



# Implementing a Provincial Support Network for Acadian and Francophone Caregivers on Prince Edward Island

## Feasibility Study

**Presented to:**

**Prince Edward Island**

**French Language Health Services Network  
(PEIFLHSN)**

**March 31, 2011**

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## Summary

The goal of establishing a support network for Acadian and Francophone caregivers on Prince Edward Island (PEI) is to meet the needs of these caregivers. These persons, who provide unpaid care and help to their loved ones who need support because of their physical or mental status, are called upon more and more frequently and face major challenges.

This feasibility study is based on research and consultations with community and government players on the Island. Consultations also took place with stakeholders in various regions of the country.

### - The Island Francophone Community

The *2006 Census* recorded 5,593 persons whose mother tongue was French on the Island.<sup>1</sup> The median age of the province's Acadian and Francophone community is 48, the highest in the Atlantic Provinces. It is also above the median age for the Canadian population as a whole: 40.<sup>2</sup>

There were also 11,495 Francophiles on the Island in 2006. These are basically persons whose mother tongue is English who say that they can carry on a conversation in the other official language, French.<sup>3</sup>

For the minority community, these Francophiles (or "Other French-speakers") represent a development potential likely to translate into, for example, a sustained offer of French language services in the context of a support network for Acadian and Francophone caregivers.

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<sup>1</sup> Shift Central. Community Development Plan 2009-2012: Acadian and Francophone Community of Prince Edward Island, submitted to RDÉE Î.-P.-É., Wellington, Prince Edward Island, Appendix A, p. 2

<sup>2</sup> Fédération des communautés francophones et acadienne du Canada (FCFA). Acadian and Francophone Community Profile of Prince Edward Island, (3<sup>rd</sup> edition), 2009, p. 5

<sup>3</sup> Shift Central. Community Development Plan 2009-2012: Acadian and Francophone Community of Prince Edward Island, submitted to RDÉE Î.-P.-É., Wellington, Prince Edward Island, p. 10

## **- Health Status as it Relates to the Issue of Caregivers**

Statistics Canada, still in the last census, asked: *“Does a physical condition or mental condition or health issue reduce the amount or the kind of activity that you can do at home?”*.

On the Island, 113,320 persons answered this question. Of these, 11,149 answered *“Yes, sometimes”* and 10,102 answered *“Yes, often”*, or 9.84% and 8.91% respectively.<sup>4</sup>

Of the 5,087 Islanders whose mother tongue is French who answered this question, 945 replied *“Yes, sometimes”* and 966 *“Yes, often”*, or 18.58% and 18.99% respectively. These percentages are well above the provincial average.<sup>5</sup>

In consequence, we feel that a large portion of the Island’s minority community is faced with physical or mental difficulties that need assistance at some point in order to remain at home as long as possible. A recent study by the Canadian Institute for Health Information shows that very few seniors who receive long-term homecare services can stay out of the system, that is, avoid being institutionalized, without support from caregivers. This study estimates that barely 2% would manage without caregivers.<sup>6</sup>

Thus caregivers are an essential part in the continuum of homecare services, not just for seniors with reduced autonomy but also for the handicapped and the chronically ill.

## **- Acadian and Francophone Caregivers**

Every caregiver is in a unique situation based on the condition of the person being cared for. There are numerous possibilities: a senior with early-stage or advanced Alzheimer; a child with Down syndrome; a blind, mentally handicapped adult; an adolescent with bipolar disorder. These caregivers provide emotional support and a broad range of services for their loved ones, including helping with meal preparation, managing medications, shopping, dressing, transportation and bathing.

Of the 4,885 Acadians and Francophones 15 and older on the Island, 980 (20.06%) spend at least an hour a week providing care or help to seniors, without pay or wages.

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<sup>4</sup> Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l’Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 4

<sup>5</sup> Ibid.

<sup>6</sup> Canadian Institute for Health Information (CIHI). Supporting Informal Caregivers—The Heart of Home Care, p. 1

This percentage is slightly above the average for the whole Island population, which is 19.61%.<sup>7</sup>

The largest concentrations of caregivers working with seniors are in the region of Charlottetown in the central-eastern part of the Island and in the western regions of the province, particularly Summerside, Évangéline and the extreme northwest.<sup>8</sup>

#### **- Needs of Caregivers**

Island caregivers participated in a study by the Alliance des femmes de la francophonie canadienne (AFFC) from 2006 to 2010. Recommendations were formulated based on their needs. These deal with various aspects: financial issues, respite, services in French, information, training, resourcing and mutual aid.<sup>9</sup>

The AFFC's study of caregivers in Canadian minority communities showed that scanty resources and services in French not only constitute an extra stress factor for the caregiver but may limit the benefits of work done with seniors or persons with reduced autonomy.<sup>10</sup>

#### **- Potential Island Partners for the Network**

There are support organizations and networks for caregivers at the national level and in several milieus, including the Canadian Caregiver Coalition, the Alberta Caregivers Association, Caregivers Nova Scotia and Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional.

There is no provincial equivalent for this type of network or organization on PEI. We could not seem to find anywhere in minority communities in Canada structured, permanent support networks for caregivers. However, certain strategies are under development.

On the other hand, the Island has a number of government and community players

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<sup>7</sup> Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 17

<sup>8</sup> Ibid., p. 28

<sup>9</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, pp. 153 to 155

<sup>10</sup> Ibid., p. 147

working with beneficiaries. Their actions do give some support to caregivers, but are not usually related to the caregiver's well-being. We believe that these players should become part of any future support network for caregivers.

Provincial government services that beneficiaries and indirectly caregivers may access are mainly offered by the Department of Health and Wellness and the Department of Community Services, Seniors and Labour. Besides these Departments, the Acadian and Francophone Affairs Division, given its mandate with respect to French language services, also has, in our opinion, a role to play in implementing this network.<sup>11</sup>

The community also includes a group of community organizations and structures. Among these, the Société Saint-Thomas-d'Aquin (SSTA), Francophones de l'âge d'or de l'Î.-P.-É. and Actions femmes Î.-P.-É. are especially attuned to the issue of caregivers. The Prince Edward Island French Language Health Services Network (PEIFLHSN) brings together representatives of the provincial government and the community.<sup>12</sup> This network, by its composition and mandate, also has a major role to play in establishing and operating a support network for caregivers.

Limited community resources, the diverse nature of the health problems affecting beneficiaries of homecare and the seriousness of the challenges foreseen in coming years because of the aging population mean that this support network for caregivers will have to deal with a certain number of community organizations on the Island that seem to operate mainly in English. Some examples are Hospice PEI, the Victorian Order of Nurses (VON PEI) and the provincial chapters of the Alzheimer Society of Canada and the Canadian Mental Health Association. We assume that there are Francophones or Francophiles in these organizations.

Finally, the school and community centres (SCC) are, in many places on the Island, the only "spaces" where Acadians and Francophones can enjoy a community environment in French. We also believe that the SCC's have an important role to play in implementing this support network for caregivers.

## **- Recommendations**

Based on all the needs expressed by caregivers and on the capacity of the Island Acadian and Francophone community to meet these needs, we are proposing a number

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<sup>11</sup> [www.gov.pe.ca](http://www.gov.pe.ca)

<sup>12</sup> [www.santeipe.ca](http://www.santeipe.ca)

of recommendations that will set the stage for a Francophone support network for caregivers on the Island.

**Recommendation 1 – Identify an organization in the Island community to champion the issue of Acadian and Francophone caregivers.**

We suggest that an existing Acadian and Francophone organization be the standard-bearer and create an internal “Caregiver Support” component.

**Recommendation 2 – The organization responsible for the issue of Acadian and Francophone caregivers should be given the needed human resource to set up the network and reach its objectives.**

A human resource has to be hired so that the champion organization can mobilize stakeholders and coordinate those actions most likely to meet caregivers’ needs. These actions include:

- Formalize collaborations and partnerships.
- Identify caregivers: Many caregivers are isolated.
- Validate and prioritize needs.
- Inventory resources and services - it is important to be able to offer resources and services in French.
- Set up a series of support activities for caregivers: promote services, offer training and sharing workshops, coordinate a respite service, encourage the offer of services in French.

**Recommendation 3 - The PEIFLHSN, given its mandate and make-up, should be a provincial clearinghouse for the support of Acadian and Francophone caregivers.**

Considering the diversity of the situations and challenges faced by caregivers, community and government stakeholders need regular opportunities to exchange information and discuss the action to be carried out. We feel that the RSSFIPÉ should be this clearinghouse.

**Recommendation 4 – Create “spaces” for Acadian and Francophone caregivers in the SCC and explore the possibility of using these to offer certain resources and services.**



We suggest that these be set up first inside community spaces in the Charlottetown, Summerside, Évangéline and West Prince SCC because of the concentrations of Acadian and Francophone caregivers in these regions. The SCC in the Rustico and Souris regions could also someday become anchor points for caregivers in their respective regions.

Proposed facilities for the four priority SCC's:

- display of available government and community resources;
- facilities for caregivers to meet and receive training on various themes;
- coordination of a short-term respite homecare service using volunteers from the SCC;
- in the medium-term, offer government and community services and resources of benefit to caregivers from the SCC.

This support for caregivers must not jeopardize the services currently provided to the community by the SCC. They must not increase staff workloads, unless more resources are provided. Moreover, they must not reduce current SCC revenues from renting facilities to organizations or for activities.

### **Recommendation 5 – Create a bilingual 1-800 telephone information line for caregivers.**

Caregivers need to be able to get support, or at least information, when they face situations of distress. A 1-800 line for caregivers in the different regions of the province with service in French is recommended.

Implementation of these recommendations rests to a great extent on the capacity of Acadian and Francophone stakeholders to create an operational, effective provincial network supported by partnerships and collaborations with a group of government and community players.

## **Introduction**

The Canadian Caregiver Coalition defines caregivers as ... “... persons providing unpaid care and help to members of their family and their friends who need support because of their physical or cognitive condition or their mental health. “<sup>13</sup>

Research in recent years, such as the study by the Alliance des femmes de la francophonie canadienne (AFFC)<sup>14</sup>, has shown that caregivers face considerable challenges and need support in order to continue to support their loved ones.

Establishing a support network for PEI Acadian and Francophone caregivers is aimed at meeting the needs of minority community caregivers on the Island.

### **- Mandate**

The PEI French Language Health Services Network (PEIFLHSN) retained the services of the Centre canadien de leadership en évaluation (CLÉ) to carry out a feasibility study on setting up a support network for Acadian and Francophone caregivers on the Island.

Based on the models analyzed and the reality of the Island Acadian and Francophone community, it was necessary, as part of the feasibility study, to articulate realistic recommendations based on the community's capacity to create a support network for its caregivers.

### **- Methodology**

First a documentary research was conducted. Stakeholders from the Island Acadian and Francophone community and community and government players working in the area of healthcare and with persons needing support on the Island were then consulted. Consultations also took place with a group of stakeholders working in the Atlantic region, Quebec, Ontario and the Western part of the country. (See Appendices, list of stakeholders consulted.)

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<sup>13</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, p. 5

<sup>14</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les aidantes francophones dans les communautés francophones et acadiennes du Canada: Rapport final (Phase I à V), 2010

This documentary research and these consultations familiarized us with the various aspects that needed to be considered in implementing a support network for Island Acadian and Francophone caregivers. The opinions expressed by the group of stakeholders consulted made a great contribution to our deliberations.

As part of this feasibility study, we first described the PEI Acadian and Francophone community. We used a few statistics to look at its health status in relation to the role of caregivers. We also dealt in this section with the growing presence of Francophiles in the Island Francophone space (**Part 1**). We then dealt with caregivers in the community and their needs (**Part 2**).

Then we looked at certain initiatives to support caregivers in various regions of Canada, especially Quebec (**Part 3**). We then examined government and community partners on the Island likely to contribute to setting up this support network for Acadian and Francophone caregivers, notably the possible role of school and community centres (SCC) (**Part 4**).

Then we provided a series of recommendations that we hope will allow the Island Acadian and Francophone community to create, realistically and appropriately for its capacities, a support network for its caregivers (**Part 5**).

## **Part 1 – Profile of the Acadian and Francophone community**

### **1.1 - Demographic data**

In the *2006 Census*, PEI's population was 135,851, compared to 135,294 in 2001. About 45% lived in urban areas and 55% in rural zones.<sup>15</sup>

The population inventoried in 2006 included 5,593 persons whose mother tongue is French, a marked drop of 297 persons or 5% from 2001, when the Island province had 5,890 Francophones.<sup>16</sup>

To meet the needs of Acadians and Francophones in the various localities on the Island, community leaders have identified six geographic regions corresponding to the six zones designated by the French Language School Board (FLSB) of Prince Edward Island and shown on Map 1.

**Map 1 – School Zones - FLSB<sup>17</sup>**

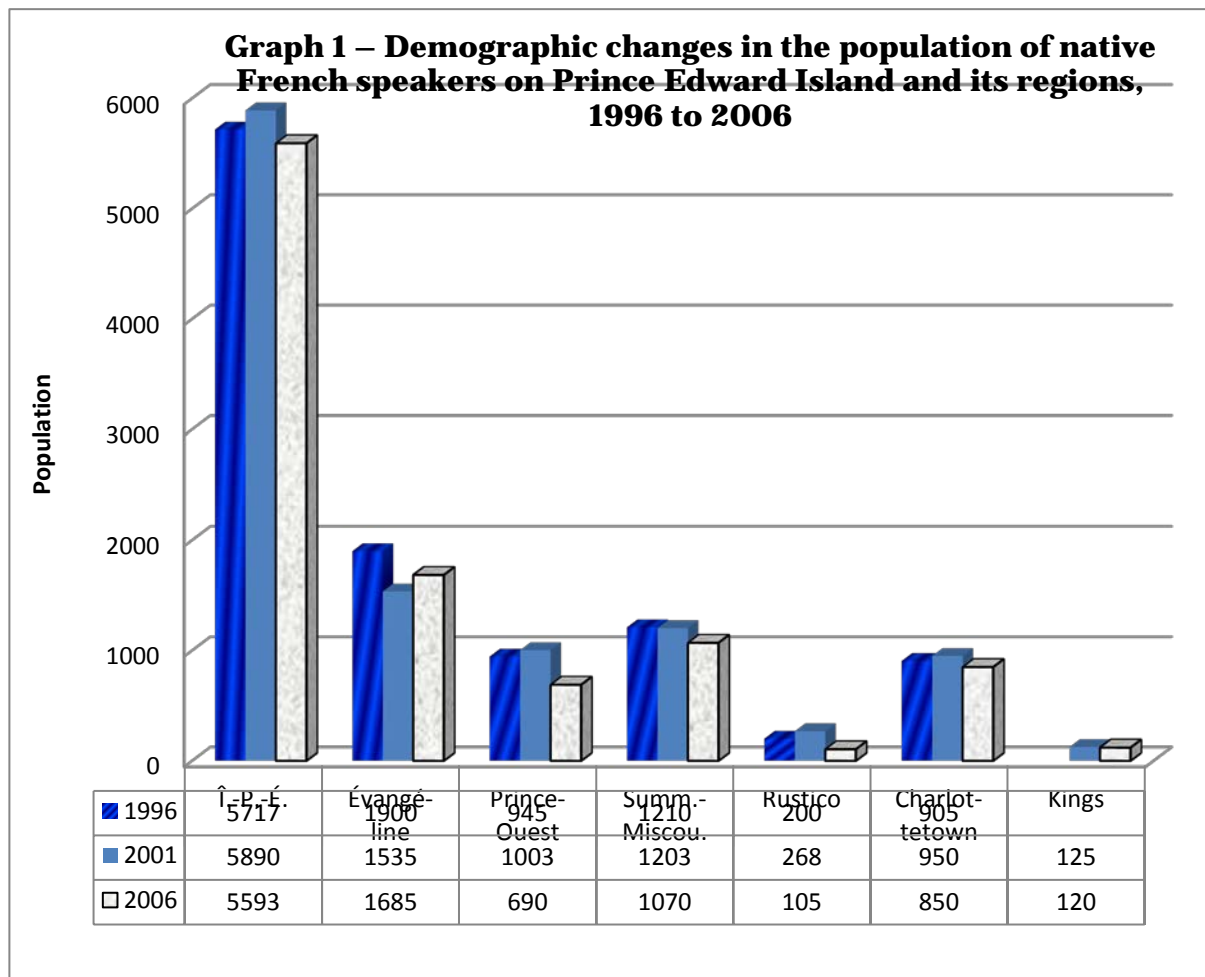


<sup>15</sup> Shift Central. Community Development Plan 2009-2012: Acadian and Francophone Community of Prince Edward Island, submitted to RDÉE Î.-P.-É., Wellington, Prince Edward Island, Appendix A, p. 2

<sup>16</sup> Ibid.

<sup>17</sup> French Language School Board (FLSB) of Prince Edward Island

Graph 1 shows the evolution of the total population of native French speakers on the Island and for each Acadian and Francophone region over the 1996-2006 decade.<sup>18</sup>



(Note: It was impossible to obtain from the documentation consulted the number of native speakers of French in 1996 in the Kings area.)

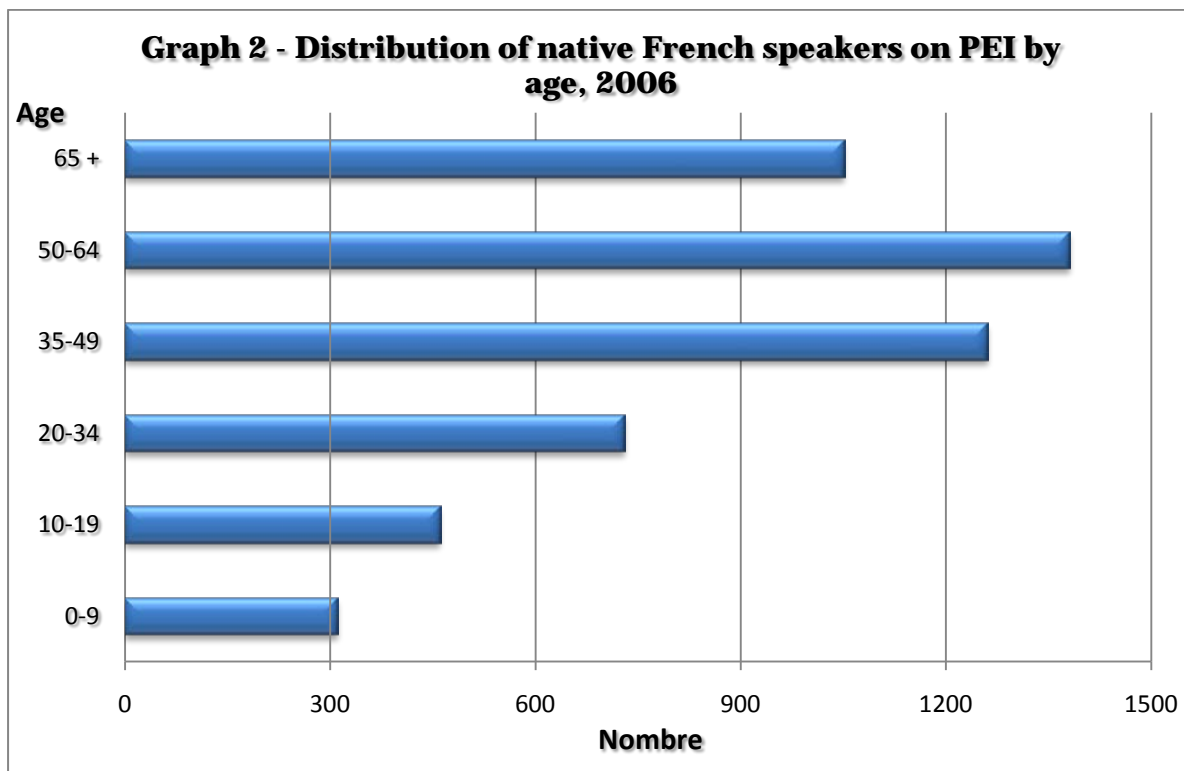
In 2006, out of a total population of 5,593 native French speakers, we find 4,520 distributed, as Graph 1 shows, in the six Acadian and Francophone regions of the Island. We estimate at 1,073 the number of Francophones who are not counted in regional statistics. This is explained by the method of calculation at the regional level, which took into account only those Francophones living in places with concentrations of Islanders whose mother tongue is French.

