The page features a decorative graphic consisting of several overlapping blue circles of varying sizes and shades, arranged in a diagonal pattern from the top right towards the bottom right. A large, light grey watermark with the word "DRAFT" is oriented diagonally across the center of the page. Two thin, light blue lines also run diagonally across the page, one from the top left and another from the top right.

# French Language Services in the Home Care System

PEI French Health Network

September 2018

Prepared by:  
**C.F. Villard**

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## Executive Summary

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In Prince Edward Island (PEI), the population is both growing and aging. In 2016, 19.4% of the population was over the age of 65. The aging population is even more pronounced in PEI's francophone community, with 29.9% of individuals being over the age of 65. The French-speaking community is spread across the province, with the larger numbers being more pronounced in Charlottetown (and surrounding areas) and in East Prince.

As PEI's population continues to age, the need for Home Care services will likely become more prominent, as Home Care services are imperative for many individuals (particularly as they age). Home Care services provide much needed health interventions and supports, which allow people to remain at home in their communities and close to their loved ones, for as long as possible. With this said, studies show that not providing services to a person in their first language, particularly as they age, presents challenges. These challenges can lead to a decline in the quality of care, limit the ability of the care provider to assist and educate, diminishes the relationship between client and provider, and increases the risk of a sentinel event.

Despite the associated challenges, the topic of providing health and social services to the francophone community in their first language is not novel. A report released in 2001 ("*Santé en français - Pour un meilleur accès à des services de santé en français*") noted that the ability of the health care provider to assist, direct and educate the patient or client was critically important, specifically in terms of the quality of the health care service. The report concluded that quality service should not only be viewed as having an effective technique and delivery, but it is also important to consider how effective communication between the service provider and his or her patient, and how that plays a role in providing quality health care services. In 2013, the report "*French Language Services in Home Care*" echoed these findings, and also noted that it was an opportune time to engage government policy and program managers, in order to better address the barriers that are seen with the delivery of French language Home Care services. However, to date, little has occurred to address these barriers: family and community members are often used to fill the void in services when they occur. Relatedly, there is currently only 1.0 full time designated bilingual position in the provincial Home Care program.

This report was created by reviewing relevant documents and literature, and conducting consultations with key stakeholders, in order to attempt to identify a delivery model that would be appropriate for Home Care services in PEI. This model would aim to address the lack of French language services that are currently available in the Home Care sector.

Many researchers have noted the impact of language barriers on health, which includes: poorer access to health services; increased risks of misdiagnosis; poorer client understanding of and adherence to prescribed treatment; lower client satisfaction; increased risk of experiencing adverse events; poorer management of chronic disease; and less effective pain management. This is compounded if a person has cognitive impairment as they age, which creates more difficulty in their expressive and receptive language skills in their second language (which in this case, is English). Language barriers also fragment the delivery of care and services, which can lead to sub-optimal results in terms of the person's care experience and outcomes. If the system is truly "person-centered," language barriers need to be addressed. The system has made strides in this area, but has not fully addressed the expressed need, which may stem from the belief that not receiving complaints means that it is not a critical concern to the Francophone community.

It is strongly recommended that the recommendations of this report must be enacted, in unison. Implementing a recommendation as a "one-off" or that is uncoordinated with the other recommendations

will not have the intended impact, as each recommendation affects/relies on the others. Therefore, it is strategic to establish a Home Care Services in French Advisory Committee with key stakeholders to provide the leadership required to see the recommendations implemented fully.

