact with services and sustaining their engagement with these services. This hunch has been substantiated by the literature, which establishes that Anglophones in rural areas of Québec, including the Gaspé coast, face particular challenges in regards to social problems (Lussier, 2012; Floch & Pocock, 2012) and in terms of access to services (Bouchard & Desmeules, 2013). I also initially hypothesised that other factors such as sex, race, socio-economic status, and age were interrelated, operating in conjunction with language to influence, create, and define service users' experiences of access and care. These hunches and concerns gave rise to this research process and led me to explore the following research question: *“What are the experiences of Anglophone social service users in accessing social services in the Gaspé region?”*.

In response to this question I must first clarify that I have not sought to find a singular or complete answer to this particular query. Instead, I have endeavoured to explore the experiences of service users by remaining open to the complexity and specificity that these narratives

presented. It also must be noted that the experiences and stories of the research participants cannot be neatly amalgamated, categorised or generalised. In their uniqueness, participants' narratives demonstrate the breadth and diversity of experience and of storytelling that is in itself an important reminder of the dangers of essentializing or generalising based on a shared group characteristic, in this case, language. However, as the findings of this research demonstrate, there are points of similar concern that surface in and through the narratives and which expose the broader forces at work in these seemingly unique or individual experiences. In this regard, my research findings straddle this boundary, between the recognition of the individual and that of the group; between singularity and representation. This research has embraced the complexities that result from this tension as well as the contradictions involved in experiences of access and care as well as in the storytelling process.

What have I Learned?

The research process and findings have fulfilled my desire to know more about what happens for Anglophone service users when they access social services in the region. Furthermore, the depth and richness of the participants' stories allowed for an analysis that sheds light on how service access and care are affected by multiple, coexisting systems of marginalisation and privilege. In the discussion that follows I will outline what I have learned from this research in relation to both the research outcomes and process. I will also explain why this knowledge is of importance, describing how it relates to the existing literature, to theory and to practice.

This research has found that the experiences of Anglophones seeking social services involve struggles related to language. This finding is consistent with the existing literature which identifies language barriers as critical concerns in regards to health and social service access and delivery (Gagnon-Arpin, 2011; Bowen, 2001; Drolet et al., 2014; Bouchard & Desmeules, 2013).

The qualitative, narrative approach that I adopted for this research inquiry provided rich and detailed accounts of the challenges encountered by service users in the region. In this regard, the current research goes beyond some of the existing literature to state not only that language barriers exist, but also to suggest the ways in which language barriers, and language status or identity impact Anglophones' experiences of access and care in the Gaspé region. Of particular note were problems related to logistical and organisational difficulties such as inefficiency or inadequacy of services, insufficient levels of staffing to meet Anglophone service users needs and high social worker turnover. Practice related concerns including those related to communication and dialogue, service provider attitudes and overly task-focused practice were also found to be problematic for the service users interviewed. Although some participants' experiences with social services were described in favourable terms, several others were not. The inconsistency involved in these experiences could understandably contribute to the skepticism that several of the participants expressed in regards to the ability of the predominantly Francophone health and social system to adequately respond to their needs.

Another key finding of this research relates to linguistic identity and the ways in which English -French language difference is negotiated in service related encounters and reproduced in the narrative process. As my analysis outlines, the participants' stories point to the ongoing presence and influence of discourses of disconnectedness, separateness, solitudes, and competition between English and French speakers on this territory. As noted in the narratives, sentiments of skepticism and distrust, presumptions of incompatibility, and the sometimes rigid characterizations of boundaries surrounding language categories and language issues suggest that these discourses continue to play a role in shaping perceptions and encounters in the context of the health and social services system. Furthermore, several of the narratives identified the role of informal, bilingual navigators in regards to Anglophones' interactions with the system,

describing their work as bridging these two worlds. Although the role of the navigator was described by participants as being a helpful means to facilitate access to services for Anglophone's in the region, some caution is warranted in regards to this approach. The primary concern is that relying on third parties may discourage the health and social system and its professionals from contemplating more systemic, equitable and sustainable approaches to offering services and meeting service users needs in the context of linguistic difference. In other words, depending exclusively on bilingual third parties to bridge the divide does not help to transgress this divide or to foster the health and social services system's capacity to change, to reach out and to engage with communities that are marginalised from mainstream services. Although navigators most certainly play an important role in helping individuals gain access to services, the need for navigators in and of itself speaks to the heart of this problem, i.e. the gap between Anglophones and the health and social services system in the region.

