

# Final Report French Language Services in Home Care

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Prepared for:

The PEI French Health Network



Atlantic Evaluation Group  
Inc

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## **Executive Summary**

### **Introduction**

A 2001 report completed by the Consultative Committee for French-Speaking Minority Communities entitled - *Santé en français - Pour un meilleur accès à des services de santé en français* - noted that, in terms of the quality of the health care service, the ability of the health care provider to assist, direct and educate the patient or client was critically important. Quality service is viewed as not just effective patient care technique and delivery; effective communication between the service provider and his or her patient is critical to the relationship as well.

In this context, access to health services in one's own language is not just a 'respect of cultural' issue, but a quality of service and health safety issue. Research studies that have looked at this issue in recent years have concluded that a language barrier may impede the quality and effectiveness of service delivery on several levels.

### **Home Care Research Project**

The French Language Services in home care Research Project was initiated by the PEI French Health Network (PEIFHN), and is part of the Network's ongoing work with respect to strengthening the delivery of French language services. The Project was designed to conduct background research into the nature and scope of needs of an aging Francophone population, with a particular focus on residents who require home care services to support them to remain in their home, and home community for as long as possible. The overall intent is to identify possible service delivery methods and approaches that could strengthen the delivery of French language services within the province's Home Care Program.

### **The Home Care Program**

The Home Care Program is managed and delivered by Health PEI through its Home Based and Long-Term Care Division. The Program provides a range of in-home services, including: Medical (Family Physician) Services; Community Support Services; Home Support Worker; Nursing; Occupational Therapy; Physiotherapy; Adult Protection Services/Social Work; Assessment for Admission to Nursing Home or Institutional Respite; and Co-ordination of Integrated Palliative Care Program.

Home care services are provided free of charge, and individuals or their families are responsible for providing any in-home equipment and supplies required for their care. Services are provided based on assessed need for a defined period of time, and are intended as a support to the care provided by the individual's family, friends and other community based services.

## **Research Approach and Methodology**

The primary research activities included: a review of the latest Census data to describe the current profile and distribution of the Island's Francophone population by Francophone region; a review of relevant health care documents and reports; a series of community consultations; interviews and consultation sessions with home care managers and staff; an interview with the Public Health Nurse at the Evangeline Health Care Centre in Wellington; and an interview with a Francophone Family Physician.

## **PEI's Francophone Population**

The population on PEI is aging; recent projections indicate that the population of Island seniors over 75 will grow rapidly over the next decade. According to the 2011 Census data, there are 5,685 Islanders who identified as French mother tongue. Of this total, there are 1,480 seniors who are 65 years of age or older; this represents 26% of the total Francophone population of PEI. This number is expected to increase as the population ages over the next two decades; the Census data indicates that there are 2,120 Francophone Islanders who are between 45 and 65 years of age.

## **Demand for Home Care Services**

It is not possible to identify just how many Francophone residents are currently being served by the Home Care Program; this information is not identified in any systematic way when applications for services are assessed. However, a recent study (March 2011) examining the support needs of Acadian and Francophone caregivers looked at 2006 Census, and concluded that the need for home care services for aging Francophones is likely to increase on PEI at a higher rate than the Anglophone population. The Census data indicates a higher percentage of aging Francophone Islanders view themselves as having difficulty in carrying on with normal, day-to-day, home-based activities. This strongly suggests that as Francophone seniors age, they will require more home care supports to remain in their own home and community.

## **Bilingual Capacity within Home Care**

At present, the capacity within Health PEI to deliver French language services, both in home care and in most other health care service areas, is limited given that only a small number of employees are bilingual. In the Home Care Program, there are only 1.5 designated bilingual positions in the province; a .5 position in West Prince, and 1 position in East Prince. There are also a number of other staff who are identified as being bilingual, but may not be assigned to a specific role or position in terms of the delivery of French language services to Francophone residents or patients.

## **French Language Materials**

There is virtually no program related information (website information, program brochures, and application and assessment forms) available in the French language within the Home Care Program. The PEI Seniors' Secretariat does produce a services directory guide entitled 'The Prince Edward Island

Seniors' Guide: Information about Programs and Services for Seniors'. This directory is available in the French language and provides basic information on a wide range of services available to Island seniors including health services.

### **Community Consultations**

A total of six consultation sessions with community leaders and residents (some of whom had family members who had direct experience with home care services) were completed; four of these sessions were held in Francophone regions (Deblois-Tignish, Evangeline-Wellington, Summerside-Miscouche, and Rustico areas). Additional consultations included a session as part of the Francophone Health Forum (Les Francophones de l'âge d'or de l'Î.P.E.), and a consultation session with members of the Bel Age community group. A total of 42 participants attended the six sessions.

Participants in the consultation sessions indicated that most people (including Anglophones) know little about the Home Care Program, the services provided, and where and how to access them. They believe that much more needs to be done to get this information out into the community. In addition, it is their perception that most Francophone families are not aware that they can request French language services; they view the Health System as 'Anglophone', people accept that they are going to be served in English. The system currently does very little to communicate that families seeking services can request French language services; it does not clearly identify its existing bilingual staff, nor does it encourage these staff to greet families in French. Consultation session participants believe that both the Health System, and the Francophone community itself, could be more proactive in this area.

### **Service Provider Consultations**

In total, some 87 health providers and front line home care service providers were made aware of the research study, and had an opportunity through interviews and group consultations to offer input in terms of their experience, perceptions, and suggestions. While acknowledging that the system has limited capacity to respond to request for French language services, Home care service providers are open to working with Francophone families and communities to ensure that the service received is of high quality, and is delivered in a culturally aware and sensitive manner.

### **Literature Search**

A total of sixteen documents, studies and research reports were reviewed as part of this component of the research. Twelve documents were determined to be relevant to objectives of this project.

The direction that PEIFHN has been pursuing and the strategies being employed to advance the health needs of the Island's Francophone communities is strongly supported by the current research. One of the key ways to improve access to health care services within communities is to document and address the barriers; one of the key barriers is the lack of opportunities to request and receive services in their own language. The current research supports this, and describes the conditions and strategies that are important in achieving this goal. Some of the recent research suggests that Francophone families must become more confident and proactive in requesting French language services when engaging the

system. And at the same time, the system needs to more directly make an 'offer of services' to Francophone families.

## **Summary and Conclusions**

PEI has one of the fastest growing elderly populations in Atlantic Canada; this fact will present ongoing challenges to the Health System as it responds to higher levels of care needs. Francophone communities will face these challenges as well; as time goes on, an increasing number of elderly Francophone residents and their families will require home care services. Francophone communities are concerned about the lack of access to French language services, and are interested in seeking solutions to address this gap.

While the home care and support needs of Francophone families are increasingly evident and acknowledged, the current reality is that most families do not request French language services when they engage the system, nor does the system make an 'active offer of service' to the family. Some of the recent research being done by the Canadian Institute for Research on Linguistic Minorities suggests that both Francophone communities and health system managers need to work to change this dynamic.

Given the government's recent health policy efforts and investments with regard to the Home Care Program, it is an opportune time for the Francophone community to engage government policy and program managers to address the barriers to the delivery of French language health services to Francophone Islanders. The literature suggests that achieving success will require a favorable policy approach, committed leadership from health managers and service providers, and a mobilized Francophone community.

## **Going Forward - Proposed Directions**

As noted earlier, the Healthy Aging Strategy and the subsequent initiatives to place a stronger focus on the needs of aging seniors, provides a timely opportunity to identify and address the unique needs of the Island's Francophone families with respect to home care services.

The findings and results of the Project research is intended to: (1) provide a clearer sense of the service needs, gaps, and language barriers experienced by individuals and families; (2) inform and educate Health PEI policy and program managers with respect to these needs, and propose practical solutions to address gaps; and (3) more widely inform and engage Francophone communities and leaders, and mobilize their collective voice to seek solutions to improve the Health System's ability to offer services to Francophone families in their own language.

In terms of going forward, the following initiatives are proposed.

### **At the Policy Level**

- The French Language Health Services Network will forward this report to the Minister of Health and Wellness, and the Office of Acadian and Francophone Affairs. This will ensure that Government is aware of the home care needs of Francophone families, as it prepares to table a new French Language Services Act.

### **At the Senior Management Level**

- Using this research report as a starting point, the French Language Health Services Network will work with the CEO of Health PEI to establish a partnership aimed at improving and strengthening French language home care services to Francophone residents.
- Work with Health PEI to ensure that the Home Care Services assessment process is amended to include a direct question about French language preference, and a direct 'offer of service' (this should be a province-wide practice).

### **At the Regional Management - Francophone Community Level**

- Using this research report as a starting point, the PEI French Health Network facilitated a series of meetings between local Francophone groups/advocates and regional home care managers. These meetings would be aimed at exploring needs and expectations of Francophone families and communities, acknowledging the limitations and challenges with respect to the delivery of home care French language services, and developing local solutions to addressing Francophone needs.
- Increase efforts to improve awareness of the program, both by government agencies and within Francophone communities themselves; strategies to achieve this should include:
  - Offer cultural awareness training to home care managers and service providers to help them better understand the cultural and social nuances that may be 'at play' when working with Francophone families. These training programs could be offered on a regular basis to ensure that new staff coming into the system have an opportunity to participate, and become more aware of, and sensitized to, the Francophone culture.
  - Ensure that home care staff are aware of the tools and supports (e.g., availability of interpretation and translation services) that are already in place to help them address and/or reduce communication barriers and challenges.
  - Develop 'user-friendly' promotional materials that are written in both languages, and ensure that these materials make it clear that the family can request the option to receive services in their own language.
  - Employ a variety of distribution points to circulate this information such as health centres, doctors' offices, pharmacists, Access PEI centres and other government agencies.
  - Promote the program through other organizations that provide support services to same clientele (e.g., Hospice and Palliative Care Associations, Alzheimer's Society, other seniors' groups, etc.).
  - Conduct program information presentations and discussions with local Francophone community groups and organizations.
  - Use local cable radio and TV to present information about services and invite community input and discussion.

- Establish a toll-free telephone line where there is a bilingual capacity to provide information about health care services generally, and where information is offered about accessing services within the Health System in the French language. This bilingual capacity could be integrated with the recently announced 24-hour Telehealth 8-1-1 help line.
- Develop a bilingual resource with both French and English translation (not two separate brochures) for use by medical staff and other health professionals who are not bilingual.
- Identify and provide more support to existing bilingual staff within the system, including:
  - Creating an inventory of all home care service providers who are bilingual and can provide services in the French language.
  - Identifying the where and who with respect to the designated bilingual service areas; ensure that this information is well known both within the system, and to Francophone communities and organizations.
  - Ensuring that home care workers who are bilingual wear a distinctive pin or symbol indicating that they are bilingual.
  - Acknowledging and recognizing those home care workers who are bilingual and who offer services in the French language.
  - Encouraging and supporting any staff person interested in learn the French language; more proactive use of training to increase the capacity to offer services in French.
  - Encouraging staff who can speak French to do so, even those who only have a limited knowledge of the language; these efforts will be appreciated by Francophone families.
  - When recruiting and hiring new staff, give priority to those who have bilingual capacities, especially for positions working within or near Francophone communities.
  - Promoting existing financial incentives or bursaries to students in the health profession who can speak both languages.
  - Exploring the use of current and/or new communication and interpretation technologies to facilitate communication where French-speaking resources are not available. (e.g., use of Skype or similar technology).



## 1. Introduction

A 2001 report completed by the Consultative Committee for French-Speaking Minority Communities entitled - *Santé en français - Pour un meilleur accès à des services de santé en français* - noted that, in terms of the quality of the health care service, the ability of the health care provider to assist, direct and educate the patient or client was critically important. Quality service is viewed as not just effective patient care technique and delivery; effective communication between the service provider and his or her patient is critical to the relationship as well. This communication is especially important when the health and well-being of the patient requires that he or she change certain behaviours, develops new habits or routines, and follow specific treatment and medication therapy programs.