<sup>18</sup> Société Saint-Thomas-d'Aquin (SSTA). Overall Development Plan (ODP) 2011-2016: Acadian and Francophone Community of Prince Edward Island, December 1, 2010, p. 12

Shift Central. Community Development Plan 2009-2012: Acadian and Francophone Community of Prince Edward Island, submitted to RDÉE Î.-P.-É., Wellington, Prince Edward Island, Appendix A, p. 2

As well, the median age<sup>19</sup> of the Island Acadian and Francophone community is 48, the highest in the Atlantic Provinces. It is also higher than the median age of the Canadian population in general: 40. Bottom-up renewal is a major challenge for Island Acadians and Francophones.<sup>20</sup>

Graph 2 is an overview of the age pyramid for Francophones on Prince Edward Island.<sup>21</sup> As you can see, there are fewer Islanders in the 0- to 34-year-old groups than in older generations. The population is aging, and the situation will only get worse unless special efforts are made in the areas of birthrate, emigration and immigration.



This brief demographic overview shows us the concentrations of Acadians and Francophones in the province. It also gives a few indications about the aging of the

<sup>19</sup> The median is the middle point of a distribution, when the units are arranged in increasing or decreasing order. One half of the group is above the median and one-half below it. The median age separates a population into two equal groups, while the average age is the average of the ages of a given population.

<http://www.statcan.gc.ca/pub/85-002-x/2009001/definitions-eng.htm - m1>

<sup>20</sup> Fédération des communautés francophones et acadienne du Canada (FCFA). Acadian and Francophone Community Profile of Prince Edward Island, (3<sup>rd</sup> edition), 2009, p. 5

<sup>21</sup> Ibid.

Island Acadian and Francophone population likely to create a greater demand on the healthcare system and on caregivers in the next few years.

## **1.2 – Francophone Space**

We also thought it relevant in this study to identify the number of Francophiles so as to get a better handle on the potential of the “Francophone space” on the Island. A support network for Acadian and Francophone caregivers could only benefit from this.

Based on the data in the last census, we know that in 2006 there were 11,495 Francophiles on PEI. These 11,495 persons are those whose mother tongue is basically English and who know the other official language, French. In short, they can carry on a conversation in French and in English. Note that in 2001, 10,370 Islanders had declared that they knew both official languages, an increase of 11% from 2001 to 2006.<sup>22</sup>

Greater Charlottetown has the largest number of Francophiles, that is, 5,665 persons or about 50% of all the Francophiles in the province, while Summerside had 1,650 Francophiles in 2006.<sup>23</sup>

The Island has three census divisions and 113 census subdivisions. The divisions correspond to the three counties on the Island: Kings County in the east, Queens County in the centre and Prince County in the west of the province.<sup>24</sup>

Map 2 gives an overview of the concentration of Francophiles who speak French at home in the various census subdivisions of the province. You will note concentrations in the six Acadian and Francophone regions of the Island. These concentrations vary between 30 and 320 Francophiles who have declared that they speak French at home.<sup>25</sup>

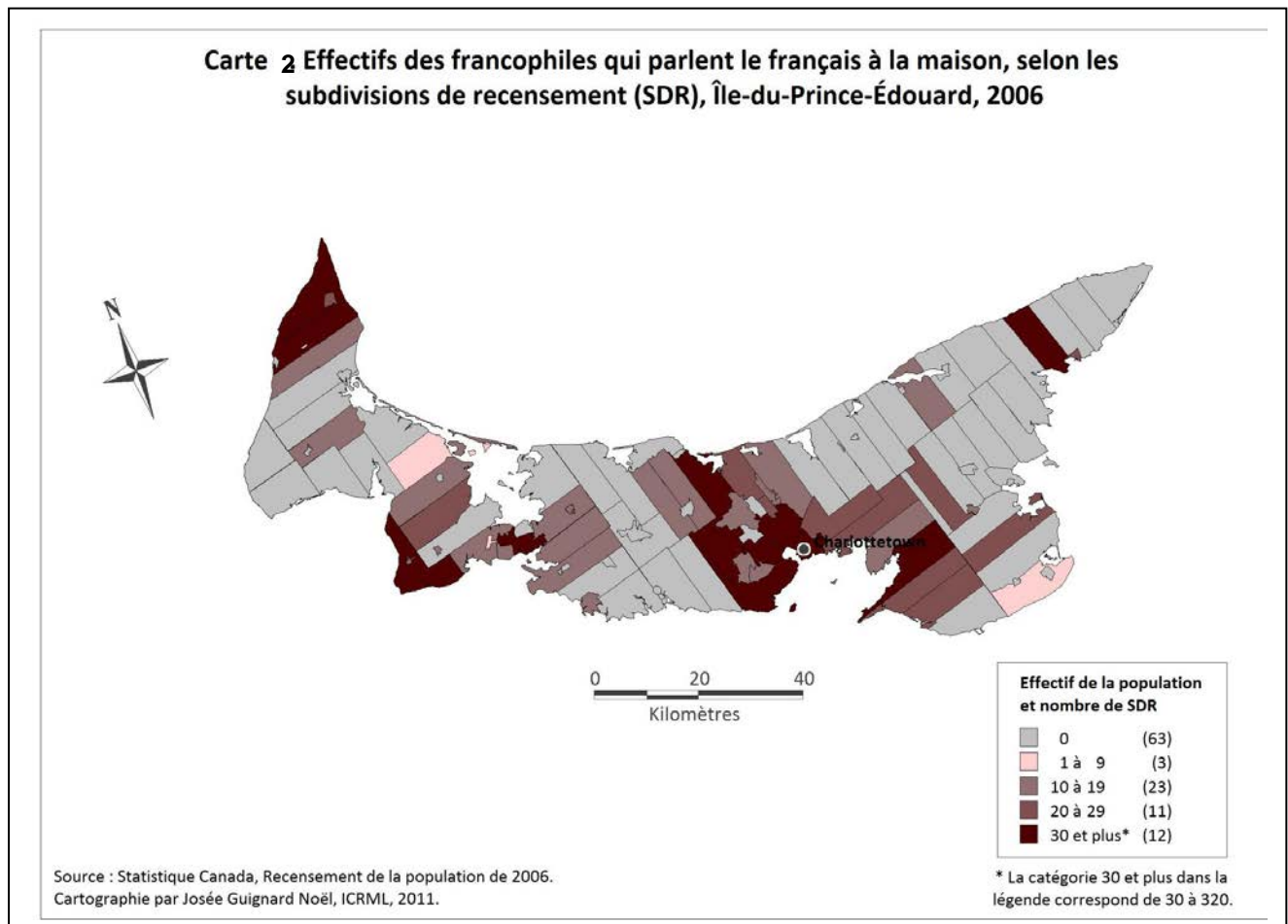
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<sup>22</sup> Shift Central. Community Development Plan 2009-2012: Acadian and Francophone Community of Prince Edward Island, submitted to RDÉE Î.-P.-É., Wellington, Prince Edward Island, p. 10

<sup>23</sup> Ibid., p. 11

<sup>24</sup> [www12.statcan.ca/census-recensement/2006/ref/dict/tables/table-table-4-eng.cfm](http://www12.statcan.ca/census-recensement/2006/ref/dict/tables/table-table-4-eng.cfm)

<sup>25</sup> Canadian Institute for Research on Linguistic Minorities (CIRLM). L'intégration des francophiles dans la communauté acadienne de l'Île-du-Prince-Édouard: Outils d'enquêtes et cartes, prepared by Éric Forgues, Anne Robineau and Josée Guignard Noël (maps), February 2011, p. 16



For the minority community, these Francophiles (or “other French-speakers”) represent a development potential likely to translate into, for example, a sustained offer of French language services in the context of a support network for Acadian and Francophone caregivers.

To get a better handle on the issue, we felt that we needed data on the community’s health status as it relates to the question of caregivers.

### 1.3 – Health Status of Acadians and Francophones

The World Health Organization (WHO) defines health as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>26</sup>

<sup>26</sup> [www.who.int/suggestions/faq/en/index.html](http://www.who.int/suggestions/faq/en/index.html)



Twelve determinants have been identified to evaluate a community's level of health.<sup>27</sup>

In this section we have not used these determinants to assess the health status of the Island Acadian and Francophone community. We have simply collected certain data from Statistics Canada on the health of the Island population that seemed to us to be relevant to the issue of caregivers. Here is the most telling data.

Of the 113,236 respondents on the Island to a question asked by Statistics Canada in the *2006 Census* “Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?”, 14,851 replied “Yes, sometimes” and 19,403 replied “Yes, often”, corresponding to 13.12% and 17.14% respectively of the Island survey population. (See Appendices, Table 1.)<sup>28</sup>

Out of the 5,088 native speakers of French on the Island who answered this question, 752 said “Yes, sometimes” and 1,147 “Yes, often”, representing respectively 14.78% and 22.54% of the Francophone survey population. These percentages are above the average for the whole Island population. (See Appendices, Table 1.)<sup>29</sup>

One of the questions asked by Statistics Canada in 2006 especially drew our attention: “Does a physical condition or mental condition or health issue reduce the amount or the kind of activity you can do at home?”. Of the 113,320 Islanders who answered this question, 11,149 said “Yes, sometimes”, and 10,102 answered “Yes, often”, or 9.84% and 8.91% respectively. (See Appendices, Table 2.)<sup>30</sup>

Of the 5,087 Islanders whose mother tongue is French and who answered this question, 945 responded “Yes, sometimes” and 966 “Yes, often”, or 18.58% and 18.99%

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<sup>27</sup> The determinants of health: income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture.

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

<sup>28</sup> Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 4

<sup>29</sup> Of the 561 Islanders who indicated on the *2006 Census* that they had both French and English as mother tongues, 166 answered the question with “Yes, sometimes” and 260 with “Yes, often”. This represents relatively high rates of 29.59% and 46.35% respectively.

Ibid.

<sup>30</sup> Ibid.

respectively. These percentages are well above the provincial average. (See Appendices, Table 2.)<sup>31</sup>

An analysis of the answers to the question *“Does a physical condition or mental condition or health issue reduce the amount or the kind of activity you can do at work or at school?”* also confirms that Acadians and Francophones suffer greater difficulties in this respect than the average Islander. (See Appendices, Table 3.)<sup>32</sup>

The same is true when we look at the data for the question *“physical condition or mental condition or health issue reduces activities?”*. Respondents had to answer “yes” or “no”. While 37.94% of Islanders as a whole answered in the affirmative, 43.36% of Francophone native speakers answered “yes”! (See Appendices, Table 4.)<sup>33</sup>

This little bit of data extracted from the *2006 Census* on the health of Islanders leads us to believe that a fairly large segment of the Island Acadian and Francophone population is facing physical or mental difficulties that, we assume, will at some point require support for them to remain at home as long as possible.

A recent study by the Canadian Institute for Health Information shows that very few seniors who receive long-term homecare services can stay out of the system, that is, avoid being institutionalized, without support from caregivers. This study estimates that barely 2% would manage without caregivers.<sup>34</sup>

In sum, the current needs of beneficiaries living at home and the foreseeable increase in the next few years mean that we have to look at the specific needs of caregivers. These caregivers are an essential part in the continuum of homecare services for the handicapped, the chronically ill and seniors with reduced autonomy.

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<sup>31</sup> Of the 561 Islanders with French and English as mother tongues who answered this question, 166 answered “Yes, sometimes” and 260 “Yes, often”; representing high levels of 29.59% and 46.35% respectively.

Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid., p. 5

<sup>34</sup> Canadian Institute for Health Information (CIHI). Supporting Informal Caregivers—The Heart of Home Care, p. 1

## **Part 2 - Acadian and Francophone Caregivers**

### **2.1 - Context**

There are many caregivers providing vital support to seniors and persons with reduced autonomy living at home. There are said to be over two million of them in Canada.<sup>35</sup> These caregivers provide affective support and a broad range of services for their loved ones, including helping with meal preparation, managing medications, shopping, dressing, transportation and bathing.

Statistics Canada data seems to show that it is respectively professionals (such as doctors), followed by family members and close friends, who provide the most help in situations of major health-related changes. Nonetheless, beneficiaries consulted on the Island feel that the most useful help comes from their family, followed by help from professionals. However, for the native Francophones consulted, help from professionals, without questioning the importance of support from their family milieu, is more useful to them than that of their family. (See Appendices, Tables 5 and 6.)<sup>36</sup>

Every caregiver is in a unique situation based on the condition of the person being cared for. There are numerous possibilities: a senior with early-stage or advanced Alzheimer; a child with Down syndrome; a blind, mentally handicapped adult; an octogenarian who has lost the use of his legs; an adolescent with bipolar disorder.

Research hasn't given us an exact figure for the number of caregivers on PEI, much less the number of Island Acadians and Francophones providing regular support, for example, to a loved one with a chronic disease, an autistic child or to a young adult paraplegic. On the other hand, the statistics do give us the number of Acadian and Francophone caregivers providing support to seniors by census division and subdivision.

We will first give some data on Island caregivers in general supporting seniors, then concentrate on data specific to Island Acadians and Francophones.

Out of 110,205 Islanders 15 and over, 21,615 (19.61%) provide at least one hour a week of care or assistance to seniors without pay or wages. (See Appendices, Table 7.)<sup>37</sup>

Of these 21,615 Islanders 15 and older, an estimated 5,075 give 5 to 9 hours a week, on a

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<sup>35</sup> Ibid.

<sup>36</sup> Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, pp. 11 to 13

<sup>37</sup> Ibid. p. 17

volunteer basis, to seniors; an estimated 1,735 give 10 to 19 hours; and an estimated 1,755 give 20 hours or more a week. (See Appendices, Table 7.)<sup>38</sup>

The percentage of Islanders helping seniors in each of the province's three census divisions is basically the same: 19.47% in Queens; 20.78% in Kings; and 19.36% in Prince. (See Appendices, Table 8.)<sup>39</sup>

However, among those whose mother tongue is French, the percentage varies much more between census divisions. In Queens, the percentage is 14.23%; in Kings it oscillates around 20%; and in Prince it is 22.65%. The Acadian and Francophone regions of Summerside-Miscouche, Évangéline and West Prince are in the latter census division. (See Appendices, Table 8.)<sup>40</sup>

Map 3 gives an overview of the concentration of caregivers in the whole Island population providing care or help to seniors in the various census subdivisions of the province. (See also Appendices, Table 9.)<sup>41</sup>

This map shows large concentrations of caregivers for seniors in the different regions of the province. Rural regions such as the extreme northwest also have large concentrations.

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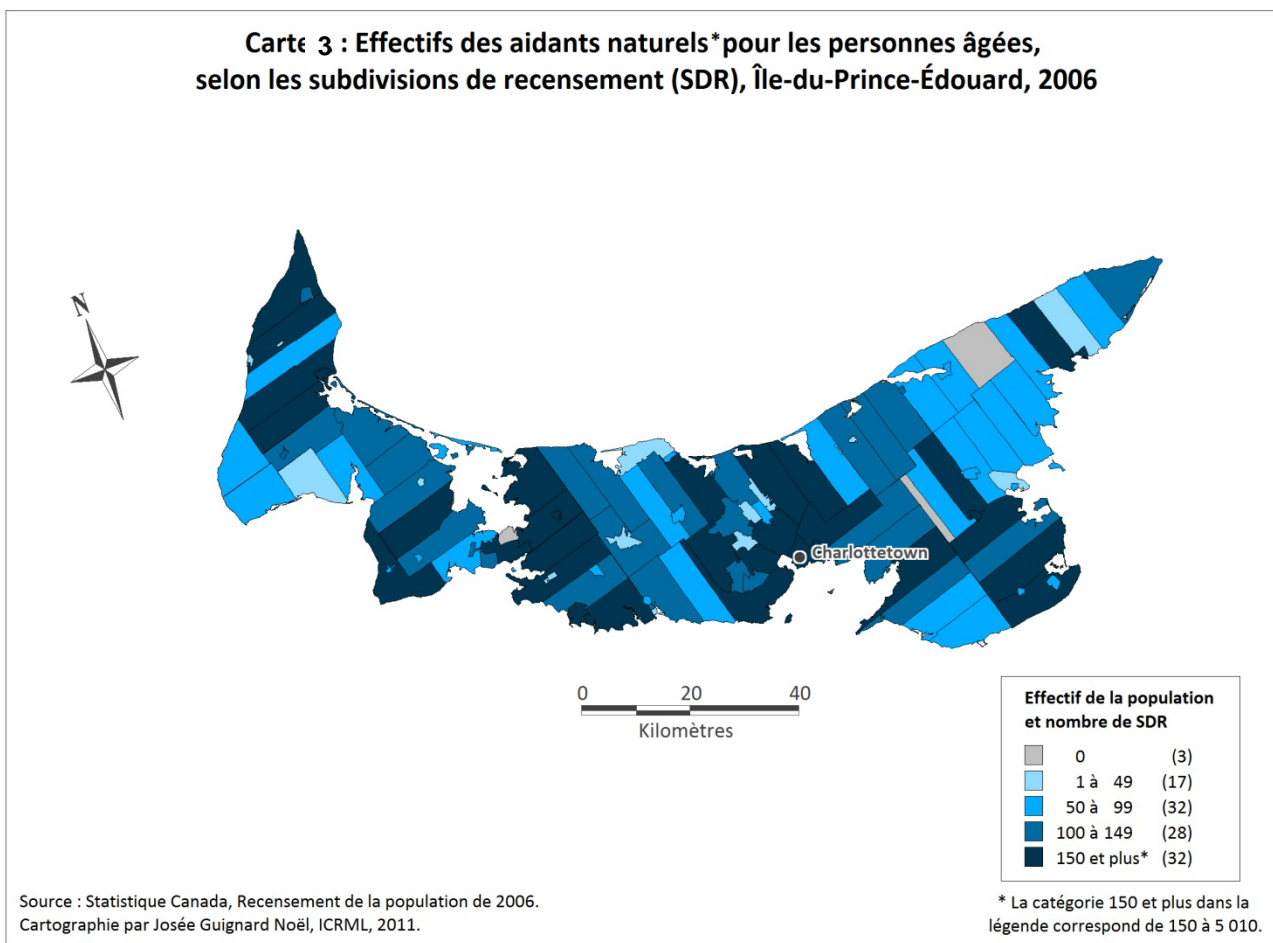
<sup>38</sup> Ibid.

<sup>39</sup> Ibid., pp. 17 and 18

<sup>40</sup> Ibid.

<sup>41</sup> Ibid., pp. 19 to 22 and 27

**Carte 3 : Effectifs des aidants naturels\* pour les personnes âgées, selon les subdivisions de recensement (SDR), Île-du-Prince-Édouard, 2006**



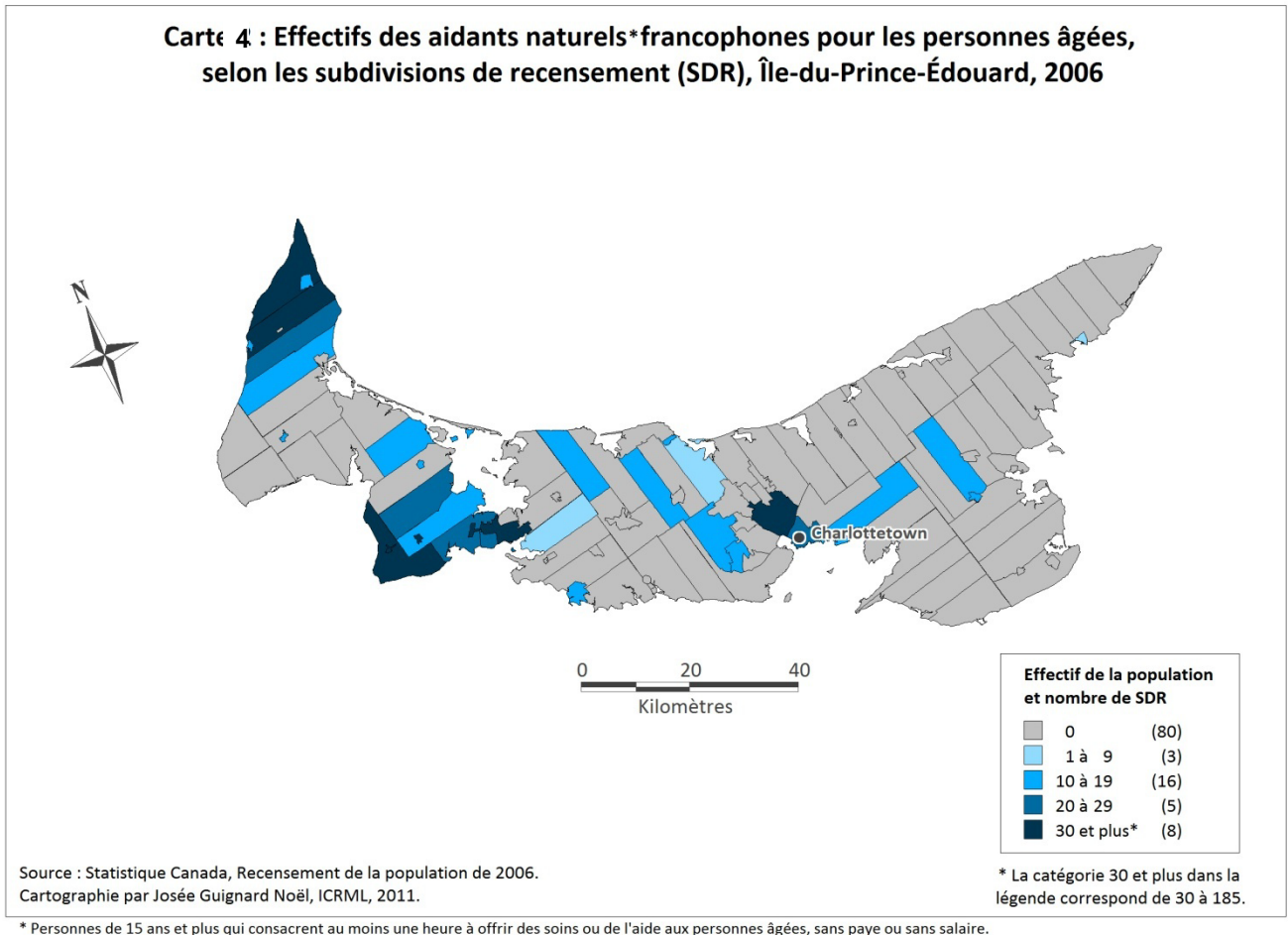
Specifically with respect to Islanders whose mother tongue is French, of the 4,885 Acadians and Francophones 15 and older, 980 spend at least an hour a week providing care or help to seniors, without pay or wages. This represents 20.06% of persons 15 and older in the Island Acadian and Francophone community. This percentage is slightly above the average for the whole Island population, which is, as we said before, 19.61%. (See Appendices, Table 7.)<sup>42</sup>

Of the 4,885 Islanders whose mother tongue is French, an estimated 180 give between 5 and 9 hours a week voluntarily to seniors; an estimated 65 Acadians and Francophones give 10 to 19 hours; and an estimated 55 devote 20 hours or more a week. (See Appendices, Table 7.)<sup>43</sup>

<sup>42</sup> Ibid., p. 17

<sup>43</sup> It is relevant to mention that of the 415 Islanders 15 and older who indicated French and English as mother tongues, 55 give at least an hour a week of volunteer help to seniors. As well, 20 give 5 to 9 hours a week; none devote 10 to 19 hours; and 10 give 20 hours or more a week to seniors.