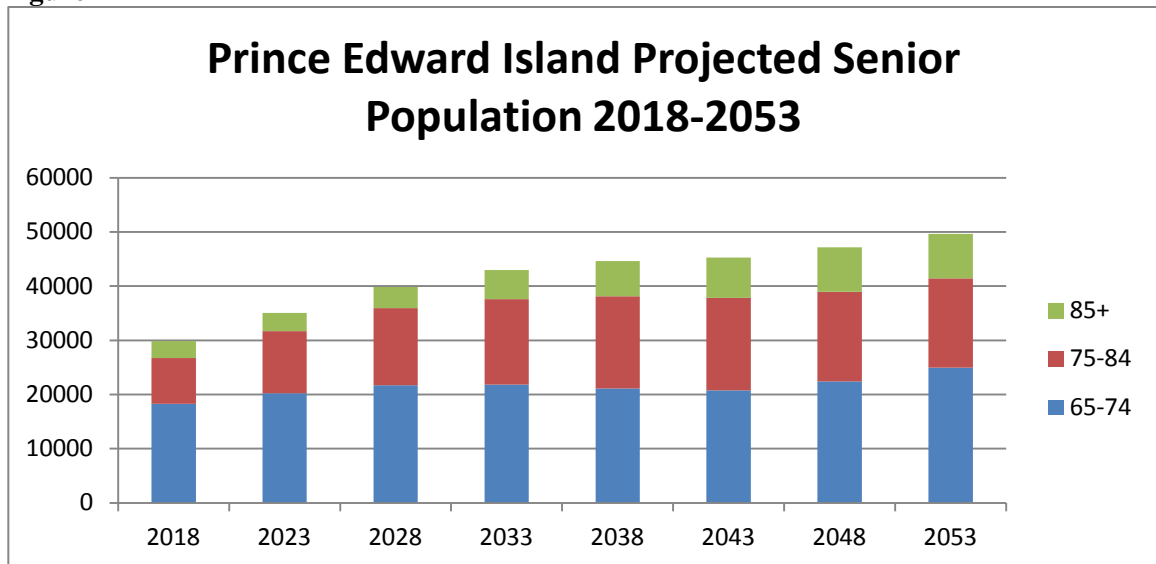
With the recent signature of the federal/provincial bilateral agreement on home care and mental health, the health care system will see changes and enhancements to current programs, services and delivery models. It is therefore an opportune time to focus on increasing access to home care services and programs in French.

## Introduction

### Present Day: The Aging Population of PEI

As of 2016, approximately 19.4% of the total population of Prince Edward Island (PEI) -or 28,092 Islanders- were aged 65 years and older. This percentage is higher than the national average of 16.5%. Furthermore, as illustrated in Figure 1 below, the population of seniors on PEI is expected to increase in the foreseeable future.

**Figure 1**



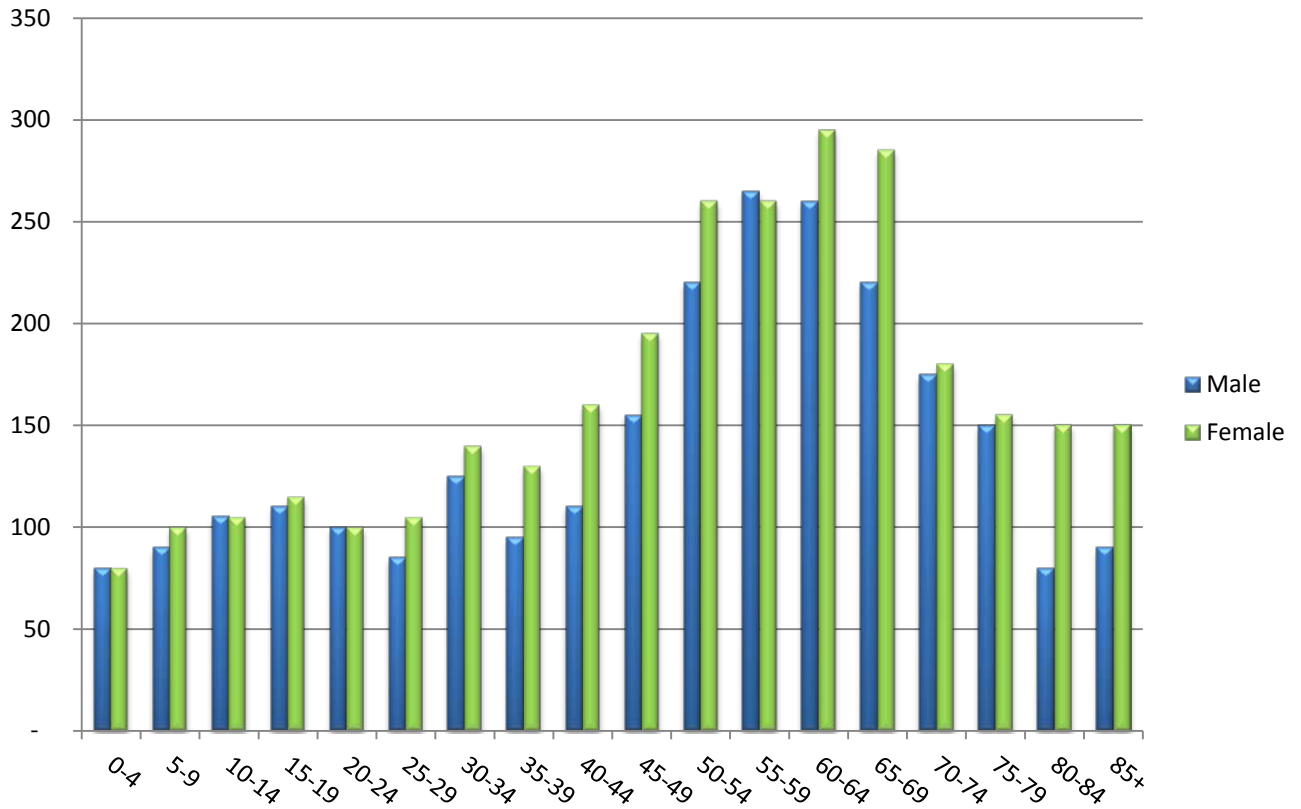
Source: PEI Statistics Bureau Projections, February 2018  
 Projected population (2018-2053) of seniors (aged 65-74, 75-84, and 85+) on Prince Edward Island