In this context, access to health services in one's own language is not just a 'respect of cultural' issue, but a quality of service and health safety issue. In many instances it may be essential to ensuring that the patient or client is provided with the necessary information and support to improve and maintain their health. Research studies that have looked at this issue in recent years have concluded that a language barrier may impede the quality and effectiveness of service delivery on several levels, including:

- reducing access to education and prevention services;
- increasing consultation time, the number of diagnostic tests, and the probability of diagnostic and treatment errors;
- impacts the quality of service where effective communication is essential; e.g., social services, physiotherapy, occupational therapy, mental health, and addiction services;
- reduces the probability of the patient understanding the importance of the treatment program, and hence their ability to follow the program in its entirety; and
- reduces the service users' satisfaction with the care and services they require.

Given this reality, the PEI French Health Network (PEIFHN), has been taking steps over the past several years to address the language barriers experienced by Francophone residents and families when seeking and receiving health services within the province. The PEIFHN undertakes this agenda by (1) completing local research initiatives to better document the language barriers and gaps in various service program areas; (2) using this research to inform and educate health services policy and program managers, and proposes practical solutions to address gaps; and (3) using this research to inform and engage other Francophone leaders and community groups, and mobilizing their collective voice to seek solutions to address identified needs.

## 2. Background to Home Care Project

The French Language Services in home care Research Project was initiated by the PEI French Health Network (PEIFHN), and is part of the Network's ongoing work with respect to strengthening the delivery of French language services. The Project was designed to conduct background research into the nature and scope of needs of an aging Francophone population, with a particular focus on residents who require home care services to support them to remain in their home, and home community for as long as possible. The overall intent is to identify possible service delivery methods and approaches that could strengthen the delivery of French language services within the province's Home Care Program.

## 3. PEI's Home Care Program

In 2009, in anticipation of the growing care needs of an aging population, the PEI Government prepared and released its Healthy Aging Strategy. This Strategy is intended to strengthen the province's capacity to meet the needs of its aging seniors, and included the expansion and enhancement of the Home Care Program as one of its key initiatives.

The Home Care Program is managed and delivered by Health PEI through its Home Based and Long-Term Care Division. The Division has recently (March 2011) reviewed its vision, mission and guiding principles; these are described as follows:

**Vision:** As part of the One Island Health System, Home Care Program will offer a broad spectrum of high quality home-based services which are accessible to all Islanders, and support their choice to remain at home as long as possible and to live with dignity and independence.

**Mission:** Home Care Program is an essential community service which supports individuals and families in achieving and/or maintaining health and independence through the delivery of appropriate, quality services, based on assessed need.

### **Guiding Principles:**

The Program will be guided by the following design principles:

- **Client-centered:** clients and family have the primary responsibility for their own health. The system will work in partnership with clients and families to respond to assessed needs and ensure client choice where possible.
- **Coordination:** all services will be accessed through a single point of entry; a care plan (which the client will have participated in) will be created; this plan will be used to coordinate and guide the various health professionals who may be assigned to deliver services.
- **Accountability:** the service/care plan will be monitored with regard to how it is helping to improve the quality of life for the client, and help him/her to achieve their health goals.
- **Promotion of wellness:** the care plan will emphasize the promotion of health, the prevention of risk, and improvements to the quality of life.

- **Promotion of self-care:** the care plan will support self-care, independence, and the preservation of function.
- **Partnerships:** formal working relationships with other continuum of care partners will be developed.
- **Staff are valued:** the vital roles served by all staff on the home care Team in supporting and caring for clients and their families is recognized, valued and respected.

In terms of its broader goals the Program provides care and services to:

- maintain or improve health, independence and quality of life for its patients/clients and their caregivers;
- offers short-term care to clients recovering from surgery or acute medical conditions;
- offers long-term care and support to allow people living with chronic conditions to continue living in the community; and
- offers palliative care to provide comfort and support to individuals living with an end-of-life illness.

Home care services are provided free of charge, and individuals or their families are responsible for providing any in-home equipment and supplies required for their care. Services are provided based on assessed need for a defined period of time, and are intended as a support to the care provided by the individual's family, friends and other community based services. Home care services can be accessed through a Home Care Program office located in each region of the province, and following the initial assessment of need, a plan for care is developed and regularly reviewed with the patient or client and their family.

The Home Care Program provides a range of in-home services, including: Community Support Services; Home Support Worker; Nursing; Occupational Therapy; Physiotherapy; Adult Protection Services/Social Work; Assessment for Admission to Nursing Home or Institutional Respite; and Co-ordination of Integrated Palliative Care Program.

A more detailed description of what each of the above services provides is contained in Appendix A attached to this report.

#### **4. Purpose of Research**

At present, the capacity within Health PEI to deliver French language services, both in home care and in most other health care service areas, is limited given that only a small number of employees are bilingual. However, the Healthy Aging Strategy and the subsequent initiatives to place a stronger focus on the needs of aging seniors, provides a timely opportunity to identify and address the unique needs of the Island's Francophone families with respect to home care services.

The findings and results of the research are intended to be used to: (1) better document the needs, gaps, and language barriers experienced by individuals and families; (2) to inform and educate health

services policy and program managers, and propose practical solutions to address gaps; and (3) to more widely inform and engage Francophone communities and leaders, and mobilize their collective voice to seek solutions to improve the Health System's ability to offer services to Francophone families in their own language.

## 5. Research Methodology

In conducting the research activities, the lead consultant was assisted by Francophone facilitators. The primary research activities included:

- using the 2011 Census population data, describing the current profile and distribution of the Island's Francophone population by Francophone region;
- a review of relevant health care documents and reports, and a brief literature search examining other research studies and reports relevant to the project's objectives;
- conducting community consultations; sessions were held with community leaders and residents from four Francophone communities/areas (West Prince, Evangeline/Wellington, Summerside-Miscouche, and Rustico). Efforts were made to arrange a consultation in the Charlottetown region, but this did not materialize;
- interviews and consultations sessions were held with home care managers and staff; an interview was held with the provincial home care manager, a consultation session was held with the home care managers from each region; and three consultation sessions were held with home care staff in West Prince, East Prince/Summerside, and Charlottetown);
- an interview with the Public Health Nurse at the Evangeline Health Care Centre; and
- an interview with a Francophone Family Physician practicing in Summerside.

Throughout the research process the Consultant worked with/through the Manager of the PEIFHN and the Project Steering Committee.

The results of each of the research activities are summarized in the following sections of the report.

## 6. PEI's Aging Population

**Note on the Data:** The 2011 Census data was used to create the profile of the Francophone community on PEI as well as the individual community profiles that follow. The Francophone population profile was created based on people who indicated French mother tongue (The 'mother tongue' refers to the first language learned at home in childhood and still understood at the time of the Census). French mother tongue is the combination of people who selected 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language' as their mother tongue. Due to changes in the way data was collected on language in the 2011 Census, it is advised to exercise caution

when evaluating trends related to mother tongue and home language that compare 2011 Census data to that of previous Censuses.<sup>1</sup>

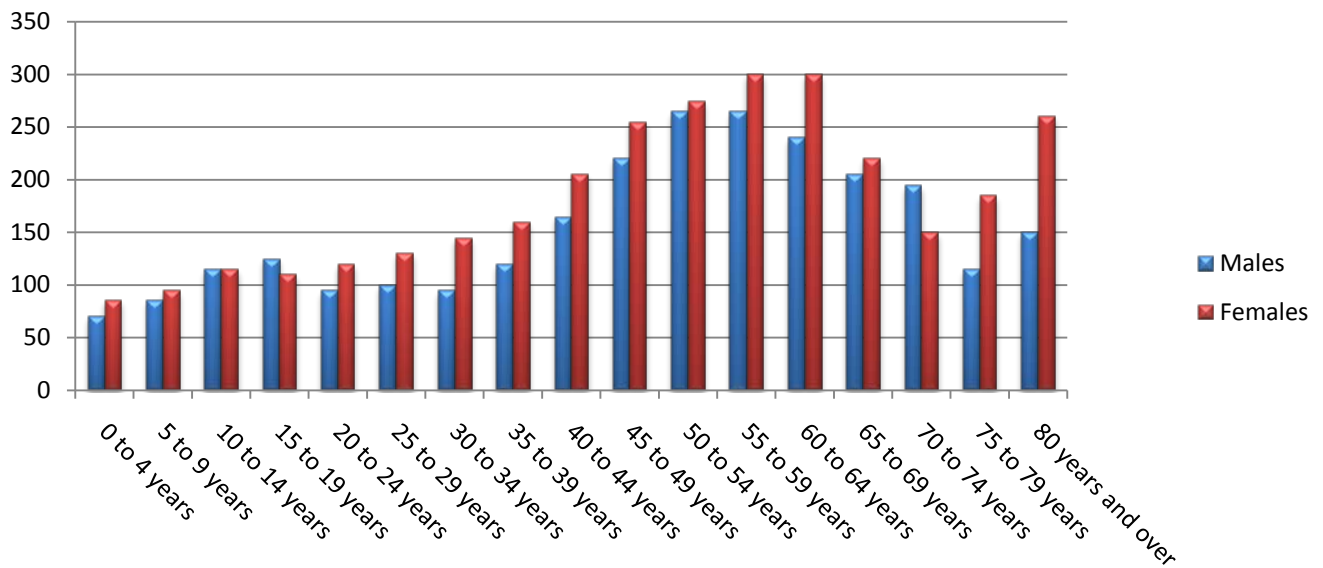
### 6.1 Profile of PEI Francophone Population

The population on PEI is aging; recent projections indicate that the population of Island seniors over 75 will grow rapidly over the next decade. This increase will impact the Francophone population as well.

According to the 2011 Census data, there are 5,685<sup>2</sup> Islanders who identified as French mother tongue. Of this total, there are 1,480 seniors who are age 65 years of age or older; this represents 26% of the total Francophone population of PEI. This number is expected to increase as the population ages over the next two decades; the Census data indicates that there are 2,120 Francophone Islanders who are between 45 and 65 years of age.

The following table illustrates the age gender breakdown of the Francophone population on PEI based on 2011 Census data.

**Table 1: Age and Gender Distribution of PEI Francophone Population\* (2011 Census Data)<sup>3</sup>**



\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'

<sup>1</sup> Statistics Canada, *Note to readers*, [http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003\\_1-eng.cfm](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011003_1-eng.cfm)

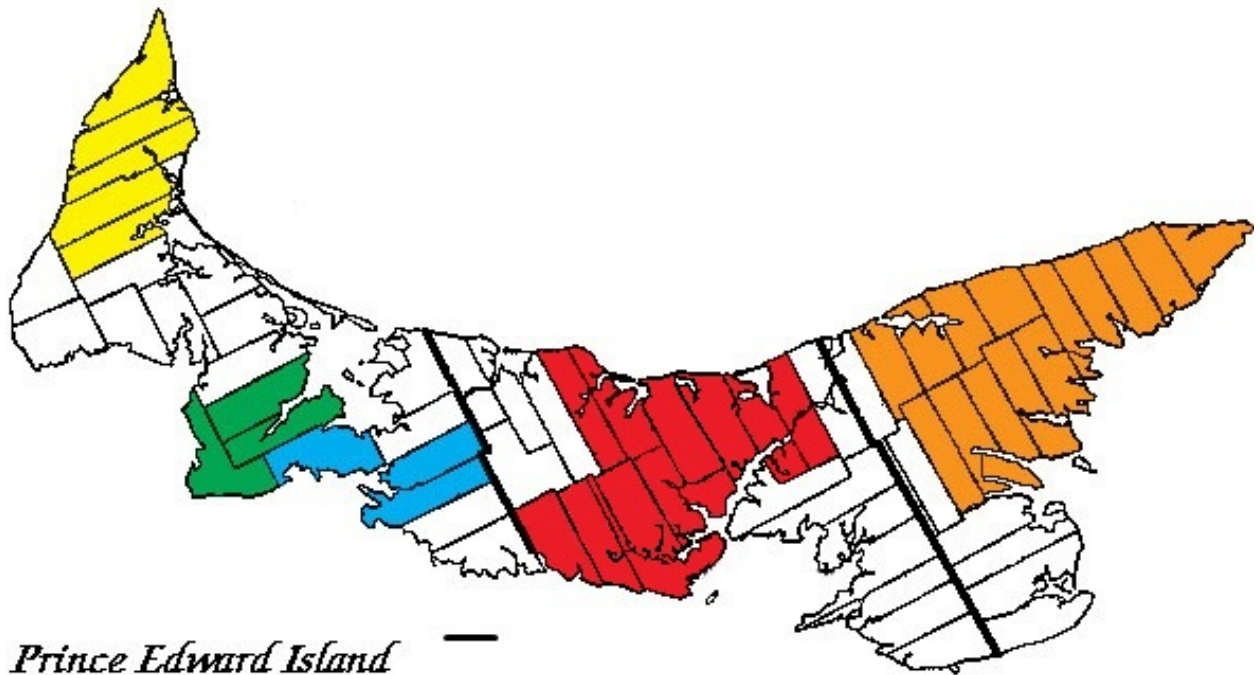
<sup>2</sup> Statistics Canada, *French and the Francophonie in Canada*, Table 5 Number of people and proportion of the population reporting French by selected language characteristic, Maritime provinces, 2006 and 2011, [http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/2011003/tbl/tbl3\\_1-5-eng.cfm](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/2011003/tbl/tbl3_1-5-eng.cfm)

<sup>3</sup> Statistics Canada, *Statistics Canada, 2011 Census of Population*, Statistics Canada catalogue no. 98-314-XCB2011022 (Prince Edward Island / Île-du-Prince-Édouard, Code11)

As the above data profile indicates, the portion of the population that will be sixty-five years of age and older will grow significantly over the next two decades. This will place a greater demand on all services required by an aging population, including home care services.