Map 4 is an overview of the concentration of caregivers whose mother tongue is French who provide care or help to seniors in the Island's various census subdivisions. (See also Appendices, Table 10.) <sup>44</sup>



The map shows greater concentrations in the Charlottetown region in the central-eastern part of the Island, and in the western regions of the province, particularly Summerside, Évangéline and the extreme northwest.

The statistics on Island caregivers give us some indications in terms of number and geographic location. However, we recognize that these statistics are incomplete because they don't give any information on caregivers working with children or younger adults needing care.

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Ibid.

<sup>44</sup> Ibid., pp. 23 to 26 and 28

Nonetheless, we have gained important information on needs from a research project on caregivers working not only with senior beneficiaries but also with children or young adults who require occasional or regular care.

## **2.2 – Needs of Caregivers**

In 2003, the Fédération nationale des femmes canadiennes-françaises (FNFCF), which became the Alliance des femmes de la francophonie canadienne (AFFC) in 2005, began to look at female Francophone caregivers.<sup>45</sup> With the support of the Public Health Agency of Canada, the AFFC conducted a national study of the situation of caregivers in the country's minority Francophone communities. The study took place from 2006 to 2010.<sup>46</sup>

One stage of the study was to define a number of needs. Some 94 caregivers<sup>47</sup> from eight provinces formulated, based on their needs, 33 recommendations.<sup>48</sup> Twelve Island caregivers were among those consulted in this national study.<sup>49</sup> (See Appendices, Recommendations from Minority Caregivers – AFFC study.)

These Island Francophone caregivers, besides having contributed to the 33 basic recommendations, formulated recommendations specific to their reality.

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<sup>45</sup> Health Canada estimated in 2002 that one person in three (33%) in a family milieu gives “care” and that over three quarters (77%) of them are women.

Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, p. 4

<sup>46</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les aidantes francophones dans les communautés francophones et acadiennes du Canada: Rapport final (Phase I à V), 2010, p. 4

<sup>47</sup> The 94 caregivers consulted looked after a total of 123 persons: 26 looked after someone under 20; 38 looked after a middle-aged adult; 51 helped someone 60 or older, 34 of whom were 80 or older. The 12 caregivers consulted from the Island also looked after people in various age groups.

Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, p. 16

<sup>48</sup> Ibid., pp. 58 to 61

<sup>49</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les aidantes naturelles dans les communautés francophones et acadiennes du Canada, Summary of the study by Gisèle Trubey, Spring 2007, p. 2

The recommendations provided by the Island Acadian and Francophone caregivers who participated in the AFFC study touch on various aspects of the issue: financial issues, respite, services in French, information, training, resourcing and mutual aid. Most of these recommendations are similar to those expressed by the whole group of caregivers consulted in the country.

Before dealing with the recommendations from Island caregivers, we wish to bring to your attention the first recommendation provided by the whole group of caregivers consulted across the country. This recommendation reads as follows:

*1. Eliminate the French term “aidante naturelle”.<sup>50</sup>*

In sum, caregivers consulted in minority communities recommended changing the French term “aidante naturelle”. They believe that the term “proche aidante” or “personne aidante” would be more appropriate. They don’t believe that being a caregiver is “natural”.<sup>51</sup>

Here are the thirty or so recommendations made specifically by Island caregivers<sup>52</sup>:

➤ **Money**

- 1. Provide financial aid for travel costs for people who have to leave the Island for healthcare that is not available any other way.*
- 2. Give financial aid to caregivers who have to leave their job to take care of someone.*
- 3. Provide financial aid to independent workers when they can no longer work.*
- 4. If a medical treatment is approved, have it paid for until the end.*

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<sup>50</sup> Amélioration des conditions de vie des personnes aidantes francophones dans les communautés francophones et acadiennes du Canada: RAPPORT FINAL, Presented by Chantal Abord-Hugon and Céline Romanin, March 2008, p. 7

<sup>51</sup> Ibid.

<sup>52</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, pp. 153 to 155



5. *For caregivers who are on the job market, provide more leave for family emergencies.*
6. *The government should pay for all medication.*

➤ ***Respite and other services – in French***

7. *List volunteers who would be available to provide respite to caregivers, visit people who are alone, etc.*
8. *Have a program of paid persons who would be available to provide respite to caregivers, visit people who are alone, etc.*
9. *Relaunch the Community Response Program that provided company for seniors at home.*
10. *Offer a service to take people to appointments and accompany them to the appointment itself.*
11. *Provide more respite for caregivers.*
12. *Have men working in the homecare service (sometimes a man is more comfortable with another man).*
13. *Make sure that a home is ready for a sick person before discharging a patient from hospital.*
14. *Shorten the waiting time for an application for assistance.*
15. *Insurance companies should treat all claims more quickly.*
16. *Insurance companies should simplify their procedures.*
17. *Offer more services in French.*
18. *Establish more services and programs allowing those in need to remain at home as long as possible.*
19. *Services provided should be able to adjust rapidly if a situation gets worse.*

*20. Don't put everybody together in the institutions without any regard for their cognitive level.*

*21. Have more physical activity, music (as therapy), etc., in the institutions.*

*22. Offer more programs to occupy adults who have functional limitations.*

*23. Offer more specialized services in the French schools.*

*24. Offer longer hours of service for homecare.*

*25. Provide respite on weekends and at night.*

*26. Recognize the role of caregivers by collaborating with them.*

➤ **Information/ training**

*27. Make information available on services, programs, resources, etc.*

*28. Have someone at the hospital to meet with the sick person's family and provide information concerning all the available services or programs that might be useful to them.*

*29. Have a central bank of information where a caregiver could go and meet with someone who would be able to tell him or her everything available in the caregiver's particular situation.*

*30. Offer caregivers training on how to take care of a sick person at home.*

*31. Have someone who would go to the house to do a needs assessment of the physical environment and to find out if the caregiver is giving proper care. This person could suggest modifications that need to be made, equipment that needs to be obtained, etc.*

*32. Offer caregivers moral support.*

➤ **Other**

*33. That the AFFC make sure that this study leads to concrete actions.*

These recommendations are founded on a set of needs and call on various stakeholders. For questions of financial assistance and flexibility in the job market, government authorities and employers are called upon more. With respect to respite, resourcing and mutual aid, public players as well as community stakeholders are called upon directly. Government and community players have a complementary role to play in information and training. They also have to develop actions and strategies to favor a greater offer, as requested by the caregivers consulted, of services and support in French.

The question to be asked: What would be the most appropriate model of a support network for caregivers likely to meet all of these needs, or at least some of them?

The network created will not claim to meet all the needs expressed, notably with respect to the precarious financial situation of caregivers. However, through the champion organization on the Island, it should inform decision-makers of these needs. It is relevant to point out that organizations like the Canadian Caregiver Coalition have a mandate for advocacy before the various levels of government.<sup>53</sup> The next part of the study will make brief reference to this coalition.

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<sup>53</sup> [www.ccc-ccan.ca](http://www.ccc-ccan.ca)

## **Part 3 - Sample Initiatives**

### **3.1 – Organizations and Networks**

Our research has revealed that all sorts of tools are available to caregivers in the country. Caregiver support networks and organizations are also active nationally and in several milieus. Here are a few examples:

Canadian Caregiver Coalition: The Canadian Caregiver Coalition is a national organization representing the interests of caregivers at all levels of government and to the general public. The Coalition brings together various organizations and individual partners: caregivers, researchers and professional service providers. The Coalition supports various research and education initiatives and acts as a clearinghouse for a range of tools and resources for caregivers.<sup>54</sup>

Réseau Entre-Aidants: This is a free, bilingual, confidential program providing information and support for caregivers and their families using teleconferences. This network offers training sessions by telephone and via Internet on a whole range of subjects having to do with the reality of caregivers. Healthcare professionals lead workshops and discussions where participants can share what they are going through with others who are in similar situations.<sup>55</sup>

Family Caregivers' Network Society: This non-profit organization was founded in 1989 and is based in Victoria, British Columbia. The Society's goal is to inform, support and educate the community about caregivers' concerns. The Society's services and products include coordinating support groups; telephone calls to caregivers; accompanying caregivers in their dealings with the healthcare system; themed workshops; documentation and resource centre.<sup>56</sup>

Caregivers Nova Scotia: The organization advocates for the recognition for caregivers and provides them with various services and resources. For instance, Caregivers Nova Scotia makes the public aware of caregivers' needs; participates in various working groups to try to influence provincial and national public policy on caregivers; offers training and support to caregivers; facilitates the exchange of

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<sup>54</sup> [www.ccc-ccan.ca](http://www.ccc-ccan.ca)

<sup>55</sup> [www.reseauentreaidants.com](http://www.reseauentreaidants.com)

<sup>56</sup> [www.fcns-caregiving.org](http://www.fcns-caregiving.org)

information among caregivers; monitors demographic trends and their impact on caregivers.<sup>57</sup>

Alberta Caregivers Association: This organization supports the offer of services and programs for caregivers. For instance, the Association facilitates helping caregivers manage their emotions and stress; offers advice to prevent burn-out; facilitates exchanges among caregivers dealing with the same challenges; assists in offering workshops on various themes; coordinates training for professionals working in the community to make them aware of caregivers' needs.<sup>58</sup> The organization recently helped to set up a round table bringing together a group of partners to optimize actions concerning Albertan caregivers.<sup>59</sup>

### **3.2 – French Speaking Minority Communities in Canada**

No structured, permanent caregiver support networks seem to exist in Francophone and Acadian communities in Canada, but some initiatives deserve mention:

In New Brunswick, for example, support is provided to caregivers in the Acadian and Francophone regions in the north of the province through the provincial Department of Health's Extra-Mural Program. The aim of this program is to help people remain at home as long as possible. As part of the services they offer to beneficiaries, workers in the Program identify caregivers who need support. Offerings include intervention programs, like *Prendre soin de moi*. Workshops are given on various themes specifically for caregivers: conflict management, stress management, grief, etc. At workshops, caregivers share their experience, adopt tools and even find solutions. Sessions are given in French and English. Francophones seem to participate more. Some sessions are given jointly for Francophone and Anglophone caregivers. Support groups have also been set up in some regions.<sup>60</sup>

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<sup>57</sup> [www.caregiversns.org](http://www.caregiversns.org)

<sup>58</sup> [www.albertacaregiversassociation.org](http://www.albertacaregiversassociation.org)

<sup>59</sup> Margo Fauchon, Project Coordinator, VON Canada, consulted on March 31 2011

<sup>60</sup> Karine Levesque, Social Worker, New Brunswick Extra-Mural Program, Grand Falls unit, consulted on March 15, 2011

Suzanne Ouellet, Research Professor, Section Head, Nursing, Université de Moncton - Shippagan Campus, consulted on February 15, 2011

Carmen Bouchard, Social Worker, New Brunswick Extra-Mural Program, consulted on February 16, 2011  
[www.gnb.ca/0051/0384/index-f.asp](http://www.gnb.ca/0051/0384/index-f.asp)

In Alberta, a support strategy for Francophone caregivers has been developed.<sup>61</sup> This strategy will be implemented in the Edmonton region in the next few months. The partners involved are the Coalition des femmes francophones de l'Alberta, the Réseau santé albertain, the Fédération des aînés francophones de l'Alberta (FAFA) and the Alberta Caregivers Association. The Coalition is assuming a leadership role in the matter. The strategy basically has three components:

- Program *La sollicitude sans le stress*: Inspired by VON Hamilton's<sup>62</sup> program *From Stress to Strength*, this program is aimed at helping caregivers to equip themselves through group awareness and learning activities and to giving caregivers an opportunity to catch their breaths by providing respite.
- Respite Services: Partners in the strategy will try to make known and to encourage the various initiatives that provide respite for caregivers. Government help is available to caregivers for qualified beneficiaries. As well, some private businesses offer respite services.
- Community Caregiver Groups: We would expect these informal groups to meet monthly. They give caregivers a chance to exchange with others about their daily lives and to discuss actions to support them.

In Saskatchewan as well, a strategy has been developed recently to support Francophone caregivers. Plans include identifying caregivers, listing and promoting services and creating a provincial network and regional support networks. Saskatchewan geography constitutes a particular challenge to implementing the various components of this strategy. More financial resources will be needed for full implementation.<sup>63</sup>

### **3.3 - Regions of Québec**

Québec has organizations providing the foundation for structured networks designed

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<sup>61</sup> Margo Fauchon, Project Coordinator, VON Canada, consulted on March 31, 2011

<sup>62</sup> [www.von.ca/NationalDirectory/branch/pages.aspx?BranchId=24&section=programs&cat=1](http://www.von.ca/NationalDirectory/branch/pages.aspx?BranchId=24&section=programs&cat=1)

<sup>63</sup> Georgette Bru, Project Coordinator, Fédération provinciale des Fransaskoises, consulted on February 4, 2011  
[www.fransaskoises.ca](http://www.fransaskoises.ca)

specifically to meet the needs of caregivers. We looked in detail at several that inspired us.<sup>64</sup>

### **3.3.1 - Rouyn-Noranda**

In this region in central northwestern Québec, we contacted the Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional and the Neighbours Regional Association of Rouyn-Noranda. In 2006, the population of the City of Rouyn-Noranda was 39,924<sup>65</sup>, including 985 citizens whose mother tongue was English.<sup>66</sup>

- Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional<sup>67</sup>

The Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional was created in 1996. It brings together people who provide care, at home or in lodgings, for people of any age with reduced autonomy and who have no professional status.

A seven-member Board of Directors, most of whom are caregivers or ex-caregivers, manages the organization. Persons being cared for who are in relatively good health can also be members. Besides making decisions related to running the organization, the Board puts its efforts into financing the Regroupement and its activities. The organization has had permanent quarters since 2006. In 2007, it hired a coordinator who works three days a week.

The Regroupement's mission is to break down the isolation of caregivers by giving them somewhere to go to exchange and to be listened to, and to receive support and information that will improve their personal and family quality of life.

The Regroupement organizes regular coffee events where caregivers can exchange with each other, as well as talks on various subjects requested by caregivers (for example, managing emotions, managing pain, breathing techniques). The organization also

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<sup>64</sup> Pharand, Sylvie. Le Trousseau: Portrait d'organisations communautaires de proches aidants au Québec: Contextes, pratiques et enjeux, Regroupement des aidants naturels du Québec (RANQ), 2010

Pharand, Sylvie. Le Petit Trousseau: Boîte à outils, Regroupement des aidants naturels du Québec (RANQ), 2010

<sup>65</sup> [www.en.wikipedia.org/wiki/Rouyn-Noranda](http://www.en.wikipedia.org/wiki/Rouyn-Noranda)

<sup>66</sup> [www.statcan.gc.ca/pub/89-642-x/2010002/app-anna-fra.htm](http://www.statcan.gc.ca/pub/89-642-x/2010002/app-anna-fra.htm)

<sup>67</sup> Aline Gaumond, Coordinator, Regroupement des personnes aidantes naturelles du Rouyn-Noranda, consulted on March 23, 2011  
[www.aidantsnaturels-rn.com](http://www.aidantsnaturels-rn.com)

encourages setting up support groups.

As part of its *Espace temps* initiative, the Regroupement is collaborating with the Alzheimer Society to look after seniors two mornings a week, freeing their caregivers. The Rouyn-Noranda volunteer centre provides transportation to beneficiaries who need that service.

The Regroupement participates in working groups, including those on respite care and on multidisciplinary services for seniors (*Table Répît* and *Table intersectorielle des aînés*). These forums bring together community and government stakeholders of the area. They encourage an exchange of information on available programs and facilitate collaborations to meet, as fully as possible, the needs of the community, including those of caregivers.

The organization is also a member of the Regroupement des aidants naturels du Québec (RANQ), a body devoted to making the public and governments aware of the realities and needs of caregivers in Québec.<sup>68</sup> Caregivers' demands, for example with respect to financial aid, are expressed to political decision-makers through this provincial organization.

- Neighbours Regional Association of Rouyn-Noranda<sup>69</sup>

Through exchanges with the Regroupement des personnes aidantes naturelles du Rouyn-Noranda regional, we learned that the Neighbours Regional Association of Rouyn-Noranda, an organization whose mission is to represent the interests of the Anglophone minority in the region, is involved in a support initiative for caregivers.

The Neighbours Regional Association of Rouyn-Noranda got funding for a three-year initiative to implement a strategy supporting Anglophone caregivers. The main aspects of the initiative are to identify Anglophone caregivers in the region and to identify resources and information available in English and promote them to the Anglophone community. These English-language services and resources are essential not only for unilingual Anglophone caregivers and beneficiaries (17% of the 985 Anglophone citizens of the City of Rouyn-Noranda are unilingual), but also for all those Anglophones who, in

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<sup>68</sup> [www.ranq.qc.ca](http://www.ranq.qc.ca)

<sup>69</sup> Sharleen Sullivan, Executive Director, Neighbours Regional Association of Rouyn-Noranda, consulted on March 23, 2011

Nathalie Chevrier, Health Coordinator, Neighbours Regional Association of Rouyn-Noranda, consulted on March 31, 2011

[www.neighbours-rouyn-noranda.ca](http://www.neighbours-rouyn-noranda.ca)



a crisis, have trouble expressing themselves in a second language. This seems to be true as well for those whose mother tongue is French and who have to communicate in English to obtain help in times of distress.

One action that especially drew our attention is the collaboration that has developed between the Neighbours Regional Association of Rouyn-Noranda and the Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional to advocate for caregivers with employers. For instance, information sessions are organized. In sum, employers should show more understanding toward employees responsible for loved ones with health problems or limited autonomy. Caregivers would certainly greatly appreciate some flexibility in work schedules.

### **3.3.2 - Brome-Missisquoi**

In this region in the Eastern Townships of southern Québec, we studied the Regroupement Soutien aux Aidants de Brome-Missisquoi. In 2006, the population of the Brome-Missisquoi region was 56,523, 11,050 of whom spoke English as a first language.<sup>70</sup>

#### **- Regroupement Soutien aux Aidants de Brome-Missisquoi<sup>71</sup>**

The mission of the Regroupement Soutien aux Aidants de Brome-Missisquoi is essentially to prevent and treat caregiver burnout, to provide services directly related to their needs, to offer respite and to raise public awareness of their lives.