Some participants were able to overcome this gap by focusing on language as a struggle; by recognizing and embracing the complexities and tensions that language presents in everyday life and in their interactions with health and social services. These approaches showed promise for participants as they described several positive outcomes as being related to attitudes of openness and flexibility on the part of both workers and themselves as service users. These experiences, and specifically these ways of finding mutual meaning and building relationships of trust across differences, have provided me with hope in the midst of the challenges explored and presented in this research. In regards to theory, these approaches correspond with poststructural ideas about fluid, unfixed boundaries, subjectivity and the importance of context. They also align with anti-oppressive perspectives in terms of social work practice with a focus on critical self-awareness and dynamics of power.

Through this research process, I have learned that language differences are inseparable from all other aspects of individual's lives and identities. Although this was something I understood in theory, and specifically, in terms of intersectional theory, it was the research process that allowed me to see and understand this first hand. At the outset, I assumed that participants would tell stories that were mostly about language. Although I knew that intersectionality would be an essential tool for exploring the breadth and depth of service user's experiences, I admit that I underestimated the range of issues that the stories would expose. During the interviews, I was surprised to hear the ways in which participants' stories wandered through various issues, raising the subject of language occasionally and then carrying on to other points. Although I immediately questioned what this would mean in terms of my data analysis and initial research question, I later reflected on this observation and thought about Audre Lorde's (1984) statement about experiences of oppression and marginalisation; that "There is no such thing as a single-issue struggle because we do not live single-issue lives"(p.138). I found that many of the participants' narratives pointed to the veracity of this claim and that several issues and sites of struggle were represented in and through their narratives. Among them, the intersections of language and race, language and class, and language and ability were raised as critical concerns in terms of access to social services on the Gaspé coast. I believe that these sites of struggle are key findings that offer insight into how service providers and institutions contribute to maintaining systems of oppression as well as how we might work to resist, subvert and transform these inequalities, beginning with our own beliefs and practices.

When conducting the research interviews with participants I quickly came to grasp the significance of my research methodology in regards to centering the voices of people whose perspectives and knowledge have gone largely unrecognized. Hearing about the participants' often difficult and sometimes traumatic experiences and witnessing their openness and eagerness

to share their stories, made me realize the extent to which their voices had been marginalised, muted or disregarded at various times by professionals and the health and social services system. The participants were grateful to have the opportunity to speak and be heard on issues of service access and care and most said that they hoped their stories would lead to changes and improvements in the future. For me, this highlighted the importance of “researching up on the ladder of power” (Potts & Brown, 2005, p. 278) and reaffirmed, in a concrete way, the importance and transformative potential of anti-oppressive research methodologies for communities and service users in regards to social work practice and service disparities.

Concluding Thoughts

Drawing on the research findings presented above, I conclude this discussion with some final thoughts to connect these results to issues of relevance in Québec and across Canada. While writing this final thesis chapter, language issues once again made national headlines, this time following Prime Minister Justin Trudeau’s participation in a townhall meeting in Sherbrooke, Québec. I couldn’t help but appreciate the timeliness of this story and the fact that it aligned so nicely with many of the issues raised in my research. The media reported that Prime Minister Trudeau had become the subject of several official complaints from citizens following the town hall meeting (Kohut, 2017). Earlier reports explained that during the meeting Trudeau had fielded questions from community members, some of which were posed to him in English. One man, who identified as a refugee from Afghanistan and who spoke some English but no French, addressed his question to the Prime Minister in English. Another English speaker, a woman concerned about the problems of access to mental health services for Anglophones in her community, also addressed her question in English. In both cases the Prime Minister responded in French. As Wood (2017) reporting for the CBC noted:

Trudeau was asked a question about the difficulties anglophones in the Eastern Townships have in getting mental health services. He responded in French, without translation, starting with: "We are in Québec, so I will answer in French." (para. 3)