## 6.2 Geographic Distribution of the PEI's Francophone Population

The map below shows the geographic distribution of PEI's Francophone population. The colored areas include those lots that make up the designated Francophone Regions. These geographic regions coincide quite well with the various locations of the Regional Home Care Program Offices, and the distribution of staff resources, across the province. Home Care Offices are located in O'Leary, Summerside, Charlottetown, Montague and Souris.



West Prince Region - Yellow Shaded

Evangeline Region - Green Shaded

Summerside Region - Blue Shaded

Charlottetown and Rustico Region - Red Shaded

Kings County Region - Orange Shaded

### 6.3 Profile of Senior Population by Francophone Region

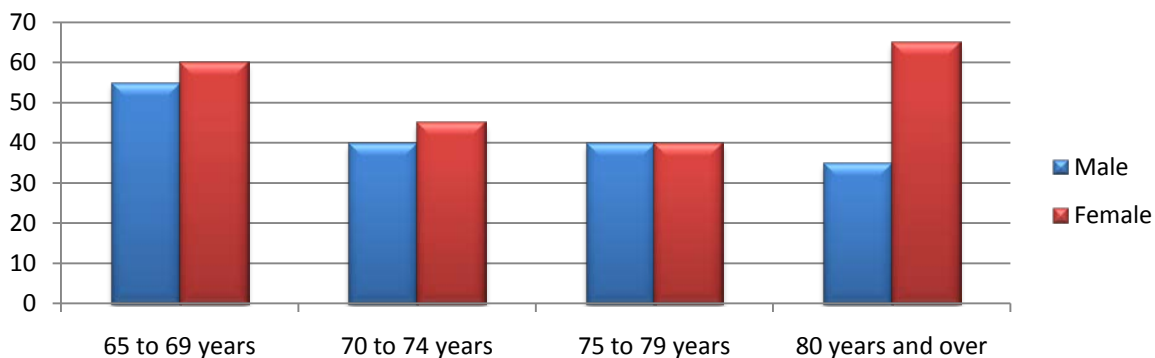
The following series of tables shows the age and gender distribution of the Francophone population in the five Francophone regions across the province based on the 2011 Census data<sup>4</sup>. The five regions were comprised as follows:

- West Prince Region: Lot 2, St. Louis, Lot 1, Tignish, Lot 4, Alberton, Lot 5 and Lot 3
- Evangeline Region: Lot 15, Abram Village, Lot 16, Wellington and Lot 14
- Summerside/Miscouche: Summerside, Lot 17, Miscouche, Linkletter, Lot 25 and Lot 26
- Charlottetown: Charlottetown, Cornwall, Lot 65, Lot 29, Lot 35, and Lot 36; and Rustico: Lot 23, Lot 24 and North Rustico
- Kings County: Morell, Lot 39, Lot 40, St. Peter’s Bay, Lot 41, Lot 42, Lot 43, Lot 44, Lot 45, Souris, Lot 46, Lot 47, Lot 56, Lot 55, Lot 54, King’s Royalty, Georgetown, Lot 53, Cardigan, Lot 52, Montague

#### West Prince Region

In West Prince there are a total of 790 Francophone residents; 380 of these are 65 years of age or older; 170 of these seniors are male, while 210 are female. Table 2 provides the age and gender distribution of those who are over sixty-five years of age.

**Table 2: Age and Gender Distribution of Francophone Population\* in the West Prince Region (2011 Census Data)**



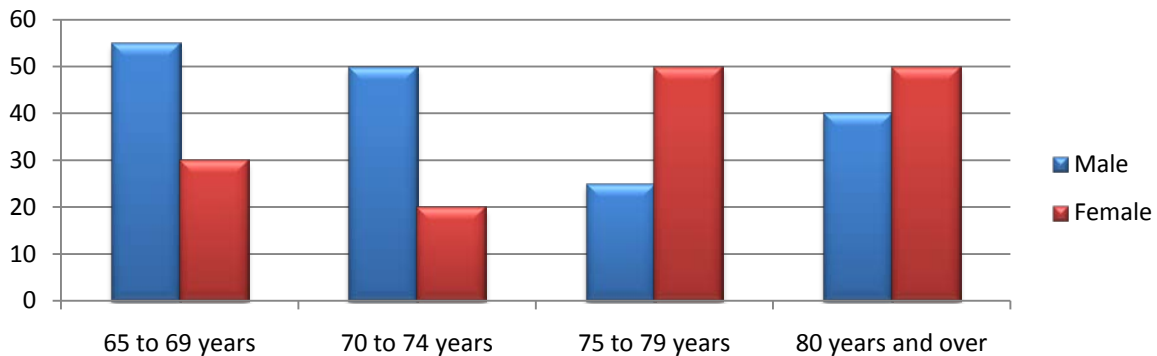
\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'

<sup>4</sup> Statistics Canada, Statistics Canada, 2011 Census of Population, Statistics Canada catalogue no. 98-314-XCB2011022 (Prince Edward Island / Île-du-Prince-Édouard, Code11)

### Evangeline Region

In the Evangeline area there are at total of 1,485 Francophone residents; 320 of these are 65 years of age or older; 170 of these seniors are male, while 150 are female. Table 3 provides the age and gender distribution of those who are over sixty-five years of age.

**Table 3: Age and Gender Distribution of Francophone Population\* in the Evangeline Region (2011 Census Data)**

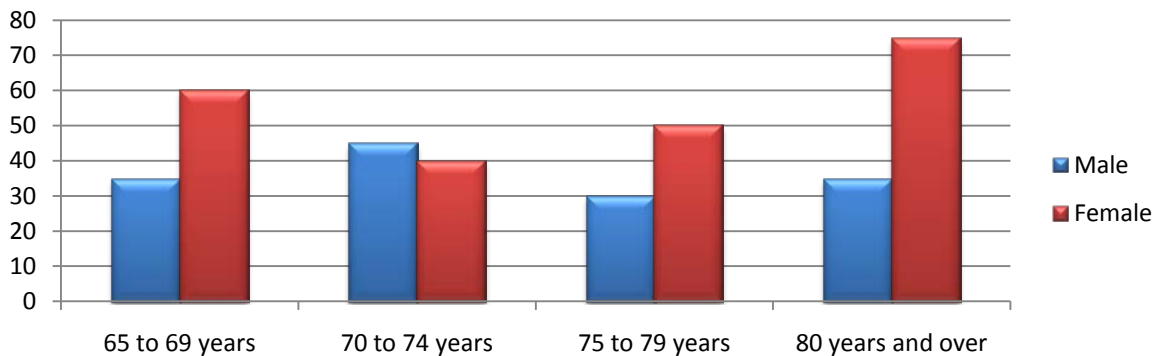


*\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'*

### Summerside/Miscouche Region

In the Summerside/Miscouche area, there are at total of 1,070 Francophone residents; 370 of these are residents 65 years of age or older; 145 of these seniors are male, while 225 are female. Table 4 provides the age and gender distribution of those who are over sixty-five years of age.

**Table 4: Age and Gender Distribution of Francophone Population\* in the Summerside/Miscouche Region (2011 Census Data)**



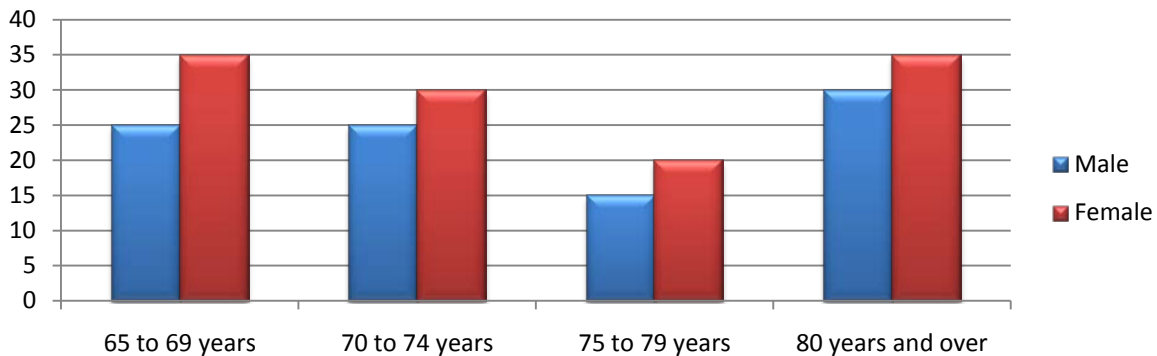
*\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'*



### Charlottetown Region (includes Rustico)

In Charlottetown/Rustico area there are at total of 1,220 Francophone residents; 215 of these residents are 65 years of age or older; 95 are male, while 120 are female. Table 5 provides the age and gender distribution of those who are over sixty-five years of age.

**Table 5: Age and Gender Distribution of Francophone Population\* in the Charlottetown (includes Rustico) Region (2011 Census Data)**

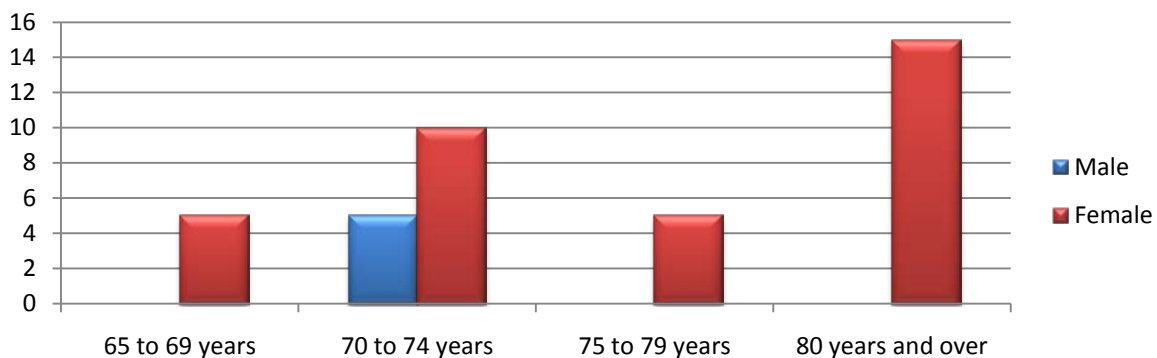


*\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'*

### Kings County Region

In the Kings County Region there are at total of 170 Francophone residents; 40 of these residents are sixty-five years of age or older; 5 are male, and 35 are female.

**Table 6: Age and Gender Distribution of Francophone Population\* in the Kings Region (2011 Census Data)**



*\*Includes 'French', 'English and French', 'French and non-official language', and 'English, French and non-official language'*

As the above data indicates, at least two-thirds of the overall Francophone population in the province lives in Prince County (Summerside/Miscouche – 1,070; Evangeline – 1,485; and West Prince - 790). The implication is that there will be a larger number of aging Francophones seeking and requiring home care services from Prince County compared to other parts of the province.