### Present Day: Profile of the Francophone Population in PEI

The increase of the Island population will also inevitably impact the francophone population. According to the 2016 census, 5,485 Islanders (or 3.9% of the total population) identified that French was their first language. Of these 5,485 Islanders, 1,640 were identified as seniors. This means that approximately 30% of French speaking Islanders are also seniors. In addition, 1,910 Francophone Islanders are between 45 and 65 years of age, thus leading to the expectation that the number of seniors who are Francophone will rise dramatically over the next several years.

Figure 2 and Table 1 (below) show the dynamics of the Francophone community that are occurring in PEI: Figure 2 outlines the ages and sexes of Francophone residents of PEI, while Table 1 shows where these individuals are dispersed across the province (see Appendix A for a map version of Table 1).

**Figure 2**



Source: Statistics Canada. 2016 Census  
 100% Data File Name: 98-400-X2016046.IVT  
 Mother Tongue (10), Age (27) and Sex (3) for the Population of Canada, Provinces and Territories, Census Divisions and Census Subdivisions

**Table 1**

PEI County	Number of Francophone Residents
Kings County	225
Queens County	1,875
Prince County	3,405

**Current State: Home Care and French Language Services**

Home Care services have been identified as a priority for designation under the *French Language Services Act*, and have been outlined as a priority service for designation in the 2015 and 2016 *Acadian and Francophone Affairs French Language Services Annual Reports*. As a result, a review was initiated to identify Home Care services delivery models that could be piloted on Prince Edward Island (PEI) to provide French Language services to clients who require Home Care services.

In 2011, the Canadian Institute for Research on Linguistic Minorities examined the Health Status of people in relation to their first language. In summation, people whose first language was French were identified as being more likely to be impacted by conditions that reduce the activities that can be done at home, as described in Tables 1 and 2 below.

<b>TABLE 1 - HEALTH STATUS ON PEI</b>										
<b>QUESTION: DO YOU HAVE ANY DIFFICULTY HEARING, SEEING, COMMUNICATING, WALKING, CLIMBING STAIRS, BENDING OVER, LEARNING OR DOING ANY SIMILAR ACTIVITIES?</b>										
<b>(by the first language spoken by the respondent in childhood)</b>										
	<b>Total – First language spoken</b>		<b>English</b>		<b>French</b>		<b>English and French</b>		<b>Other</b>	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>113,236</b>	<b>100</b>	<b>106,460</b>	<b>100</b>	<b>5,088</b>	<b>100</b>	<b>561</b>	<b>100</b>	<b>1,127</b>	<b>100</b>
Yes, sometimes	14,851	13.12	13,580	12.76	752	14.78	166	29.59	353	31.32
Yes, often	19,403	17.14	17,996	16.90	1,147	22.54	260	46.35	0	0.00
No	78,982	69.75	74,884	70.34	3,189	62.68	135	24.06	774	68.68