The Regroupement was created in 1996 on the initiative of people concerned about the problems faced by caregivers in the region. A temporary committee was set up, followed by a duly constituted Board of Directors. In collaboration with various stakeholders, a needs assessment was done to identify the main services that should be offered: reception, support, information, references, gatherings encouraging contact among caregivers. In 1997, a permanent coordinator was hired to help the organization to develop.

In 2001, it was noticed that the *respite-support* service was being called upon the most. The following year, the Regroupement, in collaboration with the CLSC (local community service centre), set up the *respite-teaching* project, which improved caregivers' skills, as

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<sup>70</sup> [www.ocol-clo.gc.ca/html/stu\\_etu\\_062008\\_east\\_est\\_pg4\\_f.php](http://www.ocol-clo.gc.ca/html/stu_etu_062008_east_est_pg4_f.php)

<sup>71</sup> Veerle Beljaars, Director, Regroupement Soutien aux Aidants de Brome-Missisquoi, consulted on February 23, 2011 [www.rsabm.ca](http://www.rsabm.ca)

well as their feeling of security and confidence.

Today, the Regroupement offers caregivers a bank of resources and documentation; information workshops, especially on preventing burnout; sessions on themes suggested by the caregivers; *coffee hours* where caregivers can exchange among themselves; *relaxation sessions* for caregivers with a team of specialist volunteers; *discovery days* where caregivers can have fun; *art therapy* to facilitate a helping relationship through art. A schedule of the Regroupement's activities is published in its quarterly newsletter, *L'Entreaidant*.

The respite service is always in high demand. For this reason, the Regroupement, besides offering the *respite-support* service with volunteers who come to the caregiver's home, provides a *drop-in respite* service every Friday afternoon in collaboration with various players, including the CSSS (health and social services centre).

Longer-term respites (2 to 14 days) are much in demand. This need will be filled soon with the opening of the Maison Gilles-Carle Brome-Missisquoi, which will offer space and facilities to take in care recipients occasionally or for short stays, freeing their caregivers.

The Regroupement offers its services to support caregivers who are looking after cases that are deemed light, physically or intellectually, not requiring specialized care. We estimate that about 60% of assisted persons living at home can be supported for a few hours by volunteers coordinated by the Regroupement. Special efforts are made to give volunteers who work with caregivers and recipients proper coaching. They don't just need training; they need debriefing after their experience.

The population of the Brome-Missisquoi region is about 24.3% Anglophone,<sup>72</sup> so the Regroupement's services are bilingual. Nonetheless, we note that the Anglophones ask for a lot less help than the Francophone majority.

Finally, the Regroupement's funding comes mainly from the Québec provincial Department of Health and Social Services and Department of the Family and Seniors. The Regroupement also receives funding from regional sources.

### Importance of partnerships

The many situations in which caregivers may find themselves, largely dictated by the

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<sup>72</sup> [www.ocol-clo.gc.ca/html/stu\\_etu\\_062008\\_east\\_est\\_pg4\\_f.php](http://www.ocol-clo.gc.ca/html/stu_etu_062008_east_est_pg4_f.php)

loved one's health condition or the severity of the handicap, as well as limited community resources, mean that a group of government and community stakeholders must be called upon to help implement a support network for Acadian and Francophone caregivers on the Island.

The creation of the community caregiver support organizations that we observed in Québec wasn't always smooth. They had to face major challenges and it seems that they are still operating, depending on the demand, with few resources. Partnerships and collaborations with a group of public and community stakeholders working for the good of the milieu seems to be a characteristic of these organizations' mode of operations. Indeed, this is how all community organizations operate, on the Island or elsewhere.

## **Part 4 - Partners on the Island**

The recommendations prepared by the dozen or so caregivers as part of the ACCF study are based on a set of needs and call on a certain number of players. For issues on financial assistance and flexibility in the job market, government authorities and employers seemed to be called upon more. With respect to respite, resourcing and mutual aid, public players as well as community stakeholders are called on directly. Government and community players have a complementary role to play in information and training. They also have to develop actions and strategies to favor a greater offer, as requested by the caregivers consulted, of services and support in French.

Also, PEI doesn't have any provincial organizations supporting a structured support network for caregivers, not just in the Acadian and Francophone community but also in the population in general. We do find a certain number of government and community stakeholders, some of whom work with beneficiaries, who should be called on to participate in any future support network for Acadian and Francophone caregivers.

### **4.1 - Government Partners**

Most provincial government services that caregivers may turn to are offered by the Department of Health and Wellness and the Department of Community Services, Seniors and Labour. To facilitate an environment and services in French for Acadian and Francophone caregivers, we believe that the Acadian and Francophone Affairs Division also has a role to play in setting up this network.

#### **4.1.1 - Department of Health and Wellness<sup>73</sup>**

Within this Department, the **PEI Home Care Program**<sup>74</sup> supplies a range of care and services to allow beneficiaries to remain in their environment and to function relatively independently in their community. The Program has offices in Charlottetown, Summerside, Montague, O'Leary and Souris and is aimed at complementing the care and support provided by caregivers.

The Program's home care and services include: general assessment of patient condition; nursing and personal care; occupational therapy; protection of adults likely to be abused; palliative care; dialysis and assessment for admission to an institution. The

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<sup>73</sup> [www.gov.pe.ca/health/index.php3](http://www.gov.pe.ca/health/index.php3)

<sup>74</sup> [www.healthpei.ca/index.php3?number=1020609&lang=E](http://www.healthpei.ca/index.php3?number=1020609&lang=E)

Program also provides a respite service for caregivers through certain programs.

We will provide somewhat more detail on those programs administered by the Home Care Program that we feel are relevant to creating a support network for caregivers:

- **Adult Day Programs**<sup>75</sup> offer recreational activities for seniors remaining in their environment. The ultimate objectives of these programs are to keep seniors in their homes by monitoring their state of health, to allow seniors to socialize and to give respite to caregivers. These programs are available in Charlottetown, Summerside, Alberton and Montague.

- **Palliative Care**<sup>76</sup> is a program offering end-of-life support to beneficiaries and their loved ones. The initiative makes available the services of a team of professionals providing support, particularly in the areas of medical care, pain management, respite for caregivers, counseling and care for the bereaved after the death of a beneficiary.

These professionals may be asked to work in hospitals, long-term care centres or the home, in short, wherever **beneficiaries are at the end of their lives.** **This program is provided from the Department's** Home Care Program offices.

- **Family Health Centres**<sup>77</sup> bring together front-line health services and professionals. Family physicians, nurses, speech therapists and psychologists are among those who offer a multitude of services to the local population. These centres care for the chronically ill and focus on promotion and prevention.

The proximity of these health centres means that they could play a role in a support network for caregivers. There are centres in various areas of the Island:

- Four Neighbourhoods Health Centre in Charlottetown
- Harbourside Health Centre in Summerside
- O'Leary Health Centre in O'Leary
- Central Queens Health Centre in Hunter River
- Gulf Shore Health Centre (satellite site of Central Queens) in Rustico

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<sup>75</sup> [www.healthpei.ca/index.php3?number=1020619](http://www.healthpei.ca/index.php3?number=1020619)

<sup>76</sup> [www.healthpei.ca/index.php3?number=1020611](http://www.healthpei.ca/index.php3?number=1020611)

<sup>77</sup> [www.healthpei.ca/index.php3?number=1020492](http://www.healthpei.ca/index.php3?number=1020492)

- Eastern Kings Health Centre in Souris
- Montague Medical Clinic in Montague
- Tyne Valley Health Centre in Tyne Valley
- The Evangeline Community Health Centre in Wellington

The Evangeline Community Health Centre has a basically bilingual multidisciplinary team. The Centre's professionals offer a group of services and programs. They collaborate with the community to promote the health of individuals and of the community as a whole.<sup>78</sup>

It is relevant to mention that the Evangeline centre receives, via a 1-800 line, calls from Islanders in all regions who wish to enroll in the *Living a Healthy Life with Chronic Conditions* program. This program is for those with chronic illnesses (diabetes, high blood pressure, arthritis, asthma, etc.), their caregivers and their loved ones.<sup>79</sup>

This sort of telephone line specifically for caregivers throughout the province, with bilingual service, could meet a variety of needs. This line could be used to inform them about various services and resources, but it would also be a way for them to obtain psychological support, for instance. It's something to consider.

#### **4.1.2 - Department of Community Services, Seniors and Labour<sup>80</sup>**

This Department's leading role with seniors and with persons with reduced mobility or a handicap means that it would certainly be appropriate for it to be involved in any future support network for caregivers.

For instance, the Department is responsible for the ***Seniors' Secretariat of Prince Edward Island*** and the ***Office of Seniors***. The Secretariat was established to encourage the adoption of initiatives, policies and programs that would help improve the quality of life of seniors on the Island. The Secretariat's mandate also includes advising the Department and making the Island population aware of seniors' main areas of concern. The Office's mandate is to inform seniors, their families and all stakeholders

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<sup>78</sup> [www.healthpei.ca/index.php3?number=1020496&lang=E](http://www.healthpei.ca/index.php3?number=1020496&lang=E)

<sup>79</sup> Participants in this program learn to manage the symptoms of their disease, to adopt healthy dietary and exercise habits, to manage their emotions better and to communicate with their family, friends, physicians and other healthcare providers.  
[www.gov.pe.ca/index.php3?number=news&newsnumber=7328&lang=F](http://www.gov.pe.ca/index.php3?number=news&newsnumber=7328&lang=F)

<sup>80</sup> [www.gov.pe.ca/ssss/](http://www.gov.pe.ca/ssss/)

about the programs and services available to seniors. It also supports the Secretariat in its actions as a whole<sup>81</sup>.

The Department also provides programs specifically for seniors such as the **Seniors Housing Program** and the **Seniors' Home Repair Program**.<sup>82</sup>

The Department also provides support and services to Islanders dealing with physical or intellectual handicaps. The objective of the ***Disability Support Program (DSP)*** is to meet the specific needs of all persons with a handicap, whether autistic children, paraplegic adults or blind seniors. The Program can also provide a form of respite for caregivers.<sup>83</sup>

In order to meet these needs, the Department maintains collaborations with non-profit organizations providing services to Islanders with handicaps. Organizations providing training, transportation, recreation and various home services, such as housekeeping and meals, have received financial support from the Department.<sup>84</sup>

Certain organizations supported by the Department provide respite to caregivers. For instance, Camp Gencheff provides weekends of activities to persons with a handicap. Also, Pat and the Elephant in Charlottetown and Transportation West in Alberton provide transportation for persons with a handicap, especially those in a wheelchair.<sup>85</sup> We assume that, over all, beneficiaries and caregivers alike appreciate these subsidized organizations and services.

Governments throughout the country, like the Island government, fund private sector services for beneficiaries and so ease the task of caregivers: housekeeping, meals, transportation and other services. Some programs pay up to 80% and the beneficiary has to pay the difference. Cost sharing is calculated after an assessment of the beneficiary's financial situation. Based on the beneficiaries' and caregivers' financial situation, which is often limited, this contribution from government partners eases their financial

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<sup>81</sup> [www.gov.pe.ca/sss/index.php3?number=1025787&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1025787&lang=E)

<sup>82</sup> [www.gov.pe.ca/sss/index.php3?number=1025803&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1025803&lang=E)

<sup>83</sup> [www.gov.pe.ca/sss/index.php3?number=1018613&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1018613&lang=E)

<sup>84</sup> [www.gov.pe.ca/sss/index.php3?number=1025792&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1025792&lang=E)

<sup>85</sup> Ibid.

burden.<sup>86</sup>

#### **4.1.3 - Acadian and Francophone Affairs Division<sup>87</sup>**

We believe that the PEI government's Acadian and Francophone Affairs Division has a role to play in setting up this network. The Division advises the provincial government on planning and implementing various measures to increase its capacity to provide French-language services to the community. The Division also supports government departments and agencies with respect to various issues related to Francophone affairs at the intergovernmental, national and international levels. The Division is also responsible for government translation services.<sup>88</sup>

The AFFC study carried out from 2006 to 2010 among caregivers in minority communities in Canada showed that the lack of French language resources and services is an extra stress factor. Not only is it a stress factor for the caregiver, but it may limit the benefits of interventions with the senior or the person with reduced autonomy. The following quotes from the consultations with Island caregivers as part of the study are good illustrations of the problems caused by the lack of resources and services in French and its consequences both for caregivers and for beneficiaries who need them:

A caregiver from the Island who looks after her mother every day: *"It isn't easy to be able to communicate how you feel in another language during a crisis situation (...) Sometimes, I have trouble finding the right words to explain what is happening with my mother."*<sup>89</sup>

Speaking of an elderly woman with Alzheimer, a caregiver mentioned that it was good for morale and physical health to be able to live in one's native tongue: *She (the elderly woman with Alzheimer) felt much more comfortable with me. They told me that she had really changed after I started with her. She sang with me."*<sup>90</sup>

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<sup>86</sup> In Québec, to lighten the burden on caregivers, the provincial government offers a tax credit to caregivers who house a loved one to whom they provide continuing care and assistance without compensation.  
[www.formulaire.gouv.qc.ca/cgi/affiche\\_doc.cgi?dossier=10216&table=0#15](http://www.formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=10216&table=0#15)

<sup>87</sup> [www.gov.pe.ca/eco/aafa-info/dg.inc.php3](http://www.gov.pe.ca/eco/aafa-info/dg.inc.php3)

<sup>88</sup> Ibid.

<sup>89</sup> Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, p. 147

<sup>90</sup> Ibid.



Their words make us aware of the importance of increasing services in French and implementing a support network for Acadian and Francophone caregivers on the Island in cooperation with government players, including the Acadian and Francophone Affairs Division.

## **4.2 - Community Partners**

### **4.2.1 – Network of Associations**

The Island Acadian and Francophone community has a group of associations. Among these, we believe that the **Francophones de l'âge d'or de l'Î.-P.-É.**, **Actions femmes Î.-P.-É.** and the organization that speaks for the community, the **Société Saint-Thomas d'Aquin (SSTA)**, are the most concerned with the problems of caregivers.

We presume that certain members of the Francophones de l'âge d'or are concerned that they may someday need, if they don't already, support from caregivers in order to remain at home. A number may have been, or may still be, caregivers for a parent.

As we've already said, most caregivers are women. The majority of seniors with reduced autonomy, adults with chronic diseases and children with a physical or intellectual handicap seem to receive their support from women. This is why we feel that Actions femmes Î.-P.-É. should feel called upon in this matter.

Also, demographic data and certain indicators of the health status of Island Acadians and Francophones seem to show that a major segment of the population will need support in the next few years to remain at home and continue contributing to the community. Consequently, we believe that in light of the importance of the stakes for community development, the SSTA has a contribution to make toward implementing this help network for caregivers.

Among existing community structures in the Acadian and Francophone community, there is no way around the RSSFÎPÉ. This is also true for a certain number of Anglophone community players providing services and resources to Islanders so that they can remain in their environment and not be institutionalized.

#### **4.2.2 - Réseau des services de santé en français de l'Île-du-Prince-Édouard (RSSFÎPÉ)<sup>91</sup>** ***(PEI French Language Health Services Network)***

The RSSFÎPÉ is a non-profit organization working to ensure increased access to healthcare services and social services in French for the Island's Acadian and Francophone population. This provincial network belongs to the national organization Société Santé en français<sup>92</sup> and its objective is to ensure access to a full range of healthcare services of comparable quality to those provided in English, thus contributing to the implementation of the province's *French Language Services Act*.

The Réseau brings together provincial government and community representatives. The government is represented by the Primary Care Division, Community Hospital and Continuing Care Division, Acute Care Hospitals Division, Social Programs and Seniors Division, Child and Family Services Division, Corporate Services Division, Acadian and Francophone Community Advisory Committee and the Acadian and Francophone Affairs Division. The community contingent includes representatives of healthcare professionals, parents and early childhood, youth, women, seniors, the Collège Acadie Î.-P.-É. and the SSTA.

The RSSFÎPÉ's philosophy is to develop a French-language healthcare system integrated with existing structures. The Réseau's strategies are implemented in close collaboration with the provincial Departments responsible for Health and Social Services and with the PEI Acadian and Francophone Affairs Division. The Réseau reports to the Acadian and Francophone Community Advisory Committee and is accountable to the Minister responsible for Acadian and Francophone Affairs. The RSSFÎPÉ has two Co-Chairs, one chosen by the government representatives and the other by the community representatives.

We feel that, in light of its composition and mandate, the Réseau will have a leading role to play in the creation and operation of a support network for Acadian and Francophone caregivers.

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<sup>91</sup> Élise Arsenault, Director, Réseau des services de santé en français de l'Î.-P.-É. (RSSFÎPÉ), consulted on March 11, 2011  
[www.santeipe.ca](http://www.santeipe.ca)

<sup>92</sup> The Société santé en français is devoted to improving the health of Francophone minorities in Canada.  
[www.santefrancais.ca](http://www.santefrancais.ca)

### 4.2.3 – Sectoral Organizations

As well, the limited community resources, the diversity of health problems among beneficiaries of home care and the magnitude of the challenges to be faced in coming years because of the aging Acadian and Francophone population mean that this support network for caregivers will have to deal with a certain number of community players that seem to operate mainly in English. We also assume that not all government stakeholders called on will be bilingual.

Collaborations will certainly be needed with a group of stakeholders, but they must include the objective of facilitating an offer of services in French for Acadian and Francophone caregivers.

A number of national, provincial and local sectoral organizations are likely to offer advice and support to caregivers, such as:

#### Hospice Palliative Care Association of Prince Edward Island (Hospice PEI)<sup>93</sup>

This network of volunteers belongs to the National Association of Hospice and Palliative Care Organizations<sup>94</sup> and gives support to persons at end of life. Volunteers work with patients not just in hospitals and nursing homes, but at home as well.

Their presence, whether for a day or for a few hours, gives caregivers a precious respite. Volunteers also work with grieving caregivers who have lost a loved one.

#### Victorian Order of Nurses<sup>95</sup>

The Victorian Order of Nurses offers various home services to the sick and persons with a handicap. They also give support to caregivers. The organization encourages caregivers to network and share their experiences. It gets caregivers respite by coordinating the action of volunteers and professionals who can take over for a few hours or the night, and it offers training and workshops.

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<sup>93</sup> Ellen Davies, Executive Director, Hospice Palliative Care Association of PEI, consulted on March 16, 2011  
Claudette McNeill, Professor, Collège Acadie Î.-P.-É. consulted on March 15, 2011  
[www.hospicepei.ca](http://www.hospicepei.ca)

<sup>94</sup> [www.nhpco.org](http://www.nhpco.org)

<sup>95</sup> [www.von.ca](http://www.von.ca)

However, action by VON PEI and by the Order in many regions of the country seems to be limited, particularly with respect to direct services to caregivers. Their services, particularly on the Island, are concentrated mainly on beneficiaries. These are paid services, limited mainly to nursing care (for example, blood tests, injections, administration of drugs, changing dressings, etc.). We do feel, however, that discussions could take place with this organization on the Island to see the possibility for it to play a greater role with caregivers, as is the case in other regions of the country.