#### 6.4 Number of Francophone Families Served by the Home Care Program

It is not possible to identify just how many Francophone residents are currently being served by the Home Care Program; this information is not identified in any systematic way when applications for services are assessed. Unless the individual being accessed simply cannot speak English at all, the system assumed the individual can function in English and the service is provided in this way.

In some instances a bilingual home care worker may get assigned to a Francophone family, and the worker and family communicate in French. However, this tends to happen more 'by accident' or is a 'coincidence' for the most part. It is not the result of a family requesting French language services, and it is not the Health System consciously responding to the fact that it is Francophone family requesting services.

While there was no internal (Health System) data available to determine a sense of the level of need for home care services by Francophone families, there is Census data that provides some indication of needs within this population. A recent study (March 2011) examining the support needs of Acadian and Francophone caregivers looked at 2006 Census data. Some of the statistics provided by the study report reveal just how vulnerable aging Francophones on PEI are with respect to home care and support.

The document examined data from Statistics Canada on the health of the Island population, and in particular with respect to Francophone families. In the 2006 Census, two questions were asked to determine the nature and extent of the respondent's perception of their ability to cope:

*(1) Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning, or doing similar activities?*

With respect to Islanders generally, 14,851 (13.12% of entire population) replied 'yes, sometimes', and 19,403 (17.14% of entire population) replied 'yes, often'. With respect to Francophone Islanders, out of 5,088 who answered this question, 752 (14.78% of entire group) answered 'yes, sometimes', and 1,147 (22.54% of entire group) answered 'yes, often'.

*(2) Does a physical condition or a mental condition or health issues reduced the amount or the kind of activity you can do at home?*

With respect to Islanders generally, 11,149 (9.84%) answered 'yes sometimes', and 10,102 (8.91%) answered 'yes, often'. With respect to Francophone Islanders, out of 5,087 who answered this question, 945 (18.58%) answered 'yes, sometimes', and 966 (18.99%) answered 'yes, often'.

As the Census data indicates, a higher percentage of aging Francophone Islanders view themselves as having difficulty in carrying on with normal, day-to-day, home-based activities. This strongly suggests that as Francophone seniors age, they will require more home care supports to remain in their own home and community.

## **6.5 Number and Locations of Designated Bilingual Positions**

In recent years, the Health System has been making efforts to build its capacity to offer French language health care services to the Francophone population. There are a limited number of designated bilingual positions across the Health System. In the Home Care Program, there are only 1.5 designated bilingual positions in home care in the province; a .5 position in West Prince, and 1 position in East Prince. There are also a number of other staff who are identified as being bilingual, but may not be assigned to a specific role or position in terms of the delivery of French language services to Francophone residents or patients.

With respect to Designated Bilingual Positions generally within Health PEI, recent data (December 2012) indicates that there are 43 positions; 38 of these positions are filled, while the remaining 5 are vacant. Another 60 staff persons have had their language proficiency evaluated, and are on a list that indicates they have an acceptable level of French language capacity.

## **6.6 French Language - Communication Materials, Forms and Signage**

With respect to the Home Care Program there is virtually no program related information (website information, program brochures, and application and assessment forms) available in the French language. The PEI Seniors' Secretariat does produce a services directory guide entitled 'The Prince Edward Island Seniors' Guide: Information about Programs and Services for Seniors'. This directory is available in the French language (Guide des aînés de l'Île-du-Prince-Édouard - en français), and provides basic information on a wide range of services available to Island seniors including health services.

There is a brief description of the Home Care Program services in Appendix A, including contact information regarding where to go to access services. The Seniors' Guide is large in volume (127 pages long) so it is not likely that many Island families would have their own copy. However, it can be found at most Seniors' Centres, ACCESS PEI Centres, and other government offices and health centres across the province. It can also be accessed on-line by going to the PEI Seniors' Secretariat Website.

# **7. Community Consultations**

## **7.1 Research Approach**

A total of six consultation sessions with community leaders and residents (some of whom had family members who had direct experience with home care services) were completed; four of these sessions were held in Francophone regions (Deblois-Tignish, Evangeline-Wellington, Summerside-Miscouche, and Rustico areas). Efforts were made to host a session in the Charlottetown region but this did not materialize in the end. Additional consultations included a session as part of the Francophone Health Forum (Les Francophones de l'âge d'or de l'Î.P.E.), and a consultation session with members of the Bel Age community group. A total of 42 participants attended the six sessions.

While notice of these sessions had been promoted through various Francophone communications and media outlets (local electronic mailing lists, notice in the la Voix acadienne newspaper, and an interview on the CBC-Radio Canada), the level of participation at these sessions was low. One of the possible reasons for this may be that many people do not really know what home care services are all about.

Hence, even if people did see or hear the announcements about the sessions, because they were not aware of what services were being talked about, they did not see the importance of attending the sessions.

However, while the turnout to the sessions was low - the participation and discussion offered by those people who did attend was very insightful and beneficial. Many important thoughts and ideas were shared regarding the importance of home care services and supports, the barriers and challenges facing Francophone families, and the need to ensure delivery of services in the French language to the extent possible.

A structured set of questions were used to guide the consultation sessions; each consultation was facilitated by a bilingual facilitator and a bilingual note taker recorded the discussion. A session handout briefly describing the Home Care Program (translated into French) was circulated and reviewed with participants at each session. A copy of the invitation notice of the consultations, the interview questionnaire guide, and the session handout are attached in Appendix.

## **7.2 Summary of Results and Findings**

This section provides a summary of the main findings and results of the consultation sessions.

### **7.2.1 Awareness of Needs**

Generally speaking, participants in all session were quite aware of the nature and scope of the needs and supports that people require to stay within their own homes and communities as they age, have a chronic health condition, or have a disability. Older people, and people with disabilities, often need help with basic household chores (preparing meals, cleaning, etc.), caring for their property (mowing grass, clearing snow, etc.), transportation (grocery shopping, getting to church, health care appointments, etc.), personal care (bathing, dressing, etc.), and social support (a 'friendly visitor' from time to time).

*...we have an aging population... we will need more resources for our home care and support programs... government should invest in training more workers for these programs.... (Consultation participant)*

*...there is a need for a service like meals on wheel... this is especially true in rural communities... (Consultation participant)*

*...there is also a need for a transportation service for people who do not drive... to get to their medical appointments and do their grocery shopping... in the past the home care worker could provide this service but they are no longer allowed to do that... (Consultation participant)*

*...someone in Mental Health approached the School Community Centre to see if there were any resources in French on the grieving process... (Consultation participant)*

## 7.2.2 Information, Awareness of, and Accessibility to the Home Care Program

Participants indicated that there is a lack of awareness about home care services within the population generally (both Anglophone and Francophone). Unless the individual or family has had direct experience with the program, most people are not aware of what is offered through the Home Care Program, and how or where services could be accessed. For the most part, participants indicated that Francophone residents need to be more informed about what home care services are available and how to access them.

*...most people in the area are not even aware of the existence of home care services and what these services involve... people only become aware of them whenever the need for the services arises... in general, people do not know about these services... (Consultation participant)*

Many participants noted that this information needs to be made available in several ways and in the French language; i.e., a brochure that is written in easy to understand language (plain language), and can be picked up in the doctor's office and/or clinics, health care centres, pharmacies, ACCESS PEI offices, and other public places. In addition, this information needs to be provided through small group presentations (i.e., have someone speak to seniors groups, other community groups). This type of information could also be presented through an interview - discussion format via local cable radio or TV.

*...information given to the general population needs to be presented in a simple language understood by all... use typical examples to describe what is available and how the various services can help... (Consultation participant)*

*...information sessions like this one help to make people aware of what is available... sometimes we receive information in the mail but that is not as effective... maybe holding kitchen meetings would be more useful... (Consultation participant)*

A number of participants indicated that, most often, information about the service becomes known to them in a variety of ways, including:

- While receiving other services, one might 'accidently' hear about the Home Care Program.

*...services for home care were offered in one case when a patient couldn't go in for his blood tests because of weather conditions in the winter and he was offered services in his home... that's how he started receiving services in his home... (Consultation participant)*

- While being discharged from hospital; depending on one's needs, the discharge nurse may provide information about home care or make a referral to Home Care.

*...when being discharged from the hospital it was reassuring to obtain the information through a family conference... however, this was all done in English... (Consultation participant)*

- Sometimes the doctor will provide this information as he/she is outlining a treatment program.
- There is information about all government services available at all ACCESS PEI offices.

### 7.2.3 Challenges Faced When Seeking Services

Participants outlined a number of challenges faced by Francophone families when seeking health services generally, these include:

- In most instances, when a Francophone family engages the Health System they are greeted and spoken to in English, and so they assume that they will be served in English. During the initial meeting and assessment stage they are not asked which language is their preferred language; they are not told if there are any bilingual staff available; and for the most part, any application forms or written materials they are given, or asked to complete, are in English.

*...for the most part, people generally expect that services are offered in English and many people or families do not even ask if it is possible to get services in their own language; in some areas, people are aware that there are some home care workers who can speak French, and they are grateful if a French speaking worker is assigned to their family, but they generally do not expect this, nor do they request this... (Consultation participant)*

- While this is the reality for most Francophone families across PEI, many participants believe that there should be an education process or exercise that helps Francophone families become more aware that they have a right to request services in their own language.

*...we need to explain to the population that they have a right to ask for services in their own language... (Consultation participant)*

- Other participants noted that this language gap is evident not only in the Home Care Program; there are very few, if any, health care workers in West Prince who are bilingual (nurses, doctors, mental health counsellors, addiction counsellors, etc.). The capacity within the Health System to respond to Francophone families in their own language is limited across the system.

*...bilingual positions are often hard to staff... it is difficult for the system to meet all need... however, providing interpretation services is an option that should be considered... (Consultation participant)*

- It was also noted by some participants that sometimes hospital patients who can speak French are asked to provide translation or interpretation services for another patient being admitted who cannot understand or speak English. This is a concern on a number of levels, not the least of which is liability questions and issues.
- Consultation participants also noted that, as people get older, the need for services in French will grow and this need will become more evident.

*...having access to services in their own language is especially important for seniors, the frail elderly, and anyone suffering from Alzheimer's or other forms of dementia; this need will become more evident as the population ages... (Consultation participant)*

*...it is particularly important to offer services in the mother language to patients suffering from Alzheimer's... if you can relate to them in their own language there is less frustration... (Consultation participant)*

*...sometimes patients who are French will just nod when an English-speaking medical person is asking questions... this can lead to complications... (Consultation participant)*

- Another participant described a situation about receiving services from home care after being discharged from hospital with a broken leg. Most of the workers who helped her did not speak French; and in the instance where one was bilingual, this person hesitated to communicate in French because of her lack of confidence in her capacity to speak the language well.
- Other participants noted that there are some cultural factors that may contribute to the reluctance of Francophone families to request services and assert their rights. Traditionally, Acadian families tend to seek help within their own circles (family neighbours) before contacting public services.

*...often when a person needs the services they are just happy to receive the service requested even though it is not in their mother language... they just take the "back seat"... they would probably be more comfortable in requesting services in their own language if this was offered to them... the older generation are often more comfortable in speaking French... however, they will not request it if they feel that their request could result in a delay in the delivery of services... (Consultation participant)*

- In addition, older people are often 'afraid of government people'; they do not ask or assert their rights because they feel they may get no services at all, or if they ask for support they may be moved to a facility out of their home community, so they often wait until they have no other options.

*...older people are often scared of government... sometimes they'll hesitate to ask for services because they fear that they may be moved to a long-term facility... they fear that they'll lose some of their independence... they are not aware of their right to ask for service in their own language... (Consultation participant)*

- There is a fear of asking for services in French; a self-esteem issue in terms of their Francophone ancestry.