This news item in many ways serves to connect the dots of this research and to contextualise these research findings within a broader context. To begin with, this news story involves the issue of access to health and social services for English speakers which has been the topic of this research and which is a concern that is gaining attention in the public sphere. But more significantly, this story, and the way it was told by the media, demonstrates and reaffirms the presence and power of divisive language discourses in Québec. For instance, the media's coverage of Trudeau's town hall visit largely focused on the political stance of the Prime Minister, on the fact that he spoke only French in the town hall meeting. Despite my efforts to locate articles and read the content of the Prime Minister's response to both the man from Afghanistan and the woman who asked the question about access to mental health services, I was unable to unearth and to access these parts of the conversation. As such, the dominant narrative taken up and emerging from this event is the familiar story of the English versus the French; a story in which the concerns of a racialized refugee man and of a woman talking about mental health, were seen to be swept under the rug. As for the conflation and erasure of such concerns under the guise of language, Harpham (as cited in Haque, 2012, p. 15) reminds us that language is a fetish of sorts, serving as a proxy for thinking other thoughts and resolving other issues. The town hall example, like these research findings, remind us that language is not simply a means of communication, but rather, something to continually question and examine with a critical eye to its use in sustaining social and political agendas of exclusion and marginalisation.

Now, at the end of this research process, I can comfortably claim that language is a loaded concept which extends far beyond the idea of language as a system of communication. This

research confirms that language difference in the context of social service access and care created experiences of struggle for the Anglophones who participated in this research. Specifically, these experiences were found to involve disproportionate, negative effects in regards to service access and delivery and they involved multiple and intersecting issues and problems, making them irreducible to the singular dimension of language. Furthermore, the encounters between Anglophones and Francophones in the context of health and social services in the region were shown to remain entangled and inseparable from the historical and ongoing political struggles over language on this territory.

Although long standing ideological divisions between Anglophones and Francophones continue to resonate in the context of service use, there are also concerns that arise when focusing primarily on Canada's official languages. As Leroux (2013) has established, the focus on white settler experiences of colonialization or marginalisation serves to conveniently exclude talk of Indigenous colonization as well as other practices of racial exclusion. This research has brought attention to the problems of the linguistic categories of Anglophone, Francophone and Allophone, which not only reflect the exclusionary boundaries that Leroux (2013) describes, but which continue to reinforce this hierarchy. It is my hope that this research has contributed to troubling the boundaries of these categories and to encouraging multiple, fluid and contextual interpretations of linguistic identity.

This research has reaffirmed that Anglophones face challenges in regards to access to services in the Gaspé region and that these challenges relate to language but also to other aspects such as race, class and ability. Yet despite this network of inseparable factors, the debate so often seems to hone in on language and play out the familiar battle of French vs. English. The media's eager engagement and promotion of this kind of binary discourse, as evidenced in the coverage of Trudeau's recent town hall language mishap proves that even when we are trying to talk about

mental health, we end up talking about language. I recognise that there is no way to resolve the contradictions and complexities of the issues that have been explored in this research. However, as the findings of this study suggest, the paradigms of service delivery and social work practice need to shift should professionals and social service institutions truly endeavour to reach and represent communities currently marginalized from mainstream social services. To this end, I highlight the importance of challenging the popular discourse of language and language boundaries in our communities and in our everyday lives. As professionals, I also encourage us to practice social work in ways that are self-aware, critical, and mindful of the dynamics of power that operate in our encounters, in other words, to make conscious and deliberate efforts to establish equitable relations with those seeking our help.

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APPENDICES

Appendix A: Participant Consent Form



**University
of Victoria**

Participant Consent Form

**Seeking Social Services on the Gaspé Coast:
A Narrative Analysis of Anglophones' Experiences of Access and Care**

You are invited to participate in a study entitled *Seeking Social Services on the Gaspé Coast: A Narrative Analysis of Anglophones' Experiences of Access* that I am conducting as a graduate student. This research will go towards fulfilling the requirements for a Master's of Social Work degree from the University of Victoria.

The research is being conducted by me, Sarah Finlayson, as the sole researcher and under the supervision of Dr. Donna Jeffery in the School of Social Work at UVic. You may contact me by telephone at [REDACTED] or by email at [REDACTED] if you have further questions. You may also contact my supervisor at [REDACTED]

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria [REDACTED]

Purpose and Objectives

The purpose of this research project is to learn about how Anglophones in the Gaspé region experience access to, and engagement with, social services. My research aims to learn about Anglophones' experiences in order to contribute to maintaining or improving accessibility and care, and ultimately to improve community health and wellness.

The objectives of this research are to:

- Identify obstacles in regards to social service access and care;
- Identify aspects that influence good access to services and positive experiences of care;
- Promote a different and multi-faceted way of thinking about access to social services and care;
- Highlight some of the ways that service users understand and talk about their linguistic identity;
- Contribute to new ways of understanding and working across differences in the field of social services.