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

<b>TABLE 2 - HEALTH STATUS ON PEI</b>										
<b>QUESTION: DOES A PHYSICAL CONDITION OR MENTAL CONDITION OR HEALTH ISSUE REDUCE THE AMOUNT OR THE KIND OF ACTIVITY YOU CAN DO AT HOME?</b>										
<b>(by the first language spoken by the respondent in childhood)</b>										
	<b>Total – First language spoken</b>		<b>English</b>		<b>French</b>		<b>English and French</b>		<b>Other</b>	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total</b>	<b>113,320</b>	<b>100</b>	<b>106,545</b>	<b>100</b>	<b>5,087</b>	<b>100</b>	<b>561</b>	<b>100</b>	<b>1,127</b>	<b>100</b>
Yes, sometimes	11,149	9.84	9,924	9.31	945	18.58	166	29.59	114	10.12
Yes, often	10,102	8.91	8,876	8.33	966	18.99	260	46.35	0	0.00
No	92,069	81.25	87,745	82.35	3,176	62.43	135	24.06	1,013	89.88

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

The Provincial Home Care Program currently has 1.0 full time equivalent (FTE) position designated as French speaking. This designated Bilingual Home Support Worker position was created when funding was available from the Canada PEI Agreement on Official Languages, and the position was subsidized at 50%, 30%, and 20% (respectively) over a three-year period. The individual in this position was utilized if a family or client requested a bilingual staff member, or if they were needed to assist the registered nurse (RN) to complete assessments for clients to determine eligibility for Home Care, Community Care or

Long-Term Care. This Home Support Worker was not always available to clients, and when this occurred, families were responsible for providing the necessary interpretation services.

Despite the lack of staff who are designated as bilingual or French speaking, most healthcare providers and/or staff believe that the needs of the French speaking community are being met. Furthermore, as there has not been any formal complaints made related to receiving services in French, leadership in Home Care does not see improving French Language services as a priority. This is despite the fact that studies show that providing services in an individual's second language can affect their quality of care, the respect for the rights of the individual client and provider satisfaction, and health outcomes.

## **Purpose of the “*French Language Services in the Home Care System*” Report**

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This report aims to identify an appropriate Home Care service delivery model that can be piloted on PEI. It is hoped that this delivery model will adequately provide French language services to individuals (clients) who require Home Care Services. This delivery model also needs to take into consideration new government initiatives and opportunities, including the: Health Accord, Seniors Health and Wellness Strategy, and opportunities that may result from a review of the current Home Care Program.

## **Methodology**

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In order to attempt to provide an appropriate option as a Home Care service delivery model that promoted French language services, a review (this document) was conducted. This review provides:

- a literature review of best practice models for community based senior care,
- a summary of the literature surrounding care for the aging population in their first language
- a review on applicable legislation, regulations and policies
- an identification of areas that may impede inclusive services for the francophone community
- recommendations for a Home Care Model for the francophone community on PEI

To provide a thorough review, activities included:

- consultations with the Department of Health and Wellness on the Health Accord Agreement, Senior Leadership of Health PEI, Home Care Managers
- a review of the Provincial Health and Wellness Strategy for Seniors, and best practices on current bilingual models (focus on research studies from 2015 onward)
- reviewing and updating programs and services provided by public Home Care
- updating current demographic information on seniors in PEI, with a focus on the Francophone community

## **Document and Best Practice Literature Search**

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A total of 18 documents, studies and research reports were reviewed as part of this component of the research. The following section identifies each document reviewed, and provides a brief summary of the documents' findings and results.

### **1. French Language Services in Home Care (March 2013)**

- In March 2013, before Home Care was identified as a priority service for designation, the Atlantic Evaluation Group Inc. completed this report for the PEI French Health Network. 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
    - 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
    - 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.