*...some older French language speaking people still feel “inferior” to English language speaking people... some people remember how they were discriminated against when they were young... (Consultation participant)*

*...sometimes if they (seniors) are aware of the topic to be covered they become scared and do not attend... even using the word ‘manor’ scares them... it’s a “terrible” word to their ears... even holding an activity at the manor can scare away some potential attendees... years ago some “terrible things” happened in the manors and people remember... things have changed now but the fear is still present... (Consultation participant)*

- In many communities people often rely on their family members to provide care and support. While this is natural and important, it can also create real difficulties for the caregivers as the health needs of the older person becomes more challenging.

*...some elders often rely on their immediate family members to provide care... this can bring about other issues as caregivers can become exhausted and develop their own health problems... (Consultation participant)*

- In some instances, the level of language used by some Francophone health professionals is not readily understood by many local families. It is important to use common place vocabulary; many people do not understand the terminology often used by Francophone health providers who may be from, or have studied the language in, another province or jurisdiction.
- Some participants noted that in those areas where there may be Francophone workers, other factors may come 'into play' that is affecting access to bilingual services. For example, home care workers are assigned to their cases based on the needs of the individual or family, and not because of things like one's language or where one might live.
- In some instances, families received no information from the Health System and were left to deal with very difficult situations without any support.

*...I was never made aware of any of these services when I was caring for my sick husband who had cancer... I was advised by the hospital that they couldn’t do anything more for him... I brought him home without any support, no sharing of information as to where I could receive help, not even a pamphlet... (Consultation participant)*

- Another participant related how difficult it was for her to access French language services so that a family member could get the help needed.

*...my uncle suffered from Alzheimer's and had very limited knowledge of the English language... I made more than 20 phone calls to inquire about French language services... I had to go directly “to the top” of Health PEI to obtain someone who could give my uncle a memory test in French... he couldn’t get a prescription for the drugs*



*he required until he was tested... and he didn't understand English... (Consultation participant)*

- Others noted that some people may think that one has to pay for home care services.

*...about twenty years or so ago I received some services after my twins were born and I was asked to pay a small amount for the services... (Consultation participant)*

- The Health System generally does not “telegraph” to the community that Francophone residents can ask about services in French; there are no written materials or signage to signal this, and there is no overall policy that requires that language preference be identified when individuals and families are applying for services.

*...health workers should ask when they arrive at the home whether they (the client) would like to have a worker who is bilingual... the assessment process should ask about the language the client prefers... (Consultation participant)*

- There are not enough service providers who can provide services in French. And even though there are a number of home care workers who are bilingual, they do not have this noted on their identification/name tags.
- Due to heavy workloads and the how the work is assigned to home care workers, there are often situations where the individual or family have different home care workers on different days, and this affects the relationship between the worker and family and the continuity of care.

*...the fact that it's not always the same person going in to provide the services creates extra stress and anxiety on the patients... especially those suffering from Alzheimer's... the person has to adjust and develop an 'ear' for the new worker... (Consultation participant)*

- When a family is under stress, it is very difficult to try to communicate in a language you are not comfortable with.

*...when a major health decision has to be taken (e.g., moving to a long-term facility) the language issue is a big concern... it's easy to misunderstand details... it can be very difficult when dealing with medical terms... (Consultation participant)*

#### **7.2.4 How the Health System Has Responded to Challenges**

Many consultation session participants acknowledged that the Health System has made efforts in recent years to be more responsive to Francophone residents requiring services, but they believe there is still much more work to be done. Improvements have been made with respect to signage in hospitals and other health facilities, and there are a certain number of bilingual positions within the system, but only a limited number in the home care system, The Health System generally, including home care, has limited capacity to deliver services in the French language.

*...there is a sense that the home care system does try to respond as sensitively as possible to the needs of Francophone clients, but there have been extreme or urgent cases where an advocate has had to “go to the top” of the Health System to get services in the French language for a family member... (Consultation participant)*

Some participants noted that the Francophone community is grateful for the improvements being implemented at the new Summerset Manor for French speaking residents, and offered 'congratulations' to government for this endeavour.

### **7.2.5 What Has Worked Well**

While there are challenges to receiving services in the French language, participants in the consultation sessions identified a range of situations where their 'service experience' was very positive and helpful. Several anecdotes by participants indicate that service for families was timely and well received, but there have been only a very limited number of situations where the system was able to provide the service in the French language. Positive service experiences noted include:

- The Integrated Palliative Care Program provides the family with the reassurance that the care giving supports will be there for their family member; the caregiving team will provide regular visitation and support to the family.
- Several participants related they, or a family member, received home care services after being discharged from hospital; in many cases the home care services were arranged prior to the person being discharged (however, services were not offered in French).
- Another situation involved a couple who received services, allowing the husband to get a bit of respite while the home care worker was tending to his wife's needs.
- Another participant spoke about the home care services her brother and sister-in-law are now receiving; this has provided much support and assistance to the couple's son who is caring for them all day and all night long.
- Another participant noted her sister-in-law who has MS is receiving good home care services (again not in French); a home care worker provides services every three days.
- Another participant noted that she had received services before being discharged from the hospital which were quite helpful for her in ensuring her home was suitable for her return (ramps, arrangement of furniture, etc.).
- The temporary loan of aids (walker, bath seat, etc.) was noted as a very important and much appreciated part of the program.
- Another described a situation where a home care worker, while visiting and providing care to her client, had noticed her client was in need of medical services, and she engaged the family and he was taken to the doctor.

### 7.2.6 What Has Not Worked Well

Consultation participants noted several situations where things did not work so well, or where there are obvious gaps in the service system.

- A situation was described where a patient suffering from Alzheimer's whose mother tongue was French who became agitated and difficult to relate to when she was visited by a unilingual English worker.

*...the person was upset and this resulted in the worker becoming frustrated as well as she was unable meet the needs... however, once a French-speaking worker was assigned to her, the care was much better and the working relationship improved... (Consultation participant)*

- At times support services and respite care are needed during nights and week-ends, however, there are no home care services available during these times. The availability of respite care options is limited depending on where a family or patient might live; this can present a problem for caregivers who may be becoming exhausted and need to be careful about their own health. There are some private services available, but the user would have to pay.

*...more support is required to help caregivers... one must take care of oneself in order to care for others... (Consultation participant)*

- The lack of continuity regarding the home care workers assigned to the patient and/or family; one participant said she didn't find it as effective to have various workers coming in for her personal care; this meant she had to explain everything each time a new worker came in. This would be even more important for clients who are suffering from Alzheimer's. In addition, due to home care workers carrying heavy workloads, they are very busy and 'always in a rush'.

*...for Francophone clients who do not understand English fully or who have difficulties in speaking the language, each new worker coming in means the client has to adapt to a different voice and sometimes that can take a bit of time... (Consultation participant)*

- Another participant described a situation where a client had to buy a special mattress for the patient; this was made more complicated for the family because all the written information provided by the Occupational Therapist was in English.

### 7.2.7 Availability of Bilingual Staff

Consultation session participants noted that while there are a limited number of Francophone home care providers who are bilingual they are often not identified 'upfront'. They do not have name tags indicating that they are bilingual, and they may not necessarily be assigned to Francophone families. Generally speaking the system does not ask the person their language preference, and assumes that the patient/client is comfortable communicating in English.

*...those workers who can speak French within the whole Health System are not properly identified... sometimes, it's just by chance that you come across such a person... and many Anglophone workers are often not aware of who within the system can provide services in French (i.e., which of their colleagues who are bilingual)... (Consultation participant)*

*...the Francophone population is not aware they could ask to have a Francophone or bilingual service... it is important that the language issue be dealt with at the assessment stage... asking them in what language they would like to communicate verbally in is important... (Consultation participant)*

### **7.2.8 French Language Home Care Program Literature**

Generally speaking participants were not aware of any French language brochures or written materials describing what services can be obtained through the Home Care Program, where services can be accessed, and whether or not the actual service could be delivered by a bilingual home care worker. One participant did note the guidebook provided through the Seniors' Secretariat.

Participants were given a copy of a French language description of home care services (Health PEI program pamphlet). They noted that perhaps it would be more beneficial if it was in a bilingual format (both French and English). They indicated that some French language medical terms can be more 'complicated' and many people unfamiliar with medical terms generally would have problems understanding their meaning. They indicated that it is the spoken language that is more crucial in terms of the actual service.

*...many of the Francophone population cannot read in French... they prefer reading in English... It's the **verbal services** that are important... often, the written language is more sophisticated and hard to understand... (Consultation participant)*

*...the majority of Acadians prefer reading in English... it is easier for them to understand as the (medical) terminology is better known than in French... (Consultation participant)*

Participants also noted that the telephone numbers indicated in the Seniors' Secretariat brochure should be the numbers where you can obtain services in French (and not just a Bonjour!). They noted that this is what the brochure implies when one reads the information, but wondered if this is really the reality.

*...the telephone number listed for the French section should direct you to a person who can answer you in French and provide helpful information about services... (Consultation participant)*

### **7.2.9 Ways to Improve Services**

Participants offered up a range of suggested ways to improve awareness of, accessibility to, and responsiveness of the Home Care Program.

**More Active Promotion of the Program:** there needs to be more efforts made to improve awareness of the program, both by government agencies and within Francophone communities themselves. Specific suggestions to describe the services available through the Home Care Program and how they can be accessed include:

- More 'user-friendly' promotional materials that are written in both languages, and ensure that these materials make it clear that the family can request the option to receive services in their own language.
- Use a variety of distribution points to circulate this information such as health centres, doctors' offices, pharmacists, Access PEI centres and other government agencies.
- More promotion of the program through other organizations that provide support services to same clientele (e.g., Hospice and Palliative Care Associations, Alzheimer's Society, other seniors' groups, etc.).
- Conduct more program information presentations and discussions with local Francophone community groups and organizations.
- More use of local cable radio and TV to present information about services and invite community input and discussion.
- Establish a toll-free telephone line where there is a bilingual capacity to provide information about health care services generally, and where information is offered about accessing services within the Health System in the French language.
- Explore the possibility of linking to existing Francophone help lines provided in New Brunswick; this province has the capacity of offering French language services to its citizens and it may be possible to 'tap into' these resources.
- Develop a bilingual booklet with both French and English translation (not two separate brochures) for use by medical staff and other health professionals who are not bilingual; most professionals in the medical/health field have taken their training in English and do not always know the French terminology.
- It was noted that the local Acadian language is not the same as the 'formal French' language; this is important to realize when developing program description materials and brochures, and when dealing with Francophone families on PEI. One has to be conscious of this and try to speak in a way the patients will understand and feel comfortable with; even if it means that some English terms are used in the conversation that is fundamentally done in French.

*...actively offer services in the language of choice... many Acadians would opt for services in French if they were actively offered... especially for verbal communications... (Consultation participant)*

*...It would be beneficial to have a central telephone number where one could call and be directed to the proper service, and in the language of choice... this would speed*

*up the identification of where a person can obtain required services... it would also be helpful for the provider of care to have someone to talk to should anything unusual come up with the patient... (Consultation participant)*

Include discussion of language preference during assessment period; the Health System must make a commitment to explore the individual's language preference during the initial assessment for services.

*...everyone has a choice in the language of service... it is important to make everyone aware of this... the language question must be included in assessment... it is the language of the client that is important... if the assessor doesn't speak French a bilingual person should be asked to act as an interpreter during the interview... (Consultation participant)*

Identify and provide more support to existing bilingual staff within the system. This could be done by:

- Creating an inventory of all home care service providers who are bilingual and can provide services in the French language.
- Identifying the where and who with respect to the designated bilingual positions, where are they located, and who is the person working in the position; ensure that this information is well known both within the system, and to Francophone communities and organizations.
- Ensuring that home care workers who are bilingual wear a distinctive pin or symbol indicating that they are bilingual.
- Recognizing and congratulating those home care workers who are bilingual and who offer services in the French language.
- Encouraging and supporting any staff person interested in learning to speak the French language; more proactive use of training to help increase the capacity of the system to offer services in French.
- Encouraging staff who can speak French to do so, even those who only have a limited knowledge of the language; these efforts will be appreciated by Francophone families.
- When recruiting and hiring new staff, give priority to those who have bilingual capacities, especially when they will be working within or near Francophone communities.
- Providing financial incentives or bursaries to students in the health profession who can speak both languages.
- When French-speaking resources are not available, there should be some interpretation provided in the French language. With today's technology, there must be a way this could be done (e.g., Skype).