Importance of this Research

This research is important because there is not currently a lot of information available on the topic that I am studying. Although there are statistics and information that describe the characteristics of Anglophone communities, very little research has been done to learn about the experiences of Anglophones who are asking for help. Given some of the challenges faced by rural Anglophones (such as poverty and unemployment), asking for help and connecting with helping professionals is an important part of maintaining the community's health and wellbeing.

This research will contribute to the community, to the existing research and to the field of social services by:

- Providing an opportunity for community members to tell their stories and share their experiences;
- Bringing forward the importance of these issues within the community;
- Developing knowledge that can be used by social service providers;
- Promoting more inclusive understandings of difference and challenging assumptions and generalisations;
- Promoting social service delivery that centered on the service user.

Participants Selection

You are being asked to participate in this study because you are over 18 years of age, you have voluntarily consulted social services within the past 5 years within the New Carlisle or surrounding areas and because you identify as an Anglophone.

What is involved?

If you consent to voluntarily participate in this research, your involvement will include the following:

- Participating in a 1 to 2 hour long individual interview with the researcher.
- Audio-tapes and-written notes of observations will be taken during the interview and a transcription of the interview will be made afterwards.
- The interview will be conducted at either a local community organization or at your home, based on your choice.
- In the interview you will be asked to talk about your experience asking for social services and engaging with these services.
- At the end of the interview you will be asked if you would like to be involved in other steps of the research process that will come later and that involve reading the written transcript of your interview.

Inconvenience

Participation in this study may cause some inconvenience to you, namely the time commitment required of you to participate in the interview. This may impact your schedule in regards to work, school or child care.

Risks

There are some potential risks to you by participating in this research. These may include some stress, emotional and/or psychological risks due to thinking and talking about times and events in your life that were difficult. To prevent or to deal with these risks the following steps will be taken;

- You will be informed at the beginning of the interview of your right to not answer a question, to stop the interview, or to withdraw from the research if you are uncomfortable or in distress
- You will also be able to take breaks or modify the course of your story as needed
- You will be provided with a list of support resources and referral information so that you can get help if needed

Benefits

The potential benefits of your participation in this research include:

- Telling your story
- Contributing to the limited research on this topic
- Improving awareness of issues surrounding social service delivery and accessibility in the region
- Contributing to safeguarding or improving accessibility of services
- Encouraging positive outcomes for community health and wellness

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be used only if you give permission to use it at the time of withdrawal. Should you withdraw from the study after commencing the interview process, you will nevertheless receive the \$20 grocery store gift card incentive in full. Should you decide to withdraw from participating in research before commencing the interview process, you will not be eligible to receive the gift card incentive.

On-going Consent

To ensure ongoing consent to participate in this research, I will ask you at the end of the interview if you would like to be contacted at a later time to participate in further steps of the research process, and specifically in the review of your transcript. Also, if you accept, you may be contacted at a future date to request your consent to use the data for other research purposes.

Anonymity and Confidentiality

During the recruitment process, it is possible that a third party recruiter or fellow community member will provide you information about the research. During the interview, confidentiality will be limited by the legal obligations to report child abuse or the intent to self-harm or harm others.

Otherwise, in terms of protecting your anonymity, only the researcher will be able to associate your data with you as a participant. In the transcription of the interview made by the researcher, and for the rest of the research process, you will be referred to exclusively using a pseudonym and your identity will not be revealed. Any specific identifiers or any identifying aspects of your story will be withdrawn from the data to protect your confidentiality. The confidentiality of the data will also be protected. All data including audio recordings, field notes and transcripts will be stored in password protected computer files and all paper documents will be stored in a locked cabinet at the researcher's residence for the duration of the project.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- The thesis will be posted on the UVicSpace website;
- The findings may be used to make presentations or provide information sessions for community members and for social service professionals
- The findings may be used to prepare a report or to publish journal or newspaper articles

Disposal of Data

Following completion of the research, and upon final approval of the thesis, all documentation will be destroyed. In the case that you consent to the researcher keeping an electronic copy of your transcript for other, future potential research uses, this data will continue to be stored in a password protected computer file.