## 2. Improving the Delivery of Services to Non-English Speaking Islanders Within Primary Care Networks (October 2013)

- In the fall of 2013, Health PEI commissioned with Atlantic Evaluation Group Inc. and Streamline Consulting to:
  - Identify nature and scope of the province's multicultural and multilingual diversity,
  - Identify the language barriers and challenges that non-English Islanders face when seeking and/or receiving health services,
  - Conduct a scan and best practice literature search on how other jurisdiction have addressed these barriers and challenges, and
  - Develop and recommend a strategy (including an evaluation framework) that will reduce language barriers within the Primary Care Networks and within the health system generally.
- Twenty recommendations came out of this study, with 15 that were directly related to the francophone community:
  - Develop a French Language Strategy and Action Plan
  - Track and utilize existing bilingual capacity more strategically
  - Develop bilingual written materials and website
  - Implement a bilingual toll-free information line
  - Re-establish the Collaborative Health Care Team Model
  - Develop more early intervention resources for youth
  - Strengthen working relationship with external stakeholders
  - Improve access to language translation and communication options
  - Provide health system and health related materials in other languages
  - Explore clinic model as deliver options for Francophone's and Newcomers'
  - Provide health system staff access to cultural and diversity training
  - Strengthen working relationships with relevant external stakeholders
  - More focus strategy to recruit health providers from other cultures
  - Explore Delivery Options for Mental Health and Other Counseling Services
  - Identify bilingual employees with a distinctive pin or identification symbol



### **3. Better Home Care in Canada: A National Action Plan (October 2016)**

- This document was completed in a tri-partnership, the Canadian Home Care Association the Canadian Nurses Association and the College of Physicians of Canada.
- This Action Plan was built on six Harmonized Principles in Home Care:
  - Patient- and Family-Centred Care
  - Accessible Care
  - Accountable Care
  - Evidence Informed Care
  - Integrated Care
  - Sustainable Care
- These principles were defined further and specifically spoke to autonomy, integrated safety practice, and respect to address psycho-social, physical and cultural needs.

### **4. PEI Public Services Commission Annual Report 2016-2017**

- The number of bilingual positions has risen over the past 4 years. In 2013-14 there were 75 designated bilingual positions and in 2016-17 there were 98.
- The number of employees in the Public Service Commission who identified as being bilingual was 7.79% in 2013-14 to 11.6% in 2016-17
- The area which had a decline was the percentage of employees who access bilingual training; 2014-15 it was 6.6% and dropped to 5.1% in 2015-16.

### **5. PEI Public Service Commission, Targeted Recruitment for Designated Bilingual Positions – An Adapted Approach (December 2017)**

- This report stated that there are 120 designated bilingual positions, (this differs from the above document: assumption is this number is based on the calendar year,) within the provincial government, of which 43 are in health.
- The objective of this document is to support the efforts of the Public Service Commission and Health PEI and their partners to strengthen their capacity to recruit bilingual human resources to offer French language services in Prince Edward Island.
  - The goals identified within this report are to
    - Enhance the recruitment process for designated bilingual positions
    - Optimize entry points into government for bilingual candidates
    - Take an active approach to recruitment for designated bilingual positions
    - Increase awareness and observance of the policies relating to designated bilingual positions
    - Nurture a supportive culture to speak and work in both official languages
    - Urge people to be assessed for bilingualism
    - Strengthen collaboration within government to support bilingual recruitment efforts
    - Strengthen connections to post-secondary institutions on and off the island
    - Create flexible, work exchanges between community organizations, federal and provincial government, other regions in Canada and internationally.

### **6. Health PEI Nursing Strategy 2017 – 2020**

- Health PEI developed its Nursing Strategy 2017-2020 that sets direction for nursing within the province's health care system. It is intended to ensure that nurses are delivering the right care, in the right place, by the right provider. Language preference is a part of providing quality care and ensuring a continuum of care.

- Though there is no direct reference to French Language the Fourth Pillar – “Innovation” refers to optimizing the patient and family experience, and to do so via innovative initiatives. French language services would/could be addressed in this area.

## 7. Health PEI Strategic Plan 2017 – 2020

- As with the Health PEI Nursing Strategy, there is no direct reference to French language, in this plan. The goals to support a culture of “quality and safety” and implementing and enhancing family/patient centered care serve as corner stone to support people in their first language.