*...it is important to make the population aware that one of the key purposes of these services is to help keep people in their own home, and their community, for as long as possible... (Consultation participant)*

*...one way of informing them is to provide the information within another activity... the older population will usually attend when a free meal is supplied... also sometimes it is effective to attract them to a "social" event and then incorporate the information session within the activity... (Consultation participant)*

*...it is important to let people know that anyone can ask for home care services for someone in their family... a doctor's referral is not required... (Consultation participant)*

**Address Other Service Gaps:** while acknowledging that this area is not the responsibility of the Health System, participants noted that there are a range of home support needs required by seniors as they get older; these include:

- Ensure other types of home support services needed; snow clearing, lawn mowing, grocery shopping, meals-on-wheels, and transportation to medical appointments, church, and local social events. Many of these supports are more easily provided in the larger towns and urban areas; however, they are often not available to seniors living in rural areas.
- Some home care and supports (e.g., respite care) have been provided in the past through local community care facilities such as Chez-Nous; efforts should be made to determine what support these facilities would require to offer these services to the community. As an example, Chez-Nous has the capacity to prepare food for a meals-on-wheels program, but it has no resources for delivery.

#### **Other Comments Offered**

- Should the project "Porte-bonheurs" continue, it would be an ideal project under which to expand the awareness of this service.
- There was a recent Needs Survey done by a local seniors group in Evangeline; it provided a lot of insight into the needs of seniors in the area. The survey results should be reviewed and any pertinent information should be incorporated into this consultation process.
- Youth and young families should be made aware of what home care Services are all about. This is important information for them to have as their parents age. They may be able to recognize situations where home care services are needed or could be useful to their family.
- Other participants noted that 'It would be great' to have nursing home services available to residents within the community at Le Chez-Nous in the future.

#### **Summary and Conclusions**

Participants in the consultation sessions were generally aware of the nature and extent of home care and support needs of aging Francophone residents and their families. However, the perception is that most people (including Anglophones) know little about the Home Care Program, the services provided, and where and how to access them. They believe that much more needs to be done to get this information out into the community, and this should be done using a variety of approaches including

making more print materials available, more use of local media discussions, and more consultations and discussions with local community groups.

Participants also noted that most Francophone families are not aware that they can request French language services; because the Health System is 'Anglophone', people accept that they are going to be served in English. The system currently does very little to communicate that families seeking services can request French language services; it does not clearly identify its existing bilingual staff, nor does it encourage these staff to greet families in French. Consultation session participants believe that both the Health System, and the Francophone community itself, could be more proactive in this area.

## **8. Service Provider Consultations**

### **8.1 Research Approach**

Interviews were conducted with the Provincial Director of the Home Care Program, with the Public Health Nurse in Wellington (Evangeline Health Centre), and with a Family Physician located at the Harbourside Medical Centre in Summerside. In addition, group consultations were held with the Regional home care Managers (4 managers), and home care 'front line' staff in West Prince (18 staff), East Prince (26 staff), and Queens County (35 staff). These staff groups included the entire range of home care health providers including: the manager, nursing staff, home care workers, physiotherapists, occupational therapists, assessment staff, and administrative staff.

In total, some 87 health providers and front line home care service providers were made aware of the research study, and had an opportunity to offer input in terms of their experience, perceptions, and suggestions.

Again, an interview questionnaire was developed to guide the interviews and group discussions. A copy of the interview questions is attached in Appendix C.

### **8.2 French Language Capacity**

With respect to the capacity to communicate in the French language, the system has limited capacity; the following provides a brief outline of the bilingual capacity within the health care staff interviewed, and the home care staff generally.

- The Public Health Nurse in the Evangeline Health Centre is Francophone and completely bilingual.
- The Family Physician is Francophone and completely bilingual.
- The West Prince home care team has one designated bilingual position (Nurse position); there are two home care support workers who are bilingual and very comfortable working in the French language; at least two other staff had previously taken some French language training offered through government, but they do not get a lot of chance to speak the language, and hence would be uncomfortable using it.



- The Summerside/East Prince home care team has one designated bilingual position; there are two other staff who are bilingual; one staff person had previously taken French language training, but would not be comfortable trying to communicate in French with families.
- The Queens home care Team does not have any designated bilingual positions; there are three staff who are comfortable speaking French; three other staff have taken French language training in the past, but do not use it very much in their day-to-day work.

### **8.3 Summary of Service Provider Interviews and Discussions**

#### **8.3.1 Requests for French Language Services**

With the exception of the Health Centre Nurse and the Family Physician, virtually everyone else acknowledged that generally speaking - from their perspective - there does not appear to be a big demand for services in French language. In their experience, most people are either very comfortable speaking English, or have a family member who speaks English and accompanies the patient/client during the assessment.

It is acknowledged that there is not direct question asked during the home care assessment process as to language preference with regard to receiving services. In short, very few staff could remember an instance where an individual or family either inquired about, or requested, services in the French language.

*...most people can speak both English and French... so we just assume that English is o.k.  
(Home care staff)*

*...there may be a need... but there is not any real demand for French speaking services... when doing assessments... everyone speaks English so we just “default” to speaking English... (Home care staff)*

While there is very little demand currently from the Francophone community for services to be delivered in their first language, home care staff acknowledged that there are trends that are impacting all Island families, including Francophone families, and these trends may require more bilingual capacity in home care at some point.

*...people are being discharged from hospital much sooner... we will need more bilingual RN positions...now their family and friends often have to step in as translators... (Home care staff)*

*...there are increasing needs for the Home Palliative Care Service Program... there will be more demands... more bilingual nurses will be needed... (Home care staff)*

*...if the person could not speak English or had dementia... there could be language issues at some level... this could be a deterrent to the family accessing services... or it could impact the quality of the service... (Home care staff)*

### **8.3.2 Challenges Faced by the Program in Responding to Need and Expectations**

Participants acknowledged that if there was a demand for services in French, and an expectation that somehow the system would respond to this, this would be a big challenge for the system. The system does not have any capacity to deal with any new demand and expectation at this time; there are not the French speaking staff resources available within the various regional offices and health care disciplines.

*...there is limited ability in the system... if more people were to request and expect services in French... this would not be possible without more bilingual staff positions... (Home care staff)*

*...older residents live in their homes longer and as they get older they have more health issues... many older persons in Francophone communities do not speak English well... this will become a challenge in terms of providing a quality service... (Home care staff)*

One staff person who was bilingual noted the challenge of trying to communicate and interpret complex medical terms or technical procedures while working with a Francophone client (an Occupational Therapist helping to set up home treatment program).

*...this was difficult to do in the French language... it was a struggle to communicate things... to find the right words and terms in French to describe things... it was exhausting... (Home care staff)*

### **8.3.3 How has the System Responded?**

Some of the home care staff who are bilingual indicated that when they are assigned to a Francophone family, or a family whose last name might suggest that French is their first language, they will either greet the person in French or inquire if they would prefer to speak French. They reported that this is usually very much appreciated.

*...I knew the family was Francophone but also could speak English... I spoke French and this was very appreciated by the family... (Home care staff)*

One home care workers spoke about using her iPhone to connect with a language translation application that can provide translation for words and phrases. She has used this from time to time when she is working with a Francophone family and is trying to describe something or give instructions.

In a few instances, where the patient/client cannot speak any English, a bilingual interpreter was utilized to assist with the assessment or explain a medical test, procedure or treatment program.

### **8.3.4. French Language Materials**

There is a lack of written materials that are translated into the French language (instructions re a treatment program, check lists, helpful tips). There is nothing available that is translated into French, so home care staff use the English version and hope someone in the family is available to assist with the translation to the patient.

Home care Managers are aware that there is a government translation service to have program materials and documents translated into French, but to this point in time, the Program has not taken any steps to have program brochures or other program related handouts translated into French. This seems consistent with the situation within the Health System generally; a quick review of the Health PEI website reveals little evidence of any information provided in the French language.

*...most service brochures and other hand-out materials are not translated into French... there is not a lot of home care services type of information existing in the French language... (Home care staff)*

Those home care staff who were bilingual, and who had some experience working with Francophone families acknowledged that there were two types of 'French languages' on PEI; the local PEI version that tends to be found in many rural areas, and a more 'formal' version that tends to be spoken by people who may have moved to PEI from another province or jurisdiction. These differences can pose challenges when it comes to translating information and written materials into French, so that what is produced will be instructive and 'user friendly' to the Francophone reader.

### **8.3.5 Summary**

While acknowledging that the system has limited capacity to respond to request for French language services, home care service providers are open to working with Francophone families and communities to ensure that the service received is of high quality, and is delivered in a culturally aware and sensitive manner. Some ways to achieve this could include:

- Undertake steps to increase awareness among home care staff generally of the language and cultural needs and preferences of Francophone families and communities.
- When completing assessments, be more aware of the cultural background of the individual and family; if language and communication are an obvious issue, be prepared to engage other supports (e.g., have a bilingual colleague assist, engage a translator, etc.).
- Ensure that those home care workers who are bilingual are easily identified (for Francophone families, as well as their fellow workers) by having a bilingual name tag or distinctive pin or symbol.
- Have basic program information, brochures, forms, or other instructions translated so that these can be made available to Francophone clients, families, and communities.

## **9. Best Practice Literature Search**

In addition to hearing directly from Francophone community leaders and home care service providers, a document review and literature search was undertaken by the consultant. The purpose of this exercise was to:

- better understand the current context and direction with respect to Health PEI generally, and the Home Care Program in particular;

- better understand the health needs and expectations of the Francophone residents of PEI; and
- determine what the best practice research indicates regarding providing French language services to Francophone families and communities.

A total of sixteen documents, studies and research reports were reviewed as part of this component of the research. Twelve documents were determined to be relevant to objectives of this project.

The following section identifies each document reviewed, and provides a brief summary of the document's findings and results:

### **Recent Reports Dealing with the Need for Improving and Strengthening the Home Care Program within the PEI Health System**

#### **1. An Integrated Health System Review in PEI - A Call to Action: A Time for Change. Corpus Sanchez (October 2008)**

This review engaged a broad range of stakeholders from across the province to (1) gather information and data on the strengths within the system, (2) the challenges facing the system, and (3) identify a range of opportunities for improving the system. The Home Care Program was one of the health care areas examined in this review.

The report concluded that the entire Home Care Program area requires an overhaul to address some fundamental shortcomings. In addition to recommending that new financial investments in home care are required, the report noted the need for organizational and management changes to the program, including:

- Updating and expanding the Program's case management function, including: the assessment of needs process; setting care and treatment goals; providing a coordination mechanism when more than one health care provider is involved; and collaborating with families.
- Establishing one integrated intake process to assess all individuals requiring home care to ensure that a wider range of service options are considered to address the patient's needs.

#### **2. PEI's Healthy Aging Strategy (February 2009)**

The Healthy Aging Strategy represents the province's response to the foregoing 'A Call to Action' Report. The Strategy outlines the province's commitment to address the emerging health and care needs of an aging population by building a continuum of integrated services to help the individual live in his or her own home and community for as long as possible.

The Home Care Program is central to this Strategy, and the document outlines government's commitment to strengthen and expand the range of home care services and supports, to increase financial investments, and to develop a plan to review and reform the program's model of care, and delivery approach.

#### **3. Health PEI - Home Care Integration Model and Road Map (January 2012)**

This document is Health PEI's response to the Healthy Aging Strategy's commitment to strengthen and improve the Home Care Program. Health PEI has identified the need to develop a common model to

support the integration of home support services across the continuum of care. The integration Model adopts a person-centered care model designed to assist the client to live independently and with dignity within their own home and community for as long as possible. In addition to the person-centered approach, the Model focuses on: strong case management and coordination of care; collaborative partnerships both with internal partners (other health providers), and external partners outside the system; evidence-based program design and delivery; and support for respect and self-advocacy.