Here we have just listed other organizations. The national organizations mentioned below have a presence on the Island, or at least in Atlantic Canada:

- Alzheimer Society of Canada<sup>96</sup>
- Canadian Cancer Society<sup>97</sup>
- Canadian National Institute for the Blind<sup>98</sup>
- Canadian Mental Health Association<sup>99</sup>
- Heart and Stroke Foundation<sup>100</sup>
- Canadian Paraplegic Association<sup>101</sup>
- Canadian Multiple Sclerosis Society<sup>102</sup>
- Parkinson Society Canada<sup>103</sup>
- Schizophrenia Society of Canada<sup>104</sup>
- Autism Society Canada<sup>105</sup>

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<sup>96</sup> [www.alzheimer.ca](http://www.alzheimer.ca)

<sup>97</sup> [www.cancer.ca](http://www.cancer.ca)

<sup>98</sup> [www.inca.ca](http://www.inca.ca)

<sup>99</sup> [www.cmha.ca](http://www.cmha.ca)

<sup>100</sup> [www.fmcoeur.com](http://www.fmcoeur.com)

<sup>101</sup> [www.canparaplegic.org](http://www.canparaplegic.org)

<sup>102</sup> [www.mssociety.ca](http://www.mssociety.ca)

<sup>103</sup> [www.parkinson.ca](http://www.parkinson.ca)

<sup>104</sup> [www.schizophrenia.ca](http://www.schizophrenia.ca)

<sup>105</sup> [www.autismsocietycanada.ca](http://www.autismsocietycanada.ca)

- Canadian Association for Community Living: Helps persons with an intellectual disability.<sup>106</sup>
- P.E.I. Citizens' Advocacy: Advocates for social integration of persons with intellectual disabilities.<sup>107</sup>
- P.E.I. Council of People with Disabilities<sup>108</sup>
- Community Connections: Offers services to persons with intellectual disabilities in the Summerside region.<sup>109</sup>
- Community Inclusions: Obtains homecare services and facilitates the acquisition of skills for persons with intellectual disabilities in the West Prince West area.<sup>110</sup>
- Harbourview Training Centre: Provides employability services to persons with intellectual disabilities in the Souris area.<sup>111</sup>
- Inclusions East Inc.: Offers a range of services to persons with physical and intellectual handicaps.<sup>112</sup>
- Queens County Residential Services: Obtains support for persons with intellectual disabilities living at home and assists with their integration into the community.<sup>113</sup>
- Souris Group Home Association: Offers services and support at home for adults with intellectual disabilities in the Souris area.<sup>114</sup>

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<sup>106</sup> [www.cacl.ca](http://www.cacl.ca)

<sup>107</sup> [www.gov.pe.ca/sss/index.php3?number=1025792&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1025792&lang=E)

<sup>108</sup> [www.peicod.pe.ca](http://www.peicod.pe.ca)

<sup>109</sup> [www.communityconnectionsinc.com](http://www.communityconnectionsinc.com)

<sup>110</sup> [www.communityinclusions.com](http://www.communityinclusions.com)

<sup>111</sup> [www.harbourviewtrainingcenter.ca](http://www.harbourviewtrainingcenter.ca)

<sup>112</sup> [www.kingswoodcentre.com](http://www.kingswoodcentre.com)

<sup>113</sup> [www.qcrs.ca](http://www.qcrs.ca)

<sup>114</sup> [www.gov.pe.ca/sss/index.php3?number=1025792&lang=E](http://www.gov.pe.ca/sss/index.php3?number=1025792&lang=E)

Trempley: Offers services and assists in the integration of persons with intellectual disabilities into the job market using the co-operative model in the Charlottetown area.<sup>115</sup>

As part of a support network for Acadian and Francophone caregivers, collaborations could be initiated with these organizations that would benefit not only the persons with health problems but also their caregivers. Some may not know about all these organizations and their services. However, as we mentioned, special efforts will be needed to make sure the services and resources are available in French.

This leads us to look at the possible role of school/community centres in the various regions of the Island in implementing a support network for Acadian and Francophone caregivers. In parts of the Island, these centres are the only “spaces” where Acadians and Francophones can enjoy a community environment in French.

#### **4.2.4 - School/Community Centres (SCC)**

The Island has six SCC: Carrefour de l’Isle-Saint-Jean in Charlottetown, Centre Belle-Alliance in Summerside, Centre acadien de Prince-Ouest in Deblois, Centre d’éducation Évangéline in Abram-Village, École Saint-Augustin in Rustico (which will have a new infrastructure when school starts) and École La-Belle-Cloche in the Souris area.

SCC’s in minority Francophone communities seem to be an ideal tool ... “... to ensure full development and growth of their French language and culture. The SCC’s are an attraction that contributes to an increase in the school population and the number of community activities. In some ways they are the front-line Francophone space and physical presence for Acadian and Francophone communities in their region.”<sup>116</sup>

The school seems to be the hub of each SCC,<sup>117</sup> attracting educational services and other essential services: preschool, adult education, library, offices for Francophone community organizations and businesses, theatre, workshops, healthcare services, francophone affairs.<sup>118</sup>

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<sup>115</sup> [www.trempley.com](http://www.trempley.com)

<sup>116</sup> G.A. Consultants. Recommandations portant sur les ententes (baux entre le CSLF et les volets communautaires des CSC) et les annexes, Report presented to the: French Language School Board, January 28, 2010, p. 20

<sup>117</sup> It must be mentioned that the infrastructures housing the SCC on the Island belong to the PEI French Language School Board (FLSB). Community spaces are rented to community organizations or institutions.

<sup>118</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l’Î.-P.-É., Report presented to: La Société Saint-Thomas-d’Aquin, April 30, 2009, p. 1

The Island's SCC's could also be anchor points for the offer of services and resources to Acadian and Francophone caregivers. In each of the Acadian and Francophone regions, we will explore this possibility, touching briefly on each of the existing infrastructures.

➤ Carrefour de l'Isle-Saint-Jean<sup>119</sup>

In 1991, the Carrefour de l'Isle-Saint-Jean welcomed students and members of the community for the first time. It is the oldest SCC on the Island. This school and community centre offers services and resources to Acadians and Francophones in the greater Charlottetown area.<sup>120</sup>

École François-Buote in the SCC offers K-12 programs.<sup>121</sup> The Carrefour also contains an amphitheatre, a gym, a community room and a preschool area.<sup>122</sup>

Over the years, the Francophone population of greater Charlottetown has grown greatly. According to Statistics Canada data, the increase between 1996 and 2006 was about 17%. This is especially reflected in the school population. In 2007, École François-Buote had about 230 pupils. If the trend continues, it will have 340 in 2012 and over 400 in 2017.<sup>123</sup> Remember that in 1991 the school facilities were designed for a maximum of 150 students. A similar situation exists in the early childhood centre L'Île Enchantée. The number of children more than tripled from 1992 to 2008.<sup>124</sup>

A major expansion project by the Carrefour's community council and the FLSB is getting under way. More space is planned for both the school and the community, including for healthcare services in French. Specialized professional services like physiotherapy and massage therapy could also be dispensed there.<sup>125</sup>

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<sup>119</sup> Rachel Pelletier, Community Director, Carrefour de l'Isle-Saint-Jean, consulted on January 28, 2011

<sup>120</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 46

<sup>121</sup> [www.edu.pe.ca/CSLF/nosecoles.html](http://www.edu.pe.ca/CSLF/nosecoles.html)

<sup>122</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 46

<sup>123</sup> Ibid., p. 17

<sup>124</sup> Ibid.

<sup>125</sup> Ibid., p. 50

It may also be possible for this space to be of benefit to the support network for Acadian and Francophone caregivers. This “health space” could become a “revolving office” for various community services and resources. If caregivers just want access to somewhere to meet, they can use one of the rooms available to the public. In fact, a certain number of additional rooms are part of the expansion project at the Carrefour.<sup>126</sup>

➤ Centre Belle-Alliance<sup>127</sup>

The Centre Belle-Alliance opened its doors in 2002 in Summerside. The community facilities in this SCC, managed by the Comité La Belle-Alliance, are of high quality and offer a range of services and activities in French to the greater Summerside/Miscouche community.<sup>128</sup>

The infrastructure houses École-sur-Mer. In 2011, this school had almost 100 K-6 students. When Grades 7, 8 and 9 are added in the next few years, the student body should reach around 135 in 2013. Surrounded by the Jardin des Étoiles early childhood centre, the J.-Henri Blanchard school and public library and the community facilities belonging to Belle-Alliance, École-sur-Mer is a rich, varied educational facility where living in French is a priority.<sup>129</sup>

Since it opened, use of the Centre has been constantly growing. The multi-functional room is considered to be one of the nicest in the region for meetings, banquets, performances and many other activities. We must also mention that a good number of provincial Francophone organizations rent office space in the Centre.<sup>130</sup>

We estimate that between 2,500 and 8,000 persons come to the Centre each month, whether to work, to attend a meeting or an activity, or to use one of the services offered. La Belle-Alliance has been able to form close ties with key partners in the greater Summerside region in order to extend French language and culture beyond its walls.<sup>131</sup>

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<sup>126</sup> Ibid., p. 49

<sup>127</sup> Béatrice Caillé, Director, La Belle-Alliance, consulted on January 28, 2011

<sup>128</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 28

<sup>129</sup> [www.edu.pe.ca/CSLF/nosecoles.html](http://www.edu.pe.ca/CSLF/nosecoles.html)

<sup>130</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 28

<sup>131</sup> Ibid.



In short, for now the Centre Belle-Alliance's community spaces are serving the needs of the Summerside/Miscouche Acadian and Francophone community fairly well. However, more space will be needed for the preschool and the school in the next few years in order to better serve their growing clientele.<sup>132</sup> This growth has already had a significant impact, and will have even more of an impact in future on the availability of spaces for community activities.

➤ Centre d'éducation Évangéline/ Conseil scolaire-communautaire Évangéline (CSCÉ)

The Conseil scolaire-communautaire Évangéline (CSCÉ), which administers the community facilities of the Centre d'éducation Évangéline (CÉE), is in a unique situation. The CSCÉ has been in the CÉE for over 20 years. The CSCÉ existed in the 1980s under the name Comité acadien de la région Évangéline (CARÉ). The CSCÉ offices were over the Abram-Village skating rink in the Arts Centre. In the early 1990s, a decision was made to move CARÉ to the CÉE, following a proposal by the School Board and consultation with Francophone organizations in the region. This marked the creation of the school/community centre in the Évangéline area.<sup>133</sup>

While the school and community aspects share a building and collaborate on joint projects, the CÉE's physical infrastructure was not necessarily the best place to meet all the needs of the community. Today, the demographic reality in the Évangéline region is very different from that of the 1970s, the 1980s and even the 1990s. The population is much more mixed than in the past. The student population is decreasing yearly. In the early 1970s, the school had about 800 students. In 2007, about 250 students were enrolled in Grades 1 to 12. Numbers were about the same in 2010, despite the addition of Kindergarten. If the trend continues, there will be only a little over 100 students in the CÉE in 2017.<sup>134</sup>

The CÉE and the community section have rearranged things a bit in the last few years. A new reception desk was installed at the main entrance of the CÉE; the preschool/daycare sector was also renovated somewhat; the CÉE recently renovated an amphitheatre that

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<sup>132</sup> Ibid., p. 29

<sup>133</sup> Ibid., p. 53

<sup>134</sup> Ibid., pp. 17, 53 et 54

can hold around 100 people. There are still changes to be made, including transforming the cafeteria into a multi-functional room and modernizing the gym.<sup>135</sup>

At the moment, the community space does not meet all needs. Certainly, the CSCÉ could be an anchor point for offering services to caregivers, but with more means. This will depend on which services have priority. Also, the Évangéline area, compared to the other Acadian and Francophone regions, has other “Francophone infrastructures” that might complement the SCC’s contribution to any support network for caregivers.<sup>136</sup>

➤ Centre acadien de Prince-Ouest<sup>137</sup>

The Centre acadien de Prince-Ouest opened its doors in January 2007. It is part of the new school/community centre housing the Centre préscolaire Arc-en-Ciel preschool centre and École Pierre-Chiasson, which has classes from Grades 1 to 12. The school had over 60 students in 2007 and is expected to have over 80 in 2012. The Conseil Rév. S.-É.-Perrey manages the community component of the SCC.<sup>138</sup>

In general, the community spaces in the SCC are of good quality and meet the community’s needs quite well. The multi-functional room allows for all sorts of cultural and community activities to take place all year long.<sup>139</sup>

All premises in the Prince West SCC are presently full. For instance, the Collège Acadie Î.-P.-É uses some space. More facilities to provide more community services, such as adequately accommodating any future support network for Acadian and Francophone caregivers, would be appreciated.

➤ École Saint-Augustin/ Conseil acadien de Rustico<sup>140</sup>

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<sup>135</sup> Gilles Benoit, Superintendent, Prince Edward Island French Language School Board (FLSB), consulted on March 31, 2011

G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l’Î.-P.-É., Report presented to: La Société Saint-Thomas-d’Aquin, April 30, 2009, pp. 54 and 55

<sup>136</sup> Suzanne Côté, Director, Conseil scolaire-communautaire Évangéline (CSCÉ), consulted on February 3, 2011

<sup>137</sup> Réjeanne Doucette, Community Director, Centre acadien de Prince-Ouest, consulted on February 3, 2011

<sup>138</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l’Î.-P.-É., Report presented to: La Société Saint-Thomas-d’Aquin, April 30, 2009, pp. 17 and 21

<sup>139</sup> Ibid., p. 21

<sup>140</sup> Christopher Ogg, Director, Conseil acadien de Rustico, consulted on February 3, 2011

The Conseil acadien de Rustico, which administers the community aspect of the SCC, is in the former École Saint-Augustin, now owned by the Cymbria Lions Club. École Saint-Augustin and the Centre préscolaire Les Petits rayons de soleil preschool centre are in the same building. The school houses Grades 1 to 6. There were about 50 students 2007 and it is predicted that there may be over 60 in 2012.<sup>141</sup>

In December 2008, the provincial government announced the construction of a new French-language school in the Rustico region.<sup>142</sup> It is scheduled to welcome its first students in September 2011. The community aspect will basically consist of the daycare and two offices for the Conseil acadien de Rustico.

Thousands of persons in this area have Acadian and Francophone ancestry. However, very few people (only 105, according to Statistics Canada data) in the Rustico region declared that they had a right to French-language education in the *2006 Census*. This difference further strengthens the need for an expanded community aspect in order to increase efforts to promote the language and culture in this region.<sup>143</sup>

Setting up this support network for caregivers in the Rustico region will require collaboration with partners in the area to get access to space. The Lions Club (where the Conseil acadien de Rustico is currently housed), the Friends of the Farmers' Bank (the non-profit group that administers this national historic site) and the Club des aînés are some possible partners. The new school will be near these infrastructures.

➤ École La-Belle-Cloche/Comité acadien et francophone de l'Est (CAFE) <sup>144</sup>

The Comité acadien et francophone de l'Est (CAFE) was founded in 2005. CAFE's mandate is to promote Acadian and Francophone language and culture in Kings County.<sup>145</sup> CAFE and the Centre préscolaire Petite Souris preschool centre shared a

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<sup>141</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 17  
[www.edu.pe.ca/staugustin/index.html](http://www.edu.pe.ca/staugustin/index.html)

<sup>142</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 33

<sup>143</sup> Ibid., p. 34

<sup>144</sup> Tina White, President, Comité acadien et francophone de l'Est, consulted on March 31, 2011

<sup>145</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 40

building with École La-Belle-Cloche.<sup>146</sup>

École La-Belle-Cloche opened its doors in September 2003 in Souris with a multi-age class made up of students aged 6 to 8 (Grades 1 to 3). In September 2005, the school welcomed students from Grades 1 to 6. Other grades were added gradually. The school now houses K-12. In 2007, there were 40 students at École La-Belle-Cloche. There are expected to be around 55 in 2012.<sup>147</sup>

In 2009, the school moved into an old school in Fortune Bridge. Its goal is to get a new building in the next few years.<sup>148</sup> CAFE is still in the same building as the school, but the Centre préscolaire Petite Souris preschool centre is no longer there, at least for now.

The SCC model is similar to that in West Prince and is preferred in order to ensure the durability and growth of the school and the entire Acadian and Francophone community in the region. We see the need for a French library in the region and for a multi-purpose room that could be used, among other things, to present performances or plays.<sup>149</sup>

### Importance of the SCC's

We maintain that the SCC's have a role to play in implementing this support network for Acadian and Francophone caregivers. They offer "French spaces" dear to the hearts of beneficiaries whose first language is French, as well as to caregivers in the community. Because of the infrastructures in place and under development and especially because of the concentration of Acadian and Francophone caregivers in the area, the SCC's in the Charlottetown, Summerside, Évangéline and West Prince regions should have first priority. We are nonetheless aware that each of these centres has its own special challenges. (See the Appendices, Table 10.)

The SCC's in the Rustico and Souris areas, based on the needs of the milieu and the dynamics of any future support network for caregivers, could also become anchor points for caregivers in their respective regions. Demographic data shows that the Acadian and

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<sup>146</sup> Ibid.

<sup>147</sup> [www.edu.pe.ca/CSLF/nosecoles.html](http://www.edu.pe.ca/CSLF/nosecoles.html)

G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 17

<sup>148</sup> [www.cafesouris.com/lecole-the-school](http://www.cafesouris.com/lecole-the-school)

<sup>149</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 40

Francophone population is aging in all regions of the Island. The number of caregivers and their needs should also increase in these regions.

The four priority SCC's could have, for example, a display of available government and community resources. The SCC's could make available premises for meetings of caregivers and trainings on various themes of interest to them. We could even imagine coordinating a short-term volunteer home respite service through the SCC.

It would not be feasible, based on the resources and the renovations needed in certain cases, for the SCC's to provide facilities to take in beneficiaries in order to provide respite for caregivers. We presume that the physical and mental condition of some beneficiaries would make creation of this type of service inside a SCC simply impossible. This option would require more reflection and discussion.

It is relevant to mention at this point one idea that has been around for a while, that of the SCC's becoming multi-service centres or sole points of access for government services, particularly provincial and federal ones. This concept assumes that the community component is open to various partnerships.

We can name a group of relevant initiatives in minority Francophone communities. The Centre communautaire Sainte-Anne (CSA) in Fredericton, New Brunswick has set up a health centre, the Centre de santé Noreen-Richard, within its walls, managed by the Regional Health Network.<sup>150</sup> The Carrefour de l'Isle-Saint-Jean in Charlottetown also proposes, as we mentioned, including a health centre in its expansion plans.<sup>151</sup> At La Grand-Terre on the Port-au-Port Peninsula in Newfoundland and Labrador, Service Canada dispenses services one day a week in a "regular mobile services site" at the Sainte-Anne SCC.<sup>152</sup> In Saskatchewan, Action Emploi services are provided from the Carrefour fransaskois in Prince Albert.<sup>153</sup> We could give many other examples.

In terms of a model of collaboration with government departments and agencies on the Island, the Baie Acadienne Development Corporation (BADC) recently signed an

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<sup>150</sup> Thierry Arseneau, Executive Director, Centre communautaire Sainte-Anne (CSA), Fredericton, New Brunswick, consulted on February 21, 2011

<sup>151</sup> G.A. Consultants. Infrastructures communautaires des centres scolaires-communautaires de l'Î.-P.-É., Report presented to: La Société Saint-Thomas-d'Aquin, April 30, 2009, p. 15

<sup>152</sup> [www.servicecanada.gc.ca/cgi-bin/hr-search.cgi?cmd=lst&pv=nl&ln=fra](http://www.servicecanada.gc.ca/cgi-bin/hr-search.cgi?cmd=lst&pv=nl&ln=fra)

<sup>153</sup> [www.scfpa.ca/services\\_offerts\\_n895.html](http://www.scfpa.ca/services_offerts_n895.html)

agreement with the provincial Department of Fisheries, Aquaculture and Rural Development and the Atlantic Canada Opportunities Agency (ACOA). Under this agreement, the BADC became one of four rural action centres in the province. This centre brings together various community and government partners and is a one-stop access point for entrepreneurship and community economic development in the region. Also, because of its Francophone designation, the centre is empowered to offer French-language services to any Islander requesting them, whether residing in the Évangéline region or elsewhere in the province.<sup>154</sup>

The SCC's and the departments involved could model themselves on this collaboration to provide government services in French. Provincial departments offering services that affect caregivers, as well as community partners, could explore the possibility of offering some of these from the SCC.

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<sup>154</sup> Louise Comeau, Executive Director, Baie Acadienne Development Corporation (BADC), consulted on February 16, 2011

## **Part 5 - Recommendations**

The pressure on the Island healthcare system, and those of all provinces and territories in Canada, means that government players are putting more efforts into offering home-based services to persons with a chronic disease, a handicap or reduced autonomy. Despite these resources and services, many beneficiaries, as we have already mentioned, couldn't manage without the contribution of caregivers. The aging of the population, in particular, means that caregivers are called upon more and more. They live in precarious situations and need support to continue their essential commitment to their loved ones and to society in general.

Based on the needs expressed by the Island Acadian and Francophone caregivers who participated in the ACCF study and on the capacity of the Island Acadian and Francophone community, we are proposing a certain number of recommendations that will lay the foundations for a caregiver support network. However, as we've said before, this network will have no pretensions of meeting all the needs expressed, especially with respect to the precarious financial situation of caregivers. However, it could, through the organization that champions the issue on the Island, inform decision-makers of these needs. The first recommendation is about the importance of the champion organization.

### **Recommendation 1 – That an organization be identified in the Island community to champion the issue of Acadian and Francophone caregivers.**

The support networks for caregivers that we have studied are based on duly constituted community organizations, for instance, in the Rouyn-Noranda and Brome-Missisquoi regions of Québec. We also observed organizations in British Columbia and Nova Scotia. (See Part 3, sample initiatives.)

However, in some areas, such as the Anglophone community in Rouyn-Noranda, the local representative community organization has championed the issue. In this case, it's the Neighbours Regional Association of Rouyn-Noranda. In Alberta, the Coalition des femmes de l'Alberta is the leader on this issue within the Franco-Albertan community.