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant

Signature

Date

Consent to Audio Record the Interview

I consent to the audio recording of my interview for the purposes of this research: _____ (initials)

Future Use of Data

I **do not** consent to the use of my data in future research: _____ (initials)

I consent to be contacted in the event my data is requested for future research: _____ (initials)

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix B: Description of the Research

Researcher: Sarah Finlayson, BA, BSW, MSW Candidate (University of Victoria)

Research Question:

What are the experiences of Anglophone service users in accessing and using voluntary social services in the Gaspé region? This research will explore how Anglophones living in the area experience access to, and engagement with, social services. The term “social services” refers to counselling and support services offered by community organisations or institutions to help people with a variety of issues including, but not limited to: Aging and loss of independence, grief and loss, substance use, separation and divorce, poverty, family violence, mental health, parenting.

Research method:

- Qualitative study
- 6 research participants needed for a 1 to 2 hour long individual interview
- Narrative style interviews (tell me your story about...)

The goals of the research are to:

- Identify obstacles experienced by service users in regards to access and care;
- Identify aspects that facilitated services users’ access to services and encouraged positive experiences of care;
- Promote a multi-faceted (intersectional) analysis of access to social services and care;
- Highlight and critically analyse the ways in which service users negotiate the boundaries of linguistic identity;
- Contribute to an expanded conceptual framework for understanding difference and working in a cross linguistic context.

Importance and contributions of the research:

This study is important because of the scarcity of research available on official language minority health and wellbeing in rural Québec, particularly in regards to social services. Given the diminished socio-economic status and the social challenges faced by the rural Anglophone communities on the Gaspé coast, initial and sustained access to social services is a critical consideration for ensuring community health and wellbeing.

This research seeks to make the following contributions to the community, to the existing research and to the field of social services:

- Provide an opportunity for community members to tell their stories and share their experiences;
 - Highlight the importance of these issues within the broader community;
 - Develop knowledge and increase social service providers' awareness of the issues raised;
 - Broaden understandings of linguistic difference, challenge assumptions and generalisations, and promote service user centered practices.
-

Appendix C: Recruitment Poster

**ARE YOU AN ANGLOPHONE?
ARE YOU INTERESTED IN
TELLING YOUR STORY ABOUT
ACCESSING SOCIAL SERVICES?
I WANT TO HEAR FROM YOU!**

- If you have used social services in the New Carlisle, Bonaventure, Maria, New Richmond or surrounding areas within the past 5 years, you are invited to participate in this research.
- English speakers from all backgrounds are encouraged to participate.

WHAT IS INVOLVED?

A one-on-one interview with the researcher to tell and record your story
Steps will be taken to ensure your anonymity as well as the confidentiality of your information.
These steps will be described to you at the beginning of the meeting

WHAT ARE SOCIAL SERVICES?

For this study the term “social services” refers to:

- *voluntary* support or counselling services offered by community organisations or public institutions to help with issues such as:
 - Substance use
 - Separation and divorce
 - Poverty
 - Family violence
 - Mental health
 - Parenting
- Aging and loss of independence
- Grief and loss

WHY IS THIS IMPORTANT?

Participating in this research study could help to:

- Contribute valuable knowledge to help promote community health and wellbeing
- Raise awareness about issues of access and service delivery

**TO PARTICIPATE IN THIS STUDY PLEASE
CONTACT:**

SARAH FINLAYSON [REDACTED]

This research has been approved by the University of Victoria Human Research Ethics Board. They can be reached at [REDACTED]

Appendix D: Content of Newspaper Advertisement

RESEARCH PARTICIPANTS NEEDED:

Are you an Anglophone?

Are you interested in telling your story about accessing social services?

If so, then I want to hear from you!

If you have used social services in the New Carlisle, Bonaventure, Maria, New Richmond or surrounding areas within the past 5 years, you are invited to participate in this research.

English speakers from all backgrounds are encouraged to participate.

What is involved?

- A one-on-one interview with the researcher to tell and record your story.
- Steps will be taken to ensure your anonymity as well as the confidentiality of your information. These steps will be described to you at the beginning of the meeting.

For this study the term “social services” refers to:

Voluntary support or counselling services offered by community organisations or public institutions to help with issues such as:

- Aging and loss of independence
- Grief and loss
- Substance use
- Separation and divorce
- Poverty
- Family violence
- Mental health
- Parenting

Why is this research important?