#### **4. Improving Access to French Language Services - Study Coordinated by the La Fédération des communautés Francophone et acadienne (FCFA) du Canada for the Consultative Committee for French-Speaking Minority Communities (June 2001)**

This study explores the state of access to health care services for residents of Francophone communities and proposes a number of ways to improve these services. The study contends that the delivery of health care services in the language of the community is closely linked to the caregivers' capacity to assess, treat, advise and educate their clients and patients. The report empathizes that quality health care services is more than a 'technical procedure'; it involves the ability to understand and be understood so that an effective relationship between the health professional and the person receiving the service is established. If there are language barriers in the service delivery process, this can impact negatively on the service outcomes; some of these impacts include:

- the probability that persons needing important preventative services will not seek them out;
- increasing the time needed to assess medical problems, and may result in errors in diagnosis and treatment;
- the quality of service where communication is essential (e.g., mental health counselling);
- reduces the probability of patients not following through on treatment plans; and
- reduces the overall level of satisfaction with the care and services received.

The report suggests that, to achieve improvements within the health care system, other important conditions need to exist, including: the need to recognize that there are cultural differences and needs; the need for joint action on both the demand side (nature, scope of needs), and the supply side (availability of needed health care professions); the need for partnerships and joint efforts between government and communities; and the importance of involvement of the minority group in planning and decision-making regarding services and delivery models. The study concludes by stressing that success in making improvements to French language service delivery can be best achieved when government policy is favorable, health care systems are committed, and the French speaking communities are mobilized.

#### **5. The Impact of Communication Challenges on the Delivery of Quality Health Care to Minority Language Clients and Communities (March 2007)**

This is a position paper prepared by the PEI French Health Network in collaboration with La Société Santé en français. The paper presents the Canadian Council on Health Services Accreditation (CCHSA) accreditation framework as an approach or tool to use when assessing the provincial Health System's

capacity to provide quality health care to Islanders. The CCHSA's accreditation standards are used to assess the quality of services provided by an organization, and are constructed around the key indicators of quality such as: responsiveness; system competency; client/community focus; and work life.

The paper contends that an organization cannot address the client/community focus indicator without taking into account barriers to effective communications between the health care provider and consumer. There is a significant amount of research that identifies communication challenges as having significant risk/patient safety management, including:

- limiting access to needed services;
- inhibiting participation in preventive healthcare;
- interfering with the ability to provide informed consent;
- driving up hospital admissions and unnecessary diagnostic testing; and,
- causing medical errors.

The document concludes that the CCHSA accreditation model could be one avenue to address communication challenges for minority language communities. The model would place the focus on the most important aspects of the service: the quality of the service/care received, and the safety and well-being of the person receiving the service/care.

#### **6. The Health of Francophone in Minority Communities: An Urgent Need for More Information to Provide Better Services. Consortium national de formation en santé & Société Santé en Français (April 2010)**

This document looked at the research information and data available to describe and document the realities faced by Francophone minority communities, the health care and social support needs, the services available to them, and the human resources available to provide care and support for them in their own language. The authors conclude that, in many instances, this information is not available, or if it is available, it is not organized in such a way as to be easily presented to health policy and program managers in most jurisdictions. This gap in relevant, up-to-date, and readily available data is a significant barrier to the provision of important and much needed French language health services in their communities.

#### **7. The Utilization of French Language Government Services - Canadian Institute for Research on Linguistic Minorities (January 2010)**

This document summarized a research study that surveyed 600 Nova Scotians residing in the province's five Francophone regions, including: Argyle, Clare, Cheticamp, Isle-Madame, and Halifax. More than 70% of the province's Francophone population live in these regions. The survey was intended to get a measure on the likelihood of the respondents speaking French when requesting or seeking government services. The survey results revealed that, in the majority of instances, the likelihood of the respondent speaking French depended on whether the service system (the government worker they encountered) offering them the option of receiving services in French.

A majority of the respondents were not prepared to request a service in French unless the offer was made to them directly. More than one-half of the respondents indicated that the likelihood of them requesting services in French would be very high if:

- the service provider is wearing a pin which indicates that he/she is bilingual;
- if there is obvious signage advertising that services are available in French; and
- if the service provider greeted them by saying 'Hello, bonjour!'

The authors concluded their research study by offer several priority recommendations:

1. Ensure that the fact that government services are available in French is communicated to the public by signage, in verbal communications by staff, and in any written communications.
2. Have all relevant program and service forms and information written in a bilingual format, rather than in two separate documents - one in French and one in English.
3. Ensure that all bilingual staff are identified as such by a pin or some other visible symbol, and make it a requirement that all bilingual staff greet clients in French as well as English.
4. Implement a recruitment and training strategy for civil servants who are bilingual that more fully orientates them to the Francophone culture, the health care needs of Francophone communities, and the challenges faced when seeking French language services.
5. Develop a campaign to promote the French language and Francophone culture within the province.

#### **8. The Offer of Health Services in French in Minority Context - Canadian Institute for Research on Linguistic Minorities (November 2011)**

While the above research document examined the 'offer for services' from the perspective and experience of the Francophone individual or family, this research study examined the same issue but from the health system context. What is the Organization's internal policy and practice? Is there a legislative or policy mandate to encourage the offer of service? How are front line workers directed, guided, and supported in this regard?

The researchers conducted a survey of policy and program managers and staff in health care facilities in an English-speaking majority communities, but where the facilities were required to meet the needs of a Francophone minority population. These facilities were located in Nova Scotia (Yarmouth); four facilities in New Brunswick (Moncton, Fredericton, St. John, and the Miramichi); Ontario (Sudbury); and Manitoba (St. Boniface).

The researchers conclude that while there is evidence of progress with regard to the language of service, there is also evidence that more work needs to be done. The key to further progress is in the hands of health care managers. It is their commitment that will determine the extent and manner in which language is taken into account in the organization and delivery of health services.

#### **9. Toward a New Leadership for the Improvement of Health Services in French - Consultative Committee for French-Speaking Minority Communities (CCFSMC) (February 2007)**

This is an extensive document that outlines the broad goals and achievements of the work of the CCFSMC, and describes the environment and conditions that offer the best opportunities for improving the health of Francophones. The CCFSMC's has two broad goals: (1) to increase the availability of French-speaking health care professionals in communities; and (2) to improve access to health services in French for Francophone minority communities. To achieve these objectives, the CCFSMC has directed its resources and efforts into five key areas:

- **Networking:** promoting community action and involvement, identifying and prioritizing needs, facilitating access to Francophone health care professionals, and implementing promising initiatives.
- **Training:** ensuring the availability of Francophone health care professionals in the short, medium, and long-term.
- **Access to services:** working with Francophone groups and communities to help direct them to Francophone resources or service points where French is spoken, and there is a physical, visible and concrete active offer of French language services.
- **Technology:** strengthening the patient-professional relationship via telemedicine, facilitate consultations among professionals, and make maximum use of electronic data on patient health.
- **Research:** conducting research within Francophone communities to better understand the health problems of Francophones in minority communities, and use this research to inform health stakeholders to help them set goals and priorities for the development of French language health services.

#### **10. Implementing a Provincial Support Network for Acadian and Francophone Caregivers on Prince Edward Island (March 2011)**

This report was completed for the French Language Health Services Network in March 2011. The objective of the research study was to examine the challenges and needs facing Acadian and Francophone caregivers, and make recommendations regarding the establishment of a province wide support network. The study included extensive consultation with Francophone communities and with government health care providers.

The document confirms that, as the population ages, older family members are requiring more and more support from other family members to remain in their own homes. This care and support often falls to the spouse (husband or wife), a son or daughter, or another family relative. In many ways, caregiving in the home has become an essential part of the continuum of the home care services, not just for the older person, but could also include persons with a disability or someone with a chronic illness.

The document examined data from the 2006 Census Data on the health of the Island population, and in particular with respect to Francophone families. Some of the statistics provided by the report reveal just how vulnerable aging Francophones are with respect to home care and support. A higher percentage of aging Francophone Islanders view themselves as having difficulty in carrying on with



normal, day-to-day, home-based activities. This strongly suggests that as Francophone seniors age, they will require more home care supports to remain in their own home and community.

The report made reference to an earlier research study completed by the Alliance des femmes de la francophonie canadienne (AFFC). This study collected information from Island Francophone caregivers over a four year period (2006-2010); one of the conclusions reached was that many caregivers face additional stress because of the limited number of French language health services available to Francophone families, and this in turn limits the benefits of the supports they are providing to their family member.

The report makes five major recommendations designed to 'set the stage' for establishing a support network for Francophone caregivers on PEI. These include:

- Identify an organization that will 'champion' the issue of Acadian and Francophone caregivers.
- This organization be given the needed human resources (a staff person) to set up the support network and ensure that it achieves its objectives.
- That PEIFHN be given the mandate to act as the provincial clearing house for the support of Acadian and Francophone caregivers.
- Create 'space' for Acadian and Francophone caregivers in the School and Community Centres, and explore the option of using these Centres to offer specific services and supports to caregivers.
- Set up a bilingual 1-800 telephone information line for caregivers.

### **11. Training for Active Offer on French Language Health Services - Reference Framework. Consortium national de formation en santé (January 2012).**

This report provides a summary of a reference framework or template intended to support health professionals and health systems in their efforts to improve and strengthen the delivery of French language health services in Francophone minority communities. In particular, the report provides the foundation for a more systematic integration of the concept of 'active offer' of French language services in health programs.

The framework covers the concept of the 'active offer' from several important aspects; the foundations of the offer; a new definition of 'active offer'; and the culture within which the 'active offer' can be influenced. The key stakeholders operating within this culture include: Health Professionals; Communities; Health Service Managers; Educational Institutions; and Political Decision-Makers. The report concludes that to effectively change the culture with respect to integrating the concept of the 'active offer' into the Health System requires the involvement of all stakeholders, collaborating and working together on a number of legislative, policy, system, and services delivery levels.

### **12. Standards for Culturally and Linguistically Appropriate Services in Health: An Exploratory Study of American Standards (2011)**

This is an executive summary of studies report; the summary presents the results of an exploratory study of American standards for culturally and linguistically appropriate services - the Culturally and

Linguistically Appropriate Services (CLAS) standards. The study notes that the health of minority populations and linguistic/cultural accessibility to effective and safe health services are important concerns, and represent a major challenge to health systems. The ultimate goal of the CLAS standards is to improve health to minority populations in order to reduce health disparities.

The standards acknowledge that culture and language are key elements in the delivery of quality health services, and are organized into three areas:

- culturally competent care;
- language access services; and
- organizational supports for cultural competence.

While the study primarily examined American-based delivery models and practices, there were some Canadian examples reviewed; including:

- The Quebec Program for Access to English Language Health and Social Services;
- The Ontario Designation Plan for Health Services in French;
- The Manitoba Designation Plan; and
- The National Aboriginal Health organization.

In each of the above instances, these models were supported by legislative frameworks and health system structures in the respective province.

In addition, the report included a separate overview summary - Study on Linguistically and Culturally Adapted Health Services: A Pan Canadian Portrait (April 2012).

### **Summary**

With respect to this research exercise and the PEIFHN's mandate to seek ways to strengthen and improve French language services, several important points can be taken from the literature review.

The Home Care Program is central to the province's strategy to deal with the health care and support needs of an aging population; government is investing more resources into the Program, and Health PEI is currently reviewing and revising how services are being delivered. It is an opportune time for the PEIFHN to advance proposals to improve and strengthen the system's capacity of deliver French language services.

The 'Support Network for Caregivers Report' provided Census Data (2006) specific to the care needs of aging Francophone residents on PEI. There is clear evidence that there is a greater proportion of aging Francophone citizens whose health care and mobility needs are such that they require some level of caregiver support (usually family or friends). This data suggests that the demand for home care services will increase as time goes on.

There is evidence that other jurisdictions (notably the U.S.) have been doing both research to document the nature and scope of barriers and challenges faced by minority populations when seeking health

services, and developing new conceptual models to address barriers and challenges at the management, policy, and delivery levels.

The direction that PEIFHN has been pursuing and the strategies being employed to advance the health needs of the Island's Francophone communities is strongly supported by the current research. One of the key ways to improve access to health care services within communities is to document and address the barriers; one of the key barriers is the lack of opportunities to request and receive services in their own language. The current research supports this, and describes the conditions and strategies that are important in achieving this goal. Some of the recent research suggests that Francophone families must become more confident and proactive in requesting French language services when engaging the system. And at the same time, the system needs to more directly make an 'offer of services' to Francophone families.