Island volunteers are already called upon considerably, so we suggest that an existing Acadian and Francophone organization champion the issue and create a "Support for caregivers" component within its structure. In our opinion, the SSTA, the Francophones de l'âge d'or de l'Î.-P.-É. and Actions femmes Î.-P.-É. are most closely related to the problems of caregivers.

At least for now, creating a new organization specifically for Acadian and Francophone caregivers on the Island should not be one of the options considered.

**Recommendation 2 - That the organization responsible for the issue of Acadian and Francophone caregivers be given the needed human resource to set up the network and reach its objectives.**

A human resource has to be hired so that the champion organization can mobilize stakeholders and coordinate those actions most likely to meet caregivers' needs. Among the main activities that this human resource needs to carry out or support in the next two years, we suggest the following:

- Formalize collaborations and partnerships: Collaborations and partnerships will need to be created with community and government players in order to be more effective with actions to support caregivers. (See Part 4, all Island community and government partners identified)
- Identify caregivers: Many caregivers are isolated. Special efforts, with support from partners, therefore need to be made to identify most of them. These caregivers may be looking after a father with dementia, a son with Down Syndrome, an acquaintance with cancer. Identifying them, and especially encouraging them to ask for help, constitutes a challenge. The largest concentrations of Acadian and Francophone caregivers are in the regions of Charlottetown, Summerside, Évangéline and West Prince. (See Part 2, statistical data.)
- Validate and prioritize needs: The AFFC study of caregivers in minority communities allowed us to identify a set of needs. Based on these needs, recommendations were prepared. These deal with various aspects of the problem: financial questions, respite, French language services, information, training, resourcing, mutual assistance. Priorities need to be identified. (See Part 2, needs of Acadian and Francophone caregivers.)
- Inventory existing resources and services: A wide range of resources and services are available to beneficiaries, and indirectly to caregivers. However, as we have noted, it is important that resources and services be offered in French. They should be inventoried, paying special attention to those available in French. Islanders whose first language is French offer some services, but so do a group of Francophiles who express themselves quite functionally in French. A directory of government and community organizations and players, with a description of their



resources and services, could be prepared. It could even indicate French-language resources and services. (See Part 4, all Island community and government partners identified.)

- Set up a series of support activities for caregivers: Activities, based on the needs of Acadian and Francophone caregivers, could be coordinated, in collaboration with the partners, by the human resource hired by the champion organization.

Here are what we feel are some of the main activities to be implemented:

- establish a communication strategy to publicize the available resources and services and urge caregivers to use them;
- organize discussion groups where caregivers can share;
- offer training workshops for caregivers;
- establish assistance mechanism to offer respite to caregivers, as this is an essential service for many of them;
- explore and facilitate the creation of new services and resources in French.

The types and number of activities will be determined based on the degree of need, the participation of partners and the resources available.

**Recommendation 3 – That the RSSFÎPÉ, given its mandate and make-up, be a provincial clearinghouse for the issue of support for Acadian and Francophone caregivers.**

Considering the diversity of the situations and challenges faced by caregivers, community and government stakeholders need regular opportunities to exchange information and discuss the action to be carried out. The consultation of stakeholders working with caregivers showed clearly that partnerships and collaborations are the key to optimizing support for caregivers.

The RSSFÎPÉ should be this clearinghouse. We believe that the Réseau is the appropriate forum to encourage all the government and community players to offer services and resources in French to caregivers. The government aspect is represented by the Primary Health Care Division, Social Programs and Seniors Division and Acadian and Francophone Affairs Division. The community aspect includes representatives of healthcare professionals and participants from Actions femmes Î.-P.-É., Francophones de l'âge d'or de l'Î.-P.-É. and the SSTA.

Some other government and community partners could be invited when caregivers are on the agenda at RSSFIPE meetings. (See Part 4, all the community and government partners identified on the Island.)

**Recommendation 4 – That “spaces” be created for Acadian and Francophone caregivers in the SCC’s and that the possibility of using these to offer certain resources and services be explored.**

We believe that the SCC’s, as we have already mentioned, have a role to play in implementing this support network for Acadian and Francophone caregivers. These are unique “French spaces”. Being forced to use another language in certain contexts accentuates stress not just for the beneficiary but also for the caregiver. This fact was also mentioned in our exchanges with stakeholders offering services to Anglophone minorities.

We suggest that these be set up first inside community spaces in the Charlottetown, Summerside, Évangéline and West Prince SCC’s because of the concentrations of Acadian and Francophone caregivers in these regions. As needs change, the SCC’s in the Rustico and Souris regions could also someday become anchor points for caregivers in their respective regions.

- The four SCC’s targeted as priorities could display available government and community resources;
- The SCC’s could make available facilities for meetings of caregivers and trainings on various themes of interest to them;
- We could consider coordinating a short-term home respite service provided by volunteers through the SCC. These volunteers will need training. Some Francophiles who are involved in the community or who would like to invest in it could also be called upon. As the Statistics Canada data shows, there are more and more of these Francophiles on the Island. (See Part 1, Profile of the Community.)
- In the medium term, it would also be appropriate to encourage the provision of services and resources from government and community stakeholders of benefit to caregivers through the SCC. Certain models in minority environments on the Island and elsewhere, as we have briefly described, have been developed. (See Part 4, Partners on the Island.)

This support for caregivers must not jeopardize the services currently provided to the community by the SCC. They must not increase staff workloads, unless more

resources are provided. Moreover, they must not reduce current SCC revenues from renting facilities to organizations or for activities.

**Recommendation 5 - Create a bilingual 1-800 telephone information line for caregivers.**

Caregivers need to be able to get support, or at least information, when they face situations of distress. Moreover, the context in which caregivers find themselves means that they don't always have the means or the opportunity to go someplace for help. A 1-800 line for caregivers in the different regions of the province with service in French is recommended.

Those answering calls from caregivers would presumably have a good knowledge of the services and resources available in French. Professionals could also use the line to provide psychological monitoring and services for caregivers.

The Evangeline Community Health Centre receives, via a 1-800 line, calls from Islanders from all regions of the Island who want to enroll in the *Living a Healthy Life with Chronic Conditions* program. This program is for those with chronic illnesses (diabetes, high blood pressure, arthritis, asthma, etc.), their caregivers and their loved ones. A similar line specifically for caregivers could be managed from one of the health centres in the province, or even from a SCC.

In order to justify this service to the government partner who would have to fund it, this line could serve Acadian and Francophone caregivers in the community and also in the general population. We assume that the latter, who live throughout the province, are surely facing challenges and difficult situations that are somewhat similar to those of Acadians and Francophones. (See in Part 2 statistics on Island caregivers as a group.)

## **Conclusion**

Setting up a support network for Acadian and Francophone caregivers on the Island has to deal with the reality in the milieu and the structures in place in the community and in the province in general. Setting up this network would be a first for the Island because there does not seem to exist anywhere in the province continuously structured networks supporting Island caregivers.

This feasibility study, supported by documented research and consultation of stakeholders on the Island and in various regions of Canada, was a chance to propose what we feel are realistic recommendations. Implementing the recommendations rests largely on the capacity of Acadian and Francophone stakeholders to create partnerships and collaborations with a number of government and community players.

Here we have a double challenge: implement a network providing effective support to caregivers in the community and make sure it operates mainly in French. This shows the importance of bringing in the SCC and exploring the possibility of calling on all the stakeholders who gravitate around the “Francophone space” on the Island, that is, the Francophiles or “other French-speakers”.

Finally, the stakeholders in the network need to succeed in encouraging caregivers to ask for support before they burn out and find that they have to institutionalize their loved ones. This, according to many stakeholders, is the first difficulty.

## **APPENDICES**

**TABLE 1 - HEALTH STATUS ON PEI**

**QUESTION: DO YOU HAVE ANY DIFFICULTY HEARING, SEEING, COMMUNICATING, WALKING, CLIMBING STAIRS, BENDING OVER, LEARNING OR DOING ANY SIMILAR ACTIVITIES?**

**(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French		English and French		Other	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>113,236</b>	<b>100</b>	<b>106,460</b>	<b>100</b>	<b>5,088</b>	<b>100</b>	<b>561</b>	<b>100</b>	<b>1,127</b>	<b>100</b>
Yes, sometimes	14,851	13.12	13,580	12.76	752	14.78	166	29.59	353	31.32
Yes, often	19,403	17.14	17,996	16.90	1,147	22.54	260	46.35	0	0.00
No	78,982	69.75	74,884	70.34	3,189	62.68	135	24.06	774	68.68

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard. Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 4

**TABLE 2 - HEALTH STATUS ON PEI**

**QUESTION: DOES A PHYSICAL CONDITION OR MENTAL CONDITION OR HEALTH ISSUE REDUCE THE AMOUNT OR THE KIND OF ACTIVITY YOU CAN DO AT HOME?**

**(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French		English and French		Other	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>113,320</b>	<b>100</b>	<b>106,545</b>	<b>100</b>	<b>5,087</b>	<b>100</b>	<b>561</b>	<b>100</b>	<b>1,127</b>	<b>100</b>
Yes, sometimes	11,149	9.84	9,924	9.31	945	18.58	166	29.59	114	10.12
Yes, often	10,102	8.91	8,876	8.33	966	18.99	260	46.35	0	0.00
No	92,069	81.25	87,745	82.35	3,176	62.43	135	24.06	1,013	89.88

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard. Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 4

**TABLE 3 - HEALTH STATUS ON PEI**

**QUESTION: DOES A PHYSICAL OR MENTAL STATUS OR A HEALTH ISSUE REDUCE THE QUANTITY OR TYPE OF ACTIVITIES THAT YOU CAN DO AT WORK OR AT SCHOOL?**

**(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French		English and French		Other	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>89,727</b>	<b>100</b>	<b>85,764</b>	<b>100</b>	<b>3,044</b>	<b>100</b>	<b>135</b>	<b>100</b>	<b>784</b>	<b>100</b>
Yes, sometimes	8,580	9.56	8,020	9.35	560	18.40	0	0.00	0	0.00
Yes, often	4,294	4.79	3,975	4.63	319	10.48	0	0.00	0	0.00
No	76,853	85.65	73,769	86.01	2,165	71.12	135	100	784	100

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 4



**TABLE 4 - HEALTH STATUS ON PEI****QUESTION: A PHYSICAL CONDITION OR MENTAL CONDITION OR A HEALTH ISSUE REDUCES ACTIVITIES****(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French		English and French		Other	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>113,322</b>	<b>100</b>	<b>106,545</b>	<b>100</b>	<b>5,088</b>	<b>100</b>	<b>561</b>	<b>100</b>	<b>1,128</b>	<b>100</b>
Yes	42,992	37.94	39,642	37.21	2,206	43.36	561	100	583	51.68
No	70,330	62.06	66,903	62.79	2,882	56.64	0	0.00	545	48.32

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard.  
 Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 5

**TABLE 5 – HOMECARE IN PEI**

**RESOURCES USED AND AVAILABLE FOR CHANGE  
GREATEST IMPACT – HEALTH**

**QUESTION: HAVE YOU RECEIVED HELP?**

**(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French	
	Number	%	Number	%	Number	%
<b>FROM FAMILY</b>						
<b>Total</b>	<b>8,922</b>	<b>100</b>	<b>8,256</b>	<b>100</b>	<b>666</b>	<b>100</b>
Yes	6,774	75.93	6,201	75.12	573	86.04
No	2,148	24.07	2,055	24.89	93	13.96
<b>FROM CLOSE FRIENDS</b>						
<b>Total</b>	<b>8,921</b>	<b>100</b>	<b>8,255</b>	<b>100</b>	<b>666</b>	<b>100</b>
Yes	5,751	64.47	5,461	66.15	290	43.55
No	3,170	35.53	2,794	33.85	376	56.46

<b>FROM FRIENDS OTHER THAN CLOSE FRIENDS</b>						
<b>Total</b>	<b>8,921</b>	<b>100</b>	<b>8,255</b>	<b>100</b>	<b>666</b>	<b>100</b>
Yes	2,369	26.56	2,276	27.57	93	13.96
No	6,552	73.44	5,979	72.43	573	86.04
<b>FROM NEIGHBOURS</b>						
<b>Total</b>	<b>8,921</b>	<b>100</b>	<b>8,255</b>	<b>100</b>	<b>666</b>	<b>100</b>
Yes	2,386	26.75	2,096	25.39	290	43.54
No	6,535	73.25	6,159	74.61	376	56.46
<b>FROM OTHER PROFESSIONALS, SUCH AS A DOCTOR, LAWYER OR ADVISOR</b>						
<b>Total</b>	<b>8,921</b>	<b>100</b>	<b>8,255</b>	<b>100</b>	<b>666</b>	<b>100</b>
Yes	7,965	89.28	7,299	88.42	666	100
No	956	10.72	956	11.58	0	0.00

FROM LOCAL GOVERNMENT RESOURCES, LIKE THE MAYOR OR A MUNICIPAL SERVICE						
Total	8,922	100	8,256	100	666	100
Yes	268	3.00	268	3.25	0	0.00
No	8,654	97.00	7,988	96.75	666	100
FROM OTHER GOVERNMENT RESOURCES, LIKE A PROVINCIAL OR FEDERAL REPRESENTATIVE OR DEPARTMENT						
Total	8,922	100	8,256	100	666	100
Yes	1,797	20.14	1,317	15.95	480	72.07
No	7,125	79.86	6,939	84.05	186	27.93
FROM A SOCIAL SERVICE OR HEALTH ORGANIZATION						
Total	8,921	100	8,255	100	666	100
Yes	3,740	41.92	3,260	39.49	480	72.07
No	5,181	58.08	4,995	60.51	186	27.93

FROM A LEGAL OR JUDICIAL ORGANIZATION						
Total	8,921	100	8,256	100	666	100
Yes	196	2.20	0	0	196	29.47
No	8,725	97.80	8,256	100	469	70.53
FROM A RELIGIOUS ORGANIZATION						
Total	8,921	100	8,255	100	666	100
Yes	778	8.72	488	5.91	290	43.54
No	8,143	91.28	7,767	94.09	376	56.46
FROM ANOTHER COMMUNITY ORGANIZATION						
Total	8,921	100	8,255	100	666	100
Yes	197	2.21	197	2.39	0	0.00
No	8,724	97.79	8,058	97.61	666	100

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, pp. 11 and 12

**TABLE 6 - HOMECARE IN PEI**

**QUESTION: AMONG ALL THE SOURCES OF HELP THAT YOU RECEIVED, WHICH WAS THE MOST USEFUL?**  
**(by the first language spoken by the respondent in childhood)**

	Total – First language spoken		English		French	
	Number	%	Number	%	Number	%
<b>Total</b>	<b>8,001</b>	<b>100</b>	<b>7,625</b>	<b>100</b>	<b>376</b>	<b>100</b>
Family	2,827	35.33	2,734	35.86	93	24.73
Close friends	221	2.76	221	2.90	0	0.00
Businesspeople, like your employer, a financial advisor or a friend in business	144	1.80	144	1.89	0	0.00
Other professionals, like a doctor, lawyer or advisor	2,666	33.32	2,383	31.25	283	75.27
Other government resources, like a provincial or federal representative or department	292	3.65	292	3.83	0	0.00
A social service or health organization	963	12.04	963	12.63	0	0.00
A religious organization	202	2.53	202	2.65	0	0.00
The Internet <sup>155</sup>	686	8.57	686	8.99	0	0.00

<sup>155</sup> Only categories with significant data are presented.

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 13

**TABLE 7 – HELP TO SENIORS ON PEI****TOTAL POPULATION 15 AND OLDER BY THE HOURS SPENT HELPING OR CARING FOR SENIORS, WITHOUT PAY OR WAGES, BY MOTHER TONGUE, ON PRINCE EDWARD ISLAND**

	Total – Mother tongue		English		French		English and French	
	Number	%	Number	%	Number	%	Number	%
<b>Population 15 and older by the hours spent helping or caring for seniors, without pay or wages</b>	<b>110,205</b>	<b>100</b>	<b>102,230</b>	<b>100</b>	<b>4,885</b>	<b>100</b>	<b>415</b>	<b>100</b>
No hours	88,595	80.39	82,105	80.31	3,905	79.94	360	86.75
At least one hour	21,615	19.61	20,130	19.69	980	20.06	55	13.25
Less than 5 hours	(13,050)	(11.84)	(12,125)	(11.86)	(680)	(13.92)	(25)	(6.02)
5 to 9 hours	(5,075)	(4.61)	(4,715)	(4.61)	(180)	(3.68)	(20)	(4.82)
10 to 19 hours	(1,735)	(1.57)	(1,635)	(1.60)	(65)	(1.33)	(0)	(0.00)
20 hours or more	(1,755)	(1.59)	(1,655)	(1.62)	(55)	(1.13)	(10)	(2.41)

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, p. 17



**TABLE 8 - HELP TO SENIORS ON PEI****TOTAL POPULATION 15 AND OLDER BY THE HOURS SPENT HELPING OR CARING FOR SENIORS,  
WITHOUT PAY OR WAGES, BY MOTHER TONGUE, CENSUS DIVISIONS (CD) ON PRINCE EDWARD ISLAND**

	Total – Mother tongue		English		French		English and French	
	Number	%	Number	%	Number	%	Number	%
<b>KINGS</b>								
Population 15 and older by the hours spent helping or caring for seniors, without pay or wages	15,065	100	14,590	100	125	100	25	100
No hours	11,940	79.26	11,505	78.86	100	80.00	20	80.00
At least one hour	3,130	20.78	3,080	21.11	25	20.00	0	0.00
Less than 5 hours	(1,860)	(12.35)	(1,830)	(12.54)	(15)	(12.00)	(0)	(0.00)
5 to 9 hours	(725)	(4.81)	(710)	(4.87)	(10)	(8.00)	(0)	(0.00)
10 to 19 hours	(200)	(1.33)	(200)	(1.37)	(0)	(0.00)	(0)	(0.00)
20 hours or more	(345)	(2.29)	(340)	(2.33)	(0)	(0.00)	(0)	(0.00)

<b>QUEENS</b>								
<b>Population 15 and older by the hours spent helping or caring for seniors, without pay or wages</b>	<b>59,190</b>	<b>100</b>	<b>55,795</b>	<b>100</b>	<b>1,405</b>	<b>100</b>	<b>145</b>	<b>100</b>
No hours	47,660	80.52	44,830	80.35	1,205	85.8	125	86.21
At least one hour	11,525	19.47	10,960	19.64	200	14.23	15	10.34
Less than 5 hours	(7,075)	(11.95)	(6,770)	(12.13)	(135)	(9.61)	(0)	(0.00)
5 to 9 hours	(2,710)	(4.58)	(2,540)	(4.55)	(25)	(1.78)	(15)	(10.34)
10 to 19 hours	(925)	(1.56)	(870)	(1.56)	(30)	(2.14)	(0)	(0.00)
20 hours or more	(815)	(1.38)	(780)	(1.40)	(10)	(0.71)	(0)	(0.00)
<b>PRINCE</b>								
<b>Population 15 and older by the hours spent helping or caring for seniors, without pay or wages</b>	<b>35,950</b>	<b>100</b>	<b>31,845</b>	<b>100</b>	<b>3,355</b>	<b>100</b>	<b>245</b>	<b>100</b>
No hours	28,995	80.65	25,760	80.89	2,595	77.35	215	87.76
At least one hour	6,960	19.36	6,080	10.09	760	22.65	35	14.29
Less than 5 hours	(4,115)	(11.45)	(3,520)	(11.05)	(530)	(15.80)	(15)	(6.12)
5 to 9 hours	(1,635)	(4.55)	(1,465)	(4.60)	(145)	(4.32)	(10)	(4.08)
10 to 19 hours	(615)	(1.71)	(565)	(1.77)	(35)	(1.04)	(0)	(0.00)
20 hours or more	(595)	(1.66)	(530)	(1.66)	(50)	(1.49)	(10)	(4.08)

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard,  
Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, pp. 17 and 18

**TABLE 9 - HELP TO SENIORS ON PEI****TOTAL POPULATION 15 AND OLDER BY THE HOURS SPENT HELPING OR CARING FOR SENIORS,  
WITHOUT PAY OR WAGES, CENSUS SUBDIVISIONS ON PRINCE EDWARD ISLAND**