## 8. French Language Service Act

- Since the proclamation of the Act in the fall of 2013, Health PEI has been required to:
  - submit annual plans and rapports under the FLSA. Certain elements of the plans and reports are outlined in the Act and include: service priorities of the Acadian and Francophone community, service capacity of the government institution and designated services.
- The French Language Services Act and its General Regulations establish clear obligations regarding the provision of services in French.
- The Act provides for the designation of services and establishes obligations for the delivery of designated services – they must be provided in a person’s choice of English or French and be of comparable quality in both languages. The designation of services is determined by government institutions, taking into consideration community priorities and is done via regulations.
- In the 2015-2016 Annual Report, Home Care services was identified as a priority service for designation and remained so in the 2016-2017 Annual Report.

## 9. Federal Provincial Health Accord (2017)

- The Province of Prince Edward Island signed on to the Federal Provincial Health Accord January 31, 2017. The deal confirmed by both levels of government will provide Prince Edward Island with 24.6 million for Home Care and 20.5 for Mental Health initiatives over 10 years.
- As a condition to receiving funding the province agrees to participate in a Federal-Provincial-Territorial process, including working with stakeholders and experts through the Canadian Institute for Health Information to develop common indicators and share data.
- Priority areas for investment in Home and Community Care are:
  - Mobile Integrated Health Initiative
    - Rapid Bridging – Integrated Palliative Care Program
    - Rapid Bridging – Hospital Emergency Department Patients
    - Paramedic Check-In Program
  - Home Care Information Technology Infrastructure Program
  - Implementation of the InterRAI Assessment tool
- The Mobile Integrated Health Initiative in their submission stated “*Program Planners will work with the Acadian and Francophone Community Advisory Committee to ensure that the MIH program is fully integrated with ongoing efforts to meet the home care needs of these communities. These efforts include meeting with a range of key stakeholders and informants to review appropriate services delivery models that could be adapted to meet the needs of the Island Acadian and Francophone residents.*” pp22

#### **10. Health Services in French (April 2016)**

- This position paper, prepared by the Société Santé en français (SSF) and the Consortium national de la formation en santé (CNFS), echoed what other reports had conveyed.
- “A number of studies conducted in Canada and elsewhere have shown that language barriers adversely affect access to health services, the quality of care, respect for the rights of individuals, patient and provider satisfaction, and most importantly, health outcomes.” pp2
- They note that services particularly in rural areas are stymied due to the lack of ability to provide language to people in the first language. Even in a province such as New Brunswick, whose francophone community is relatively large, receiving services in their first language is difficult and this lack of service is leading to Francophone seniors not being able to stay at home and receive essential services.
- This report calls upon the provinces to leverage their new Health Accord dollars to support health providers and organization to provide care in seniors’ first language.

#### **11. The Impact of Language Barriers on Patient Safety and Quality of Care (August 2015)**

- Dr Bowen concluded after much international research that “the impacts of language barriers on participation in health promotion and prevention activities; delayed presentation for care; barriers to initial access for most health services; increased risks of misdiagnosis; poorer patient understanding of and adherence to prescribed treatment; lower patient satisfaction; increased risk of experiencing adverse events; poorer management of chronic disease; and less effective pain management.”

#### **12. Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada (August 2018)**

- “Effective communication between health-care providers, patient and critical for provision of safe high-quality care.
- Language barriers, and their associated risks, are also experienced by other minority language (OML) speakers in Canada. Health-care organizations should be supported, at all levels, in their efforts to increase awareness of the impact of language barriers and developing and implementing practical strategies to reduce them. Only then can we ensure equity in the quality of care and patient safety for official language minority populations.”