## **10. Summary and Conclusions**

PEI has one of the fastest growing elderly populations in Atlantic Canada; this fact will present ongoing challenges to the Health System as it responds to higher levels of care needs. Francophone communities will face these challenges as well; as time goes on, an increasing number of elderly Francophone residents and their families will require home care services. Francophone communities are concerned about the lack of access to French language services, and are interested in seeking solutions to address this gap.

While the home care and support needs of Francophone families are increasingly evident and acknowledged, the current reality is that most families do not request French language services when they engage the system, nor does the system make an 'active offer of service' to the family. Some of the recent research being done by the Canadian Institute for Research on Linguistic Minorities suggests that both Francophone communities and health system managers need to work to change this dynamic.

Given the government's recent health policy efforts and investments with regard to the Home Care Program, it is an opportune time for the Francophone community to engage government policy and program managers to address the barriers to the delivery of French language health services to Francophone Islanders. The literature suggests that achieving success will require a favorable policy approach, committed leadership from health managers and service providers, and a mobilized Francophone community.

## **11. Going Forward - Proposed Directions**

As noted earlier, the Healthy Aging Strategy and the subsequent initiatives to place a stronger focus on the needs of aging seniors, provides a timely opportunity to identify and address the unique needs of the Island's Francophone families with respect to home care services.

The findings and results of the Project research is intended to: (1) provide a clearer sense of the service needs, gaps, and language barriers experienced by individuals and families; (2) inform and educate Health PEI policy and program managers with respect to these needs, and propose practical solutions to

address gaps; and (3) more widely inform and engage Francophone communities and leaders, and mobilize their collective voice to seek solutions to improve the Health System's ability to offer services to Francophone families in their own language.

In terms of going forward, the following initiatives are proposed:

#### **At the Policy Level**

- The French Language Health Services Network will forward this report to the Minister of Health and Wellness, and the Office of Acadian and Francophone Affairs. This will ensure that Government is aware of the home care needs of Francophone families, as it prepares to table a new French Language Services Act.

#### **At the Senior Management Level**

- Using this research report as a starting point, the French Language Health Services Network will work with the CEO of Health PEI to establish a partnership aimed at improving and strengthening French language home care Services to Francophone residents.
- Work with Health PEI to ensure that the home care Services assessment process is amended to include a direct question about French language preference, and a direct 'offer of service' (this should be a province-wide practice).

#### **At the Regional Management - Francophone Community Level**

- Using this research report as a starting point, the PEI French Health Network facilitates a series of meetings between local Francophone groups/advocates and Regional home care managers. These meetings would be aimed at exploring needs and expectations of Francophone families and communities, acknowledging the limitations and challenges with respect to the delivery of home care French language services, and developing local solutions to addressing Francophone needs.
- Increase efforts to improve awareness of the program, both by government agencies and within Francophone communities themselves; strategies to achieve this should include:
  - Offer cultural awareness training to home care Managers and service providers to help them better understand the cultural and social nuances that may be 'at play' when working with Francophone families. These training programs could be offered on a regular basis to ensure that new staff coming into the system have an opportunity to participate, and become more aware of, and sensitized to, the Francophone culture.
  - Ensure that home care staff are aware of the tools and supports (e.g., availability of interpretation and translation services) that are already in place to help them address and/or reduce communication barriers and challenges.
  - Develop 'user-friendly' promotional materials that are written in both languages, and ensure that these materials make it clear that the family can request the option to receive services in their own language.

- Employ a variety of distribution points to circulate this information such as health centres, doctors' offices, pharmacists, Access PEI centres and other government agencies.
- Promote the program through other organizations that provide support services to same clientele (e.g., Hospice and Palliative Care Associations, Alzheimer's Society, other seniors' groups, etc.).
- Conduct program information presentations and discussions with local Francophone community groups and organizations.
- Use local cable radio and TV to present information about services and invite community input and discussion.
- Establish a toll-free telephone line where there is a bilingual capacity to provide information about health care services generally, and where information is offered about accessing services within the Health System in the French language. This bilingual capacity could be integrated with the recently announced 24-hour Telehealth 8-1-1 help line.
- Develop a bilingual resource with both French and English translation (not two separate brochures) for use by medical staff and other health professionals who are not bilingual; most professionals in the medical/health field have taken their training in English and do not always know the French terminology.
- Identify and provide more support to existing bilingual staff within the system. This could be done by:
  - Creating an inventory of all home care service providers who are bilingual and can provide services in the French language.
  - Identifying the where and who with respect to the designated bilingual service areas; where are they located, and how to access Francophone staff in each area; ensure that this information is well known both within the system, and to Francophone communities and organizations.
  - Ensuring that home care workers who are bilingual wear a distinctive pin or symbol indicating that they are bilingual.
  - Acknowledging and recognizing those home care workers who are bilingual and who offer services in the French language.
  - Encouraging and supporting any staff person interested in learning to speak the French language; more proactive use of training to help increase the capacity of the system to offer services in French.
  - Encouraging staff who can speak French to do so, even those who only have a limited knowledge of the language; these efforts will be appreciated by Francophone families.

- When recruiting and hiring new staff, give priority to those who have bilingual capacities, especially when they will be working within or near Francophone communities.
- Promoting existing financial incentives or bursaries to students in the health profession who can speak both languages.
- Exploring the use of current and/or new communication and interpretation technologies to facilitate communication where French-speaking resources are not available. (e.g., use of Skype or similar technology).

## **Appendix A. Description of Home Care Services**

*The following description of services is taken from the Prince Edward Island Seniors' Guide: Information about Programs and Services for Seniors. ([http://www.gov.pe.ca/photos/original/css\\_seniorguide.pdf](http://www.gov.pe.ca/photos/original/css_seniorguide.pdf))*

## Home Care Services

Home Care Services help people live independently in their own homes. This program helps people to recover at home after being discharged from hospital or another institution. Home Care helps support care that is provided by family and friends.

Services are offered based on assessed need and available resources. Home Care responds to requests within one to two days. Services are provided at no charge. You are responsible for providing any materials, supplies and equipment required for your care.

The following services of Home Care may be provided, depending on available resources:

**Nursing**- services include health supervision, medication monitoring, dressing changes, ostomy care and health education.

**Home Support** - Home Support Workers offer help with bathing and dressing and also provide support for a 24 hour caregiver to have a short, planned break.

**Occupational Therapy** - An Occupational Therapist provides help and training to people who are having difficulty with their daily living. They may recommend special devices, equipment, or changes in your home to allow you to live safely and independently.

**Physiotherapy** - A Physiotherapist can work with you and your family to develop a plan to maximize your independence, function and mobility. They provide information on exercise programs and prevention of falls.

**Nutrition Services** - A Dietician will complete a nutritional assessment and work with you and your family to provide information on a healthy diet that meets your needs.

**Social Work** - A Social Worker provides individual or family counselling to help cope with illness, loss, or end of life. This service can help identify your resources and those of your family.

**Community Support** - A Community Support Worker provides help to people who are having difficulty in finding the services and supports they may need. They may also work with community groups in developing services to meet community needs.

**Dialysis** - Peritoneal Dialysis is a treatment for kidney disease that is done by people in their homes with the help of family members or other caregivers. Support for dressing and tubing changes and education is provided to patients and their families by Home Care nurses.

**Tele-Home Care** - Through the use of video visits, health care professionals can collect information about you and observe your health status.



**Appendix B. Communications and Meeting Notices - Community Consultations**

## **We need your thoughts and Ideas!!!**

The PEI French Language Health Services Network (PEIFHSN) is inviting you, or representatives from your organization, to participate in a community meeting to discuss how PEI's Home Care Services can better serve the needs of francophone residents on PEI. Home Care Services are medical and personal care services that are provided by health care providers who visit the person in their home.

This is an opportune time to provide your thoughts, ideas and input as Health PEI is continuing to strengthen its 'home first' approach to providing care and support Island seniors.

This consultation session is one of four consultation sessions being held with Francophone citizens and community leaders, and is part of a project designed to examine ways to improve those services being provided to Island residents in their own homes. In particular, Health PEI is exploring ways in which Home Care Services might better respond to the language and cultural needs of its Francophone residents.

Your observations and input from the consultation session, together with the input from the other consultations, will be reflected in a summary report that will be shared with the PEIFHSN and Health PEI.

Your input and observations will be confidential; you will not be identified in any way in the report.

The details of the community meeting in your area include:

Date: Tuesday October 5, 2010

Location: Centre Acadien de Prince-Ouest, Deblois

Time: 7:00-9:00 PM

Date : Wednesday October 10, 2012

Location: Le Conseil scolaire-communautaire Évangéline

Time: 7:00-9:00 PM

Date : Thursday October 11, 2012

Location : Centre de Bell-Alliance

Time: 7:00-9:00 PM

Date: Tuesday October 23, 2012

Location: Centre acadien Grand-Rustico

Time: 6:30-8:30 PM

Snacks and refreshments will be available.

**Appendix C. Copy of Interview Guides - Community and Service Provider Consultations**

## Community Consultations Home Care Service - October 2012

You have been invited to participate in a meeting to discuss how PEI's Home Care Services Program can better serve the needs of francophone residents on PEI. The Home Care Program assists Island residents to maintain their independence by continuing to live safely in their own home. The Program offers a wide range of health care and support services depending on the needs of the person, including: nursing care, personal care, respite services, occupational and physical therapies, adult protection, integrated palliative care, community-based dialysis, assessment for nursing home admission, and community support services.

This consultation session is one of several sessions being held with organizations and groups in Francophone communities within the province. These consultations are part of a project designed to examine the Home Care needs of Francophone residents and families, and explore ways to improve access to French language services within the Home Care system. Your observations and input from the consultation session, together with the input from the other consultations, will be reflected in a summary report that will be shared with the PEI French Language Health Services Network and Health PEI. Your input and observations will be confidential; your input will not be identified in any way in the report.

### **Discussion Questions:**

1. In your region, what sort of home care and support services concerns and needs do families have?
2. Do people generally know where to get information about home care services? Is the service easy to access in your region?
3. What are some of the challenges faced by Francophone residents when seeking home care services?
4. What are some of the ways in which the health system has responded to these challenges?
5. Are there home care services and supports that have worked well, and were positively received by the resident, family, or community?
6. Are there home care services and supports that have not worked out well, where the needs of the person were not adequately addressed?
7. Are you aware of any bilingual Home Care service providers in your region who are able to work with Francophone clients in their own language?
8. Are you aware of any written materials or brochures about the Program that are available in the French language?
9. What are some of the ways in which you think home care services could be improved for Francophone families?
10. Do you have any other comments about the home care needs of Francophone families?

Thank you for your participation!!

# Service Provider Consultations Home Care Services

**Sept 2012**

You have been invited to participate in a meeting to discuss how PEI's Home Care Program can better serve the needs of francophone residents on PEI. This consultation session is one of several sessions being held with Home Care Program Managers and service providers within the province. These consultations are part of a project designed to explore how Home Care services to Francophone residents within the province can be improved.

Your observations and input from the consultation session, together with the input from the other consultations, will be reflected in a summary report that will be shared with the PEI French Language Health Services Network and Health PEI. Your input and observations will be confidential; your input will not be identified in any way in the report.

## **Discussion Questions**

1. In your region, what is the nature and extent of the needs of French speaking Islanders for Home Care services?
2. What are some of the challenges faced by the Program in responding to these needs?
3. What are some of the ways in which Health PEI has tried to address these challenges?
4. Are there initiatives or interventions that have worked well, and were positively received by the client, family, or community?
5. Are there initiatives or interventions that have not worked out well, where the needs of the person were not adequately addressed?
6. Does the program have bilingual staff? To what degree does Home Care have the capacity to deliver services and supports in the French language?
7. Do you have written materials, brochures, admission forms that are translated into French?
8. What are some of the ways in which you think the Program could better serve its francophone clients?
9. Do you have any other comments about the Home Care needs of French speaking Islanders, or how the Program can be further adapted to meet their needs?

Thank you for your participation!!