Participating in this research study could help to:

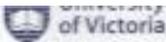
- Contribute valuable knowledge to help promote community health and wellbeing
- Raise awareness about issues of access and service delivery

To participate in this study and for more information please contact:

Sarah Finlayson at [REDACTED]

Please note that this research has been approved by the University of Victoria Human Research Ethics Board. They can be reached at [REDACTED]

Appendix E: Ethics Approvals (Approval, modification and renewal certificates)

		Administrative Services Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada T 250-472-4545 F 250-721-8960 uvic.ca/research ethics@uvic.ca											
Certificate of Approval													
PRINCIPAL INVESTIGATOR: Sarah Finlayson UVic STATUS: Master's Student UVic DEPARTMENT: SOCW SUPERVISOR: Dr. Donna Jeffery	<table border="1"> <tr> <td>ETHICS PROTOCOL NUMBER</td> <td>15-463</td> </tr> <tr> <td colspan="2">Minimal Risk Review - Delegated</td> </tr> <tr> <td>ORIGINAL APPROVAL DATE:</td> <td>29-Jan-16</td> </tr> <tr> <td>APPROVED ON:</td> <td>29-Jan-16</td> </tr> <tr> <td>APPROVAL EXPIRY DATE:</td> <td>28-Jan-17</td> </tr> </table>			ETHICS PROTOCOL NUMBER	15-463	Minimal Risk Review - Delegated		ORIGINAL APPROVAL DATE:	29-Jan-16	APPROVED ON:	29-Jan-16	APPROVAL EXPIRY DATE:	28-Jan-17
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APPROVED ON:	29-Jan-16												
APPROVAL EXPIRY DATE:	28-Jan-17												
PROJECT TITLE Exploring Anglophones' Narratives of Access to Social Services RESEARCH TEAM MEMBER Cathy Brown (Third party recruitment) DECLARED PROJECT FUNDING: None													
CONDITIONS OF APPROVAL													
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p>Modifications To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p>Renewals Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p>Project Closures When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>													
Certification													
<p>This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p> <div style="background-color: black; width: 200px; height: 30px; margin: 0 auto;"></div> <p>Dr. Rachael Scarth Associate Vice-President Research Operations</p>													
Certificate Issued On: 29-Jan-16													

15-463 Finlayson, Sarah



Office of Research Services | Human Research Ethics Board
 Administrative Services Building, Rm B202, PO Box 1700 STN CSC, Victoria BC, V8W 2Y2 Canada
 T 250-472-4545 | F 250-721-8950 | uvic.ca/research | athics@uvic.ca

Modification of an Approved Protocol

PRINCIPAL INVESTIGATOR: Sarah Finlayson	ETHICS PROTOCOL NUMBER: 15-463 <small>Minimal Risk Review - Delegated</small>
UVic STATUS: Master's Student	ORIGINAL APPROVAL DATE: 29-Jan-16
UVic DEPARTMENT: SOCW	MODIFIED ON: 06-Apr-16
SUPERVISOR: Dr. Donna Jeffery	APPROVAL EXPIRY DATE: 28-Jan-17

PROJECT TITLE Exploring Anglophones' Narratives of Access to Social Services

RESEARCH TEAM MEMBER Cathy Brown (Third party recruitment)

DECLARED PROJECT FUNDING: None

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Modifications
 To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
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Project Closures
 When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.



Dr. Rachael Scarth
 Associate Vice-President Research Operations

Certificate Issued On: 06-Apr-16

15-463 Finlayson, Sarah



Office of Research Services | Human Research Ethics Board
 Administrative Services Building, Rm. B202, PO Box 1700 STN CSC, Victoria BC, V8W 2Y2 Canada
 T 250-472-4545 | F 250-721-8900 | uvic.ca/research | ethics@uvic.ca

Certificate of Renewed Approval

PRINCIPAL INVESTIGATOR: Sarah Finlayson	ETHICS PROTOCOL NUMBER: 15-463 <i>Minimal Risk Review - Deletated</i>
UVic STATUS: Master's Student	ORIGINAL APPROVAL DATE: 29-Jan-16
UVic DEPARTMENT: SOCW	RENEWED ON: 16-Feb-17
SUPERVISOR: Dr. Donna Jeffery	APPROVAL EXPIRY DATE: 28-Jan-18

PROJECT TITLE: **Seeking Social Services on the Gaspé Coast: A Narrative Analysis of Anglophones' Experiences of Access and Care**

RESEARCH TEAM MEMBER: Cathy Brown (Third party recruitment)

DECLARED PROJECT FUNDING: None

ADDITIONAL COMMENTS: Previous Title: 'Exploring Anglophones' Narratives of Access to Social Services'

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Modifications
 To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

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 Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

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 Dr. Rachael Scarth
 Associate Vice-President Research Operations

Certificate issued On: 16-Feb-17

15-463 Finlayson, Sarah