	Population 15 and older by the hours spent helping or caring for seniors, without pay or wages		No hours		At least one hour		(Less than 5 hours)		(5 hours or more)	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>KINGS</b>										
Lot 64	<b>760</b>	<b>100</b>	575	75.66	185	24.34	140	18.42	45	5.92
Murray Harbour	<b>300</b>	<b>100</b>	220	73.33	80	26.67	60	20.00	20	6.67
Murray River	<b>355</b>	<b>100</b>	290	81.69	65	18.31	55	15.49	10	2.82
Lot 63	<b>730</b>	<b>100</b>	545	74.66	185	25.34	140	19.18	45	6.16
Lot 61	<b>665</b>	<b>100</b>	535	80.45	130	19.55	85	12.78	45	6.77
Lot 59	<b>1,020</b>	<b>100</b>	740	72.55	280	27.45	195	19.12	85	8.33

Lot 66	<b>130</b>	<b>100</b>	130	100	0	0.00	0	0.00	0	0.00
Lot 51	<b>665</b>	<b>100</b>	575	86.47	90	13.53	25	3.76	65	9.77
Lot 52	<b>715</b>	<b>100</b>	550	76.92	165	23.08	120	16.78	45	6.29
Montague	<b>1,435</b>	<b>100</b>	1,135	79.09	300	20.91	125	8.71	175	12.20
Lot 53	<b>345</b>	<b>100</b>	275	79.71	70	20.29	20	5.80	50	14.49
Cardigan	<b>260</b>	<b>100</b>	210	80.77	50	19.23	25	9.62	25	9.62
Kings. Royalty	<b>220</b>	<b>100</b>	185	84.09	35	15.91	35	15.91	0	0.00
Georgetown	<b>475</b>	<b>100</b>	405	85.26	70	14.74	40	8.42	30	6.32
Lot 54	<b>355</b>	<b>100</b>	275	77.46	80	22.54	50	14.08	30	8.45
Lot 55	<b>340</b>	<b>100</b>	280	82.35	60	17.65	20	5.88	40	11.76
Lot 56	<b>335</b>	<b>100</b>	285	87.69	50	15.38	30	9.23	20	6.15
Lot 43	<b>620</b>	<b>100</b>	535	86.29	85	13.71	45	7.26	40	6.45
Lot 44	<b>735</b>	<b>100</b>	535	72.79	200	27.21	80	10.88	120	16.33
Lot 45	<b>375</b>	<b>100</b>	365	97.33	10	2.67	10	2.67	0	0.00
Souris	<b>955</b>	<b>100</b>	775	81.15	180	18.85	115	12.04	65	6.81
Lot 46	<b>340</b>	<b>100</b>	275	79.71	65	18.84	20	5.80	45	13.04

Lot 47	<b>425</b>	<b>100</b>	300	70.59	125	29.41	80	18.82	45	10.59
Lot 42	<b>230</b>	<b>100</b>	230	100	0	0.00	0	0.00	0	0.00
Lot 41	<b>360</b>	<b>100</b>	300	83.33	60	16.67	25	6.94	35	9.72
St. Peters Bay	<b>225</b>	<b>100</b>	165	73.33	60	26.67	40	17.78	20	8.89
Lot 40	<b>405</b>	<b>100</b>	350	86.42	55	13.58	40	9.88	15	3.70
Morell	<b>295</b>	<b>100</b>	190	64.41	105	35.59	75	25.42	30	10.17
Lot 39	<b>535</b>	<b>100</b>	410	76.64	125	23.36	80	14.95	45	8.41
Lot 38	<b>395</b>	<b>100</b>	295	74.68	100	25.32	70	17.72	30	7.59
<b>QUEENS</b>										
Lot 62	<b>440</b>	<b>100</b>	350	79.55	90	20.45	45	10.23	45	10.23
Lot 60	<b>290</b>	<b>100</b>	210	72.41	80	27.59	55	18.97	25	8.62
Lot 58	<b>450</b>	<b>100</b>	315	70.00	135	30.00	100	22.22	35	7.78
Lot 57	<b>755</b>	<b>100</b>	525	69.54	230	30.46	165	21.85	65	8.61
Lot 50	<b>660</b>	<b>100</b>	550	83.33	110	16.67	25	3.79	85	12.88
Lot 49	<b>830</b>	<b>100</b>	690	83.13	140	16.87	100	12.05	40	4.82

Lot 48	<b>1,475</b>	<b>100</b>	1,280	86.78	195	13.22	125	8.47	70	4.75
Lot 31	<b>1,290</b>	<b>100</b>	960	74.42	330	25.58	205	15.89	125	9.69
Lot 65	<b>1,680</b>	<b>100</b>	1,285	76.49	395	23.51	225	13.39	170	10.12
Lot 30	<b>595</b>	<b>100</b>	515	86.55	80	13.45	45	7.56	35	5.88
Rocky Point 3	<b>30</b>	<b>100</b>	20	66.67	10	33.33	0	0.00	10	33.33
Lot 29	<b>775</b>	<b>100</b>	645	83.23	130	16.77	65	8.39	65	8.39
Victoria	<b>60</b>	<b>100</b>	50	83.33	10	16.67	10	16.67	0	0.00
Meadowbank	<b>305</b>	<b>100</b>	205	67.21	100	32.79	90	29.51	10	3.28
Crapaud	<b>265</b>	<b>100</b>	180	67.92	85	32.08	60	22.64	25	9.43
Lot 67	<b>690</b>	<b>100</b>	585	84.78	105	15.22	65	9.42	40	5.80
Clyde River	<b>505</b>	<b>100</b>	405	80.20	100	19.80	55	10.89	45	8.91
Lot 20	<b>605</b>	<b>100</b>	465	76.86	140	23.14	105	17.36	35	5.79
Lot 21	<b>815</b>	<b>100</b>	685	84.05	130	15.95	85	10.43	45	5.52
Miltonvale Park	<b>900</b>	<b>100</b>	790	87.78	110	12.22	70	7.78	40	4.44
Lot 22	<b>455</b>	<b>100</b>	360	79.12	95	20.88	55	12.09	40	8.79
Lot 23	<b>670</b>	<b>100</b>	555	82.84	115	17.16	90	13.43	25	3.73

Hunter River	<b>205</b>	<b>100</b>	155	75.61	50	24.39	30	14.63	20	9.76
Lot 24	<b>1,355</b>	<b>100</b>	1,055	77.86	300	22.14	215	15.87	85	6.27
Resort Mun. Stan.B.-Hope R.-Bayv.-Cavend.-N.Rust.	<b>225</b>	<b>100</b>	180	81.82	40	18.18	30	13.64	10	4.55
NorthRustico	<b>565</b>	<b>100</b>	510	90.27	55	9.73	35	6.19	20	3.54
Brackley	<b>290</b>	<b>100</b>	225	77.59	65	22.41	40	13.79	25	8.62
Lot 33	<b>920</b>	<b>100</b>	790	85.87	130	14.13	80	8.70	50	5.43
Union Road	<b>190</b>	<b>100</b>	165	86.84	25	13.16	15	7.89	10	5.26
Breadalbane	<b>140</b>	<b>100</b>	125	89.29	15	10.71	0	0.00	15	10.71
Lot 34	<b>1,920</b>	<b>100</b>	1,380	71.88	540	28.13	315	16.41	225	11.72
Lot 35	<b>1,285</b>	<b>100</b>	1,020	79.38	265	20.62	200	15.56	65	5.06
Lot 36	<b>625</b>	<b>100</b>	535	85.60	90	14.40	40	6.40	50	8.00
Scotchfort 4	<b>100</b>	<b>100</b>	70	70.00	30	30.00	0	0.00	30	30.00
Lot 37	<b>435</b>	<b>100</b>	310	71.26	125	28.74	65	14.94	60	13.79
Mount Stewart	<b>200</b>	<b>100</b>	185	92.50	15	7.50	15	7.50	0	0.00
Winsloe South	<b>160</b>	<b>100</b>	135	84.38	25	15.63	10	6.25	15	9.38
Warren Grove	<b>250</b>	<b>100</b>	235	94.00	15	6.00	15	6.00	0	0.00



Charlottetown	<b>26,520</b>	<b>100</b>	21,510	81.11	5,010	18.89	3 005	11.33	2,005	7.56
Stratford	<b>5,715</b>	<b>100</b>	4,520	79.09	1,195	20.91	765	13.39	430	7.52
Cornwall	<b>3,590</b>	<b>100</b>	2,935	81.75	655	18.25	365	10.17	290	8.08
<b>PRINCE</b>										
Lot 28	<b>700</b>	<b>100</b>	445	63.57	255	36.43	150	21.43	105	15.00
Borden-Carleton	<b>650</b>	<b>100</b>	490	75.38	160	24.62	70	10.77	90	13.85
Lot 27	<b>640</b>	<b>100</b>	500	78.13	140	21.88	80	12.50	60	9.38
Kinkora	<b>265</b>	<b>100</b>	170	64.15	95	35.85	65	24.53	30	11.32
Lot 26	<b>815</b>	<b>100</b>	635	77.91	180	22.09	100	12.27	80	9.82
Central Bedeque	<b>130</b>	<b>100</b>	110	84.62	20	15.38	0	0.00	20	15.38
Lot 25	<b>945</b>	<b>100</b>	785	83.07	160	16.93	100	10.58	60	6.35
Lot 19	<b>1,560</b>	<b>100</b>	1,350	86.54	210	13.46	135	8.65	75	4.81
Bedeque	<b>115</b>	<b>100</b>	80	69.57	35	30.43	15	13.04	20	17.39
Kensington	<b>1,235</b>	<b>100</b>	1,000	80.97	235	19.03	135	10.93	100	8.10
Lot 18	<b>850</b>	<b>100</b>	670	78.82	180	21.18	90	10.59	90	10.59

Sherbrooke	<b>105</b>	<b>100</b>	105	100	0	0.00	0	0.00	0	0.00
Lot 17	<b>490</b>	<b>100</b>	420	85.71	70	14.29	60	12.24	10	2.04
Linkletter	<b>270</b>	<b>100</b>	125	46.30	145	53.70	80	29.63	65	24.07
Miscouche	<b>585</b>	<b>100</b>	470	80.34	115	19.66	80	13.68	35	5.98
Summerside	<b>11,695</b>	<b>100</b>	9,695	82.90	2,000	17.10	1,190	10.18	810	6.93
Lot 15	<b>960</b>	<b>100</b>	775	80.73	185	19.27	130	13.54	55	5.73
Abrams Village	<b>215</b>	<b>100</b>	150	69.77	65	30.23	45	20.93	20	9.30
Lot 16	<b>560</b>	<b>100</b>	425	75.89	135	24.11	85	15.18	50	8.93
Wellington	<b>355</b>	<b>100</b>	270	76.06	85	23.94	65	18.31	20	5.63
Lot 14	<b>645</b>	<b>100</b>	480	74.42	165	25.58	105	16.28	60	9.30
Lot 13	<b>575</b>	<b>100</b>	460	80.00	115	20.00	85	14.78	30	5.22
Tyne Valley	<b>185</b>	<b>100</b>	160	86.49	25	13.51	15	8.11	10	5.41
Lot 12	<b>715</b>	<b>100</b>	595	83.22	120	16.78	90	12.59	30	4.20
Lennox Island 1	<b>180</b>	<b>100</b>	120	66.67	60	33.33	25	13.89	35	19.44
Lot 11	<b>475</b>	<b>100</b>	345	72.63	130	27.37	95	20.00	35	7.37
Lot 10	<b>270</b>	<b>100</b>	195	72.22	75	27.78	25	9.26	50	18.52

Lot 6	<b>750</b>	<b>100</b>	625	83.33	125	16.67	75	10.00	50	6.67
O'Leary	<b>695</b>	<b>100</b>	590	84.89	105	15.11	70	10.07	35	5.04
Lot 9	<b>275</b>	<b>100</b>	260	94.55	15	5.45	15	5.45	0	0.00
Lot 8	<b>525</b>	<b>100</b>	430	81.90	95	18.10	55	10.48	40	7.62
Lot 7	<b>400</b>	<b>100</b>	350	87.50	50	12.50	25	6.25	25	6.25
Lot 5	<b>985</b>	<b>100</b>	755	76.65	230	23.35	105	10.66	125	12.69
Lot 4	<b>965</b>	<b>100</b>	690	71.50	275	28.50	150	15.54	125	12.95
Alberton	<b>845</b>	<b>100</b>	640	75.74	205	24.26	110	13.02	95	11.24
Lot 3	<b>695</b>	<b>100</b>	600	86.33	95	13.67	65	9.35	30	4.32
Lot 2	<b>1,320</b>	<b>100</b>	1,095	82.95	225	17.05	130	9.85	95	7.20
St. Louis	<b>80</b>	<b>100</b>	60	75.00	20	25.00	10	12.50	10	12.50
Lot 1	<b>1 495</b>	<b>100</b>	1 240	82.94	255	17.06	115	7.69	140	9.36
Tignish	<b>620</b>	<b>100</b>	510	82.26	110	17.74	50	8.06	60	9.68
Miminegash	<b>145</b>	<b>100</b>	135	93.10	10	6.90	10	6.90	0	0.00

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, pp. 19 to 22

**TABLE 10 - HELP TO SENIORS ON PEI**

**TOTAL FRANCOPHONE POPULATION 15 AND OLDER BY THE HOURS SPENT HELPING OR CARING FOR SENIORS, WITHOUT PAY OR WAGES, CENSUS SUBDIVISIONS ON PRINCE EDWARD ISLAND**

	Population 15 and older by the hours spent helping or caring for seniors, without pay or wages		No hours		At least one hour		(Less than 5 hours)		(5 hours or more)	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>KINGS</b>										
Lot 64	10	100	10	100	0	0.00	0	0.00	0	0.00
Murray Harbour	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Murray River	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 63	0	100	0	0	0	0.00	0	0.00	0	0.00
Lot 61	0	100	0	0.00	0	0.00	0	0.00	0	0.00

Lot 59	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 66	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 51	<b>0</b>	<b>100</b>	0	100	0	0.00	0	0.00	0	0.00
Lot 52	<b>10</b>	<b>100</b>	0	0.00	10	100	10	100	0	0.00
Montague	<b>10</b>	<b>100</b>	0	0.00	10	100	10	100	0	0.00
Lot 53	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Cardigan	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Kings. Royalty	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Georgetown	<b>0</b>	<b>100</b>	10	100	0	0.00	0	0.00	0	0.00
Lot 54	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 55	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 56	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 43	<b>0</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Lot 44	<b>15</b>	<b>100</b>	15	100	0	0.00	0	0.00	0	0.00
Lot 45	<b>10</b>	<b>100</b>	10	100	0	0.00	0	0.00	0	0.00
Souris	<b>35</b>	<b>100</b>	30	85.71	5	0.00	--	0.00	--	0.00

Lot 46	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 47	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 42	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 41	10	100	--	0.00	--	0.00	--	0.00	--	0.00
St. Peters Bay	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 40	15	100	15	100	0	0.00	0	0.00	0	0.00
Morell	10	100	--	0.00	--	100	--	0.00	--	100
Lot 39	0	100	0	0.00	0	0.00	0	0.00	0	0.00
Lot 38	0	100	0	0.00	0	0.00	0	0.00	0	0.00
<b>QUEENS</b>										
Lot 62	0	100	0	0.00	0	0.0	0	0.00	0	0.00
Lot 60	15	100	15	100	0	0.0	0	0.00	0	0.00
Lot 58	0	100	0	0.00	0	0.0	0	0.00	0	0.00
Lot 57	25	100	--	100	--	0.0	--	0.00	--	0.00
Lot 50	15	100	15	100	0	0.0	0	0.00	0	0.00
Lot 49	20	100	0	0.00	10	100	10	100	--	0.00

Lot 48	<b>55</b>	<b>100</b>	55	100	0	0.0	0	0.00	0	0.00
Lot 31	<b>60</b>	<b>100</b>	30	60.00	15	30.00	15	30.00	0	0.00
Lot 65	<b>25</b>	<b>100</b>	20	80.00	0	0.00	0	0.00	0	0.00
Lot 30	<b>10</b>	<b>100</b>	0	0.00	0	0.00	0	0.00	0	0.00
Rocky Point 3	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 29	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Victoria	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Meadowbank	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Crapaud	<b>0</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Lot 67	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Clyde River	<b>10</b>	<b>100</b>	0	0.00	10	100	10	100	0	0.00
Lot 20	<b>10</b>	<b>100</b>	0	0.00	10	100	10	100	0	0.00
Lot 21	<b>15</b>	<b>100</b>	15	100	0	0.00	0	0.00	0	0.00
Miltonvale Park	<b>35</b>	<b>100</b>	35	100	0	0.0	0	0.00	0	0.00
Lot 22	<b>25</b>	<b>100</b>	15	75.00	10	50.00	0	0.00	10	50.00
Lot 23	<b>20</b>	<b>100</b>	20	100	0	0.0	0	0.00	0	0.00

Hunter River	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 24	<b>70</b>	<b>100</b>	60	85.71	5	0.00	--	0.00	--	0.00
Resort Mun. Stan.B.- Hope R.-Bayv.- Cavend.-N.Rust.	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
NorthRustico	<b>25</b>	<b>100</b>	15	100	10	66.67	10	66.67	0	0.00
Brackley	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 33	<b>30</b>	<b>100</b>	30	100	0	0.0	0	0.00	0	0.00
Union Road	<b>15</b>	<b>100</b>	15	100	0	0.0	0	0.00	0	0.00
Breadalbane	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 34	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Lot 35	<b>15</b>	<b>100</b>	15	100	0	0.0	0	0.00	0	0.00
Lot 36	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Scotchfort 4	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 37	<b>20</b>	<b>100</b>	20	100	0	0.0	0	0.00	0	0.00
Mount Stewart	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Winsloe South	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00



Warren Grove	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Charlottetown	<b>705</b>	<b>100</b>	585	84.78	120	17.39	65	9.42	55	7.97
Stratford	<b>145</b>	<b>100</b>	125	86.21	20	13.79	10	6.90	10	6.90
Cornwall	<b>50</b>	<b>100</b>	50	100	0	0.0	0	0.00	0	0.00
<b>PRINCE</b>										
Lot 28	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Borden-Carleton	<b>10</b>	<b>100</b>	0	0.00	10	100	0	0.00	10	100
Lot 27	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Kinkora	<b>10</b>	<b>100</b>	--	0.00	--	0.00	--	0.00	--	0.00
Lot 26	<b>10</b>	<b>100</b>	--	0.00	--	0.00	--	0.00	--	0.00
Central Bedeque	<b>10</b>	<b>100</b>	10	100	0	0.00	0	0.00	0	0.00
Lot 25	<b>25</b>	<b>100</b>	20	80.00	5	0.00	--	0.00	--	0.00
Lot 19	<b>35</b>	<b>100</b>	35	100	0	0.0	0	0.00	0	0.00
Bedeque	<b>10</b>	<b>100</b>	10	100	0	0.00	0	0.00	0	0.00
Kensington	<b>40</b>	<b>100</b>	40	100	0	0.0	0	0.00	0	0.00
Lot 18	<b>15</b>	<b>100</b>	15	100	0	0.0	0	0.00	0	0.00

Sherbrooke	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Lot 17	<b>55</b>	<b>100</b>	30	50.00	25	41.67	25	41.67	0	0.00
Linkletter	<b>30</b>	<b>100</b>	10	50.00	20	100	0	0.00	20	100
Miscouche	<b>70</b>	<b>100</b>	40	53.33	30	40.00	15	20.00	15	20.00
Summerside	<b>850</b>	<b>100</b>	665	78.70	185	21.89	120	14.20	65	7.69
Lot 15	<b>670</b>	<b>100</b>	535	78.70	135	19.70	120	17.52	15	2.19
Abrams Village	<b>200</b>	<b>100</b>	125	62.50	75	37.50	45	22.50	30	15.00
Lot 16	<b>140</b>	<b>100</b>	125	89.29	15	10.71	15	10.71	0	0.00
Wellington	<b>270</b>	<b>100</b>	215	75.44	55	19.30	55	19.30	0	0.00
Lot 14	<b>105</b>	<b>100</b>	80	76.19	25	23.81	10	9.52	15	14.29
Lot 13	<b>10</b>	<b>100</b>	--	0.00	--	0.00	--	0.00	--	0.00
Tyne Valley	<b>10</b>	<b>100</b>	0	0.00	10	100	10	100	0	0.00
Lot 12	<b>15</b>	<b>100</b>	--	0.00	10	66.67	10	66.67	--	0.00
Lennox Island 1	<b>10</b>	<b>100</b>	10	100	0	0.00	0	0.00	0	0.00
Lot 11	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00
Lot 10	<b>10</b>	<b>100</b>	10	100	0	0.0	0	0.00	0	0.00

Lot 6	<b>35</b>	<b>100</b>	35	100	0	0.0	0	0.00	0	0.00
O'Leary	<b>25</b>	<b>100</b>	15	75.00	10	50.00	10	50.00	0	0.00
Lot 9	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 8	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 7	<b>0</b>	<b>100</b>	0	0.00	0	0.0	0	0.00	0	0.00
Lot 5	<b>25</b>	<b>100</b>	25	100	0	0.0	0	0.00	0	0.00
Lot 4	<b>40</b>	<b>100</b>	30	75.00	10	0.0	--	0.00	--	0.00
Alberton	<b>15</b>	<b>100</b>	15	100	0	0.0	0	0.00	0	0.00
Lot 3	<b>60</b>	<b>100</b>	40	61.54	20	30.77	20	30.77	0	0.00
Lot 2	<b>235</b>	<b>100</b>	205	83.67	30	12.24	20	8.16	10	4.08
St. Louis	<b>10</b>	<b>100</b>	10	0.00	0	0.0	0	0.00	0	0.00
Lot 1	<b>210</b>	<b>100</b>	155	73.81	55	26.19	20	9.52	35	16.67
Tignish	<b>70</b>	<b>100</b>	60	85.71	10	14.29	10	14.29	0	0.00
Miminegash	<b>20</b>	<b>100</b>	10	100	10	100	10	100	0	0.00

-- Designates non-significant values. Use care in interpreting low values.