#### **13. Best Brain Exchange Report; Innovative Approaches and Pathways Used to Integrate Home and Community Care with Primary Health Care for Elderly Persons in Rural Canada (November 28, 2017)**

- This report, though in does not speak to language specifically, does speak to many innovative and commonsense approaches to meeting seniors needs where they live. This report urges people to examine the local context, health rather than healthcare, it broadly defines home, ask service providers to examine the role of federal, provincial and territorial governments, to better utilize underutilized professionals, explore training and supporting informal caregivers and volunteers, and to explore and invest in technology.
- Building supportive communities and using family, friends, and community members are key in helping people age in place. Projects that help seniors stay healthy and create care networks have been developed across Canada. Programs such as “The Raising the Profile Project” in BC which supports seniors to build new social connections, remain active and retain their independence for as long as possible. These social networks can be leveraged when a person needs additional support, i.e. translation. “A Knowledge Hub” is another approach which aims to build capacity and cohesion within the community-based senior services. Technological solutions need to be leverage as well, and it could be as simple as skyping with a person (preferably a family member) who speaks the person’s first language.

#### **14. Accessibility and Active Offer Health care and social services in linguistic minority communities (2017)**

- It is from this report, as noted earlier that health and social services in both official languages in minority situations is a matter of quality and safety; humanization of care and services; professional ethics; rights and equity; and satisfaction on the part of users and their caregivers.
- Language plays a fundamental role in the ability of the user and/or the user's caregiver or family members to build a relationship of trust with the health or social service professional. In terms of safety, when the professional and user share a common language, verbal communication is clearer and more efficient.
- It is wrong to assume that a bilingual person who can converse in a second language can express him/herself at the same level in this language as a person for whom it is the first language.

#### **15. Acculturation, Vitality, and Bilingual Health (October 2017)**

- This study examined the health services in the bilingual belts of Canada, specifically New Brunswick, Quebec and Ontario.
- With the exception of New Brunswick, they found that there is a decline in bilingual healthcare services. This result is concerning, and they note that as long as healthcare is seen in the biomedical model, linguistics and culture will not be addressed. The social determinants of wellness need to encompass multicultural and multilingual factors.

#### **16. What is the Evidence? Impact of Language Barriers in Healthcare (2018)**

- Bowen speaks to communication as being a pre-requisite to safe care and how poor communication is the leading root cause of sentinel events. She concludes the following: There are three responses to addressing language barriers:
  - Increasing proportion of same language encounters
    - Hiring bilingual providers
    - Providing patient language training
    - Providing provider language training
  - Providing interpreters
    - Trained, confidential interpreters
    - Ad hoc interpreters (family, volunteer, bilingual staff, etc.)
  - Translation Software

##### What is unknown

- Best models for addressing language barriers
  - Creativity in addressing context while maintaining standards
  - Is anything better than nothing?
- Important gaps in research remain
  - Comprehensive economic evaluation
  - Understanding pathways to diverse results
  - Data specific to official language minorities
- Best strategies for motivating change (the knowledge to action challenge)

#### **17. Implementation of Community-based primary care models in linguistic minority context**

- Best Practices, strategies aimed at promoting linguistic adoptions in health and social services, improving care delivery to linguistic minority populations.
  - Systemic
    - Legislative and regulatory bodies (laws, regulations, policies, guidelines, regulatory)

- Accountability (monitoring, monitoring tools, feedback mechanisms)
  - Organizational
    - Bilingual organizational policies and culture (bilingual board meetings, managerial and professional service delivery in all official languages, bilingual training for providers, evaluation of services in official language)
    - Bilingual human resource management (hiring and retaining bilingual personnel, language skills considered in career advancement, list of bilingual personnel, bilingual personnel on all shifts, interpretation services)
- Joint Strategies
  - Sensitization and communication plan
    - Bilingual website
    - Radio and television messages
    - Bilingual radio messages
    - Bilingual posters videos
    - Bilingual documentation (clinical and administrative)
    - Bonjour pins
    - Colored bracelet
  - Strategic Funding and Incentives
    - Funds for translating documents
    - Financial incentives for bilingual personnel
  - Networking and strategic partnerships
    - Strategic inter-organizational alliances
    - Regional interpreter bank

## 18. Promoting Wellness, Preserving Health: A Provincial Action Plan for Seniors, Near Seniors and Caregivers Living on Prince Edward Island (2018)

- In this strategy, there is no specific identification to French Language Services, though they had engagement groups with the francophone community.
- The needs of the francophone community are similar to all other. But the need to have service in their first language is evident.
- Under the Pillar of Develop and Implement Age-in-Place Initiatives, there are many opportunities to support programs for the Francophone community. One example would be to build upon “the development of a Seniors Companion Program to enhance home and social support to seniors in the community,” to have a Francophone component.

## Consultations <sup>1</sup>

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### Overview of Process

Consultations were conducted with 14 individuals who have had experience as policy makers at the government level, Health PEI Program Directors, operators in private sector home care, and a representative from Collège de l'Île.

The key questions that were asked during these consultations were:

- a) What is it you are presently doing to serve/support the French language community?
- b) What are the gaps you see in this service for people whose first language is French?
- c) What would you say needs to be done, in order to address these gaps?

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<sup>1</sup> A list of the individuals interviewed can be found in Appendix B.

## Consultation Findings

The findings from the consultations with key informants were crucial in creating the recommendations to move forward with enhancing French Language Services in Home Care for PEI.

Many participants did not believe that providing services to French speaking clients was a challenge or concern, and highlighted the fact that there has never been a reported incident of a client being unable to receive a service due to a language barrier. These individuals also mentioned that they specifically know of staff in various sectors (including Home Care) that are bilingual. If these staff are unable to provide bilingual service, families are considered to be the ideal resource, but also mentioned that certain programs have access to an interpretation service that is available 24 hours per day.

Other than in the East Prince Primary Care Health Network, finding written material (brochures, forms, assessments) in French is challenging and not consistent. There is a perception by some involved in the consultations that the cost for translation has impeded certain services from obtaining materials in both official languages. However, it is interesting to note that Bayshore (a private home care service) does have an extensive array of their materials translated into French, including: policies, assessments and educational material.

There is recognition that changes are required in order to better recruit trained individuals into bilingual positions. The Public Service Commission released a report in 2017, entitled “*The Targeted Recruitment for Designated Bilingual Positions – An Adapted Approach*,” which clearly outlines many of the issues associated with recruitment. The report outlines a number of recommendations to deal with recruitment, and a committee has been established to action the recommendations. This report creates the opportunity for the Public Service Commission and Health PEI to develop a recruitment initiative with a focus on Home Care. The Federal/Provincial Accord will result in a significant investment in Home Care, which will no doubt result in a number of new positions in the Home Care sector. In turn, this should be seen as an appropriate and timely opportunity to have positions that are designated as French speaking.

## Recommendations

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To build upon the philosophy of person centered care, the PEI Health Care system must provide services in a manner that meets the needs of French speaking individuals. There needs to be a concentrated effort to focus on a person’s first language in order to better engage and include them in their own care, and more importantly to provide the best quality of care possible.

In the current PEI context, it is difficult to determine the exact Home Care model that should be implemented to provide Home Care Services to the French speaking population of PEI. Many changes are presently taking place as the health care system looks at how Home Care services are delivered in PEI. As a result of the new Federal –Provincial Agreement on Home care Services, new initiatives and delivery models will take shape in the next 5 to 10 years. The health care system is presently in the planning stages and is putting teams in place to carry out this work.

The recommendations that are put forward in this report take in account the current context and are divided by various levels including planning, operational, human resources and policy. The first recommendation that needs to be implemented is to hire a full time project coordinator to work on the French Language Services Home Care file. This person will be involved on various teams responsible for planning and implementing Home Care services and programs Island wide.

Another key recommendation is to set up a Home Care Services in French Advisory Committee that will provide insights and feedback to the project lead regarding the identification and implementation of a home care model capable of meeting the needs of French speaking Islanders requiring these services.

A systematic approach is recommended and work must be done on multiple aspects (levels) simultaneously and collectively in order to determine a clear work plan that takes into account the key recommendations. In all aspects of planning, the French language client's capability to access services in French in the continuum of Care must be in the forefront.

The recommendations listed in the graphic below need to be done in unison. To only implement one, or a small number, of these recommendations will not address the needs of the French Language users of the Home Care services and programs.

As new programs and services are implemented and sustained, regulations can be added to accompany the French Language Services Act that would determine the scope of the designation.

For a written list of the recommendations, please see Appendix C.



**ESTABLISH ADVISORY COMMITTEE**

Support all levels of planning and implementation

**HIRE PROJECT COORDINATOR**

Department of Health and Wellness  
 Ensure