Source: Canadian Institute for Research on Linguistic Minorities (CIRLM). Données sur les aidants naturels à l'Île-du-Prince-Édouard, Tables prepared by Éric Forgues and Josée Guignard Noël, March 2011, pp. 23 to 26

## **Recommendations by Caregivers in Minority Areas - AFFC Study**

Here are the 33 recommendations formulated by the 94 caregivers consulted in Canadian Francophone and Acadian communities based on their needs as part of the AFFC study.

The recommendations are grouped by theme:

### ➤ ***For women as caregivers***

1. *Eliminate the French term “aidante naturelle”.*

### ➤ ***Paid work and financial issues***

2. *Offer a presence during the day, at home or elsewhere, to allow caregivers who wish to work to be on the job market.*
3. *Ensure that caregivers who have to work fewer hours or leave the job market do not bear a financial penalty, at the time or at retirement.*
4. *Make it easier for caregivers to balance work and home without financial penalty.*
5. *Compensate caregivers, whether with a salary, financial compensation, an allowance, salary insurance, etc.*
6. *Give financial aid to women who have to leave their job to become caregivers.*
7. *Give more financial assistance for travel, for any extras that the recipient needs, to make the house accessible, etc.*

### ➤ ***Help and services***

8. *Make sure that self-managed services do not make caregivers’ tasks any harder.*
9. *Offer more opportunities, flexibility and hours of respite, in French, including nights and weekends.*

- 10. Enable caregivers to use their respite time however they want.*
- 11. Offer information and training workshops in French. (For example, how to take care of the sick at home.)*
- 12. Have a resource centre, in French, containing a variety of information, in different formats, about diseases, various problems, being a caregiver, etc.*
- 13. Assign someone to work with each person in need and his or her caregiver(s), to provide information on all the programs and services available for the situation, offer support and advice, etc. (These persons could be called case managers or liaisons.)*
- 14. When a needs assessment is done, it has to represent the situation of the family as a whole (not just that of the person in need).*
- 15. Persons suffering from a permanent condition should be able to undergo just one assessment that will be consulted as needed by the various stakeholders.*
- 16. Improve accessibility in public places for persons with functional limitations.*
- 17. Improve services to persons with intellectual handicaps: make French-language services available, increase the number of hours of services, diversify services and activities based on needs, improve staff training, increase varied short- and long-term services.*
- 18. Offer a 24-hour help and crisis line, in French.*
- 19. Improve the Home Care Program service: increase staff, pay and train them better, provide consistency in who will be looking after the person receiving care, have the service cover nights and weekends as well and offer it in French.*
- 20. Simplify the process and reduce wait times for all requests for help and services.*
- 21. Set up a service providing transportation and accompaniment in French.*

*22. Make sure that the home is ready for the sick and that services are in place before releasing him or her from the hospital.*

*23. Healthcare professionals should do home visits if needed.*

*24. Improve residential services (nursing home, supervised apartment, etc.) for seniors: increase the number of places, diversify the types of services, make sure that services are available in French, increase staff, equipment, accessibility, don't separate couples.*

*25. Improve residential services for persons with functional limitations: make sure that French-language services are available and increase staff and equipment.*

*26. Develop mental health services in French.*

*27. Offer more services in the regions, including the presence of physicians and specialists who speak French.*

*28. Enable people to stay in their community to obtain day or residential services.*

➤ ***French-language services***

*29. Ensure that all existing and future services are provided in French.*

*30. Offer more high-quality specialized services in the French schools.*

➤ ***Effects on physical and mental health***

*31. Set up support groups in French and provide transportation and childcare if needed.*

*32. Create an Internet site where Francophone caregivers can chat among themselves, joining together based on their situation or problems.*

*33. Make free psychological help available in French for caregivers who feel the need for it.*

Source: Alliance des femmes de la francophonie canadienne (AFFC). Les femmes aidantes naturelles dans les communautés francophones et acadienne du Canada, by Isabelle N. Miron and Johanne Ouimette, Autumn 2006, pp. 58 and 61

## Stakeholders Consulted

### Prince Edward Island:

Organization	Name	Title	Contact Information
Actions Femmes Î.-P.-É.	Linda Richard	Services Coordinator	5 Maris Stella Ave. Summerside, PEI C1N 6M9  Tel.: (902) 888-1685 Fax: (902) 436-6936 <a href="mailto:coord2@ssta.org">coord2@ssta.org</a>
Acadian and Francophone Affairs Government of Prince Edward Island	Aubrey Cormier	Assistant Deputy Minister	5 <sup>th</sup> Floor Shaw Building 95 Rochford Street Charlottetown, PEI C1A 7N8  Tel.: (902) 854-7250 Fax: (902) 854-7255 <a href="mailto:arcormier@gov.pe.ca">arcormier@gov.pe.ca</a>
Collège Acadie Î.-P.-É.		Teacher	48 Mill Road, P.O. Box 159 Wellington, PEI COB 2E0  Tel.: (902) 854-8025 Fax: (902) 854-3011 <a href="mailto:claudette.mcneill@collegeacadiepei.ca">claudette.mcneill@collegeacadiepei.ca</a>
Collège Acadie Î.-P.-É.	Jeannita Bernard	President	48 Mill Road, P.O. Box 159 Wellington, PEI COB 2E0  Tel.: (902) 854-7285 Fax: (902) 854-3011 <a href="mailto:Jeannita.Bernard@collegeacadiepei.ca">Jeannita.Bernard@collegeacadiepei.ca</a>



G.A. Consultants	Gabriel Arsenault	Consultant	Tel.: (902) 854-2002 <a href="mailto:gabrielarsenault@pei.sympati.co.ca">gabrielarsenault@pei.sympati.co.ca</a>
Health PEI	Martha Owen	Manager, Primary Care Network West Prince Community Hospitals and Primary Health Care	Beechwood Family Health P.O. Box 550 O'Leary, PEI C0B 1V0  Tel.: (902) 859-3924 Fax: (902) 859-3922 <a href="mailto:mmowen@ihis.org">mmowen@ihis.org</a>
Health PEI	Mark Spidel	Manager, Primary Care Networks  East Prince, Community Hospitals and Primary Health Care	243 Harbour Drive 1 <sup>st</sup> Floor Summerside, PEI C1N 0A6  Tel.: (902) 432-2613 Fax: (902) 432-2610 <a href="mailto:maspidel@gov.pe.ca">maspidel@gov.pe.ca</a>
Hospice Palliative Care Association of PEI	Ellen Davies	Executive Director	5 Brighton Road Charlottetown, PEI C1A 8T6  Tel.: (902) 368-4498 Fax: (902) 368-4095 <a href="mailto:hpca@hospicepei.ca">hpca@hospicepei.ca</a>
La Belle-Alliance	Béatrice Caillié	Director	5 Maris Stella Ave. Summerside, PEI C1N 6M9  Tel.: (902) 888-1689 Fax: (902) 888-1686 <a href="mailto:beatrice@ssta.org">beatrice@ssta.org</a>

La Commission scolaire de langue française de l'Île-du-Prince-Édouard (FLSB)	Gilles Benoit	Superintendant	1596 Route 124 Abram-Village, PEI COB 2E0  Tel.: (902) 854-2975 Fax: (902) 854-2981 <a href="mailto:gjbenoit@gov.pe.ca">gjbenoit@gov.pe.ca</a>
Le Comité acadien et francophone de l'Est (CAFE)	Tina White	Présidente	P.O. Box 858 41 Breakwater Street Souris, PEI COA 2B0  Tel.: (902) 687-7179 Fax: (902) 687-7176 <a href="mailto:cafe@ssta.org">cafe@ssta.org</a>
Le Conseil acadien de Rustico	Christopher Ogg	Director	P.O. Box 5617 R.R. 3 Hunter River, PEI COA 1N0  Tel.: (902) 963-3252 Fax: (902) 963-3442 <a href="mailto:christopher.ogg@conseilacadienrustico.org">christopher.ogg@conseilacadienrustico.org</a>
Le Conseil Rév.-S.-É.-Perrey	Réjeanne Doucette	Director	DeBlois, R.R. 3 Tignish, PEI COB 2B0  Tel.: (902) 882-0475 Fax: (902) 882-0482 <a href="mailto:rejeanne@seperrey.org">rejeanne@seperrey.org</a>
Le Conseil communautaire du Carrefour de l'Isle-Saint-Jean	Rachel Pelletier	Director	5 Acadienne Drive Charlottetown, PEI C1C 1M2 Tel.: (902) 368-1895 Fax: (902) 566-5989 <a href="mailto:direction@carrefourisj.org">direction@carrefourisj.org</a>

Le Conseil scolaire-communautaire Évangéline (CSCÉ)	Suzanne Côté	Director	01596 Route 124, Abram-Village R.R. 1 Wellington, PEI COB 2E0  Tel.: (902) 854-2166 Fax: (902) 854-2981 <a href="mailto:suzanne.csce@teleco.org">suzanne.csce@teleco.org</a>
Les Francophones de l'âge d'or de l'Î.-P.-É.	Maria Bernard	President	5 Maris Stella Ave. Summerside, PEI C1N 6M9  Tel.: (902) 888-1682
Réseau des services de santé en français de l'Î.-P.-É. (RSSFÎPÉ)	Elise Arsenault	Director	48 Mill Road P.O. Box 58 Wellington, PEI COB 2E0  Tel.: (902) 854-7441 Fax: (902) 854-7255 <a href="mailto:elisearsenault@gov.pe.ca">elisearsenault@gov.pe.ca</a>
Baie Acadienne Development Corporation (BADC)	Louise Comeau	Executive Director	48 Mill Road, P.O. Box 67 Wellington, PEI COB 2E0  Tel.: (902) 854-3655 Fax: (902) 854-3099 <a href="mailto:louise@BADCipe.org">louise@BADCipe.org</a>
Société Saint-Thomas d'Aquin (SSTA)	Aline Bouffard Cohen	Executive Director	5 Maris Stella Ave. Summerside, PEI C1N 6M9  Tel.: (902) 436-4881 Fax: (902) 436-6936 <a href="mailto:dg@ssta.org">dg@ssta.org</a>

X.O. Consultants	Maurice X. Gallant	Consultant	115 Milton Avenue Summerside, PEI C1N 1T7  Tel.: (902) 436-8360 Fax: (902) 436-2744 <a href="mailto:mxg@xoconsultants.com">mxg@xoconsultants.com</a>
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**Other:**

<b>Organizations</b>	<b>Name</b>	<b>Title</b>	<b>Contact Information</b>
Alliance des femmes de la francophonie canadienne (AFFC)	Manon Beaulieu	Executive Director	450 Rideau Street Suite 302 Ottawa, Ontario K1N 5Z4  Tel.: (613) 241-3500/ 1-866-535-9422 Fax: (613) 241-6679 <a href="mailto:direction@affc.ca">direction@affc.ca</a>
Association communautaire francophone de Saint-Jean (ACFSJ)	Steven Watt	Executive Director	65 Ridge Road Suite 245 St. John's, NL A1B 4P5  Tel.: (709) 726-4900 Fax: (709) 726-0437 <a href="mailto:bonjour@acfsj.ca">bonjour@acfsj.ca</a>
Centre communautaire Sainte-Anne (CCSA)	Thierry Arseneau	Executive Director	715 Priestman Street Fredericton, NB E3B 5W7  Tel.: (506) 453-2731 Fax: (506) 453-3958 <a href="mailto:tarseneau@centre-sainte-anne.nb.ca">tarseneau@centre-sainte-anne.nb.ca</a>

Centre de santé communautaire de Kapuskasing et région	Danielle Groulx	Community Health Worker	27 Kolb Avenue Kapuskasing, Ontario P5N 1G2  Tel.: (705) 337-1201 Fax: (705) 337-1215 <a href="mailto:dgroulx@csckap.on.ca">dgroulx@csckap.on.ca</a>
Conseil communautaire du Grand-Havre	Jules Chiasson	Executive Director	201C Portage Avenue Suite 1109 Dartmouth, NS B2X 3T4  Tel.: (902) 435-3244 Fax: (902) 435-1255 <a href="mailto:gestion@ccgrandhavre.ca">gestion@ccgrandhavre.ca</a>
Conseil communautaire Beausoleil	Sylvain Melançon	Executive Director	300 Beaverbrook Road Miramichi, NB E1V 1A1  Tel.: (506) 627-4125 Fax: (506) 627-4592 <a href="mailto:contact@carrefourbeausoleil.ca">contact@carrefourbeausoleil.ca</a>
Consortium national de formation en santé (CNFS)	Anne Poisson	Research Project Manager	260 Dalhousie Street Suite 400 Ottawa, Ontario K1N 7E4  Tel.: (613) 244-7837/ (866) 551-2637 Fax: (613) 244-0283 <a href="mailto:apoisson@cnfs.net">apoisson@cnfs.net</a>

Fédération des francophones de Terre-Neuve-et-Labrador (FFTNL)	Gaël Corbineau	Executive Director	65 Ridge Road, 2 <sup>nd</sup> Floor, Suite 233 St. John's, NL A1B 4P5  Tel.: (709) 722-0627/ 1-800-563-9898 Fax: (709) 722-9904 <a href="mailto:gcorbineau@fftnl.ca">gcorbineau@fftnl.ca</a>
Fédération provinciale des Fransaskoises	Georgette Bru	Project Coordinator	308 4 <sup>th</sup> Avenue North Suite 218 Saskatoon, Sask. S7K 2L7  Tel.: (306) 648-2466 Fax: (306) 653-1276 <a href="mailto:gbru@sasktel.net">gbru@sasktel.net</a>
Canadian Institute for Health Information (CIHI)	Benoit Laplante	Director of Communications	495 Richmond Road Suite 600 Ottawa, Ontario K2A 4H6  Tel.: (613) 694-6603 Fax: (613) 241-8120 <a href="mailto:blaplante@icis.ca">blaplante@icis.ca</a>
Canadian Institute for Research on Linguistic Minorities (CIRLM)	Éric Forgues	Assistant Director and Researcher	18 Antonine-Maillet Avenue, Pavillon Léopold-Taillon, Room 410, Université de Moncton Moncton, NB E1A 3E9  Tel.: (506) 858-4669 Fax: (506) 858-4123 <a href="mailto:eric.forgues@umoncton.ca">eric.forgues@umoncton.ca</a>

Neighbours Regional Association of Rouyn-Noranda	Nathalie Chevrier	Health Coordinator	95 8 <sup>th</sup> Street Rouyn-Noranda, Québec J9X 5A9  Tel.: (819) 762-0882 Fax: (819) 762-0883 <a href="mailto:neighbourshealth@cablevision.qc.ca">neighbourshealth@cablevision.qc.ca</a>
Neighbours Regional Association of Rouyn-Noranda	Shaleen Sullivan	Executive Director	95 8 <sup>th</sup> Street Rouyn-Noranda, Québec J9X 5A9  Tel.: (819) 762-0882 Fax: (819) 762-0883 <a href="mailto:neighbours@cablevision.qc.ca">neighbours@cablevision.qc.ca</a>
New Brunswick Extra-Mural Program	Carmen Bouchard	Social Worker	1745 Vallée Lourdes Drive Bathurst, NB E2A 4P8  Tel.: (506) 544-3030 Fax: (506) 544-3029 <a href="mailto:carmen.bouchard@vitalitenb.ca">carmen.bouchard@vitalitenb.ca</a>
New Brunswick Extra-Mural Program, Grand Falls unit	Karine Levesque	Social Worker	532 Madawaska Road P.O. Box 7812 Grand Falls, NB E3Z 3E8  Tel.: (506) 473-7492 Fax: (506) 473-7476 <a href="mailto:karine.levesque@vitalitenb.ca">karine.levesque@vitalitenb.ca</a>

Regroupement des personnes aidantes naturelles du Rouyn-Noranda régional	Aline Gaumond	Coordinator	332 Perreault Street East Suite 203 Rouyn-Noranda, Québec J9X 3C6  Tel.: (819) 797-8266 Fax: (819) 797-4566 <a href="mailto:aidantsnaturels-rn@cablevision.qc.ca">aidantsnaturels-rn@cablevision.qc.ca</a>
Regroupement Soutien aux Aidants de Brome-Missisquoi	<a href="#">Veerle Beljaars</a>	Director	505 Sud Street Office 204 Cowansville, Québec J2K 2X9  Tel.: (450) 263-4236/ 1-877-248 4236 Fax: (450) 263-4239 <a href="mailto:veerle@rsabm.ca">veerle@rsabm.ca</a>
Réseau Santé - Nouvelle-Écosse	Paul d'Entremont	Executive Director and Coordinator, South-West Region	P.O. Box 86 705 Route 335 West Pubnico, NS B0W 3S0  Tel.: (902) 762-2074 Fax: (902) 762-0119 <a href="mailto:reseau@reseausantene.ca">reseau@reseausantene.ca</a>
Ronald Bisson et Associé.e.s.	Ronald Bisson	Consultant	235 Montréal Road Room 209 Ottawa, Ontario K1L 6C7  Tel.: (613) 741-4655 Fax: (613) 749-2252 <a href="mailto:ronalddb@bisson.ca">ronalddb@bisson.ca</a>



Services communautaires de langue anglaise Jeffery Hale	Aimee Bergeron	Social Worker, Psycho-social Intake	Pavillon Jeffery Hale 1270 Sainte-Foy Road, Office 1124 Québec, Québec G1S 2M4  Tel.: (418) 684-5333/ 1 888 984-5333 Fax: (418) 681-9265 <a href="mailto:aimee.bergeron@ssss.gov.qc.ca">aimee.bergeron@ssss.gov.qc.ca</a>
Société Santé en français (SSF)	Pascal Marchand	Program Officer	260 Dalhousie Street Suite 400 Ottawa, Ontario K1N 7E4  Tel.: (613) 244-1889/ 1-888-684-4253 Fax: (613) 244-0283 <a href="mailto:p.marchand@santefrancais.ca">p.marchand@santefrancais.ca</a>
Société Santé et Mieux-être en français du Nouveau-Brunswick	Gilles Vienneau	Executive Director	P.O. Box 1764 Moncton, NB E1C 9X6  Tel.: (506) 389-3351 Fax: (506) 389-3366 <a href="mailto:ssmefnb@nb.aibn.com">ssmefnb@nb.aibn.com</a>
Université de Moncton, Moncton Campus	Charles Gaucher	Research Professor, School of Social Work, Faculty of Arts and Social Sciences	Pavillon Léopold Taillon 18 Antonine-Maillet Avenue Moncton, NB E1A 3E9  Tel.: (506) 858-4172 Fax: (506) 858-4508 <a href="mailto:charles.gaucher@umoncton.ca">charles.gaucher@umoncton.ca</a>

Université de Moncton, Shippagan Campus	Suzanne Ouellet	Research Professor, Section Head, Nursing	725 Collège Street Office 242-A Bathurst, NB E2A 3Z2  Tel.: (506) 545-3507 <a href="mailto:suzanne.ouellet@umcs.ca">suzanne.ouellet@umcs.ca</a>
VON Canada (Victorian Order of Nurses)	Margo Fauchon	Project Coordinator	P.O. Box 856 Saint-Paul, Alberta T0A 3A0  Tel.: (780) 645-6673 <a href="mailto:mfauchon@mcsnet.ca">mfauchon@mcsnet.ca</a>
VON Bathurst	Marie-Jeanne Aubé	District Manager	216 Main Street Suite 301 Bathurst, NB E2A 1A8  Tel.: (506) 548-2448 Fax: (506) 547-0196 <a href="mailto:vonbathurst@von.ca">vonbathurst@von.ca</a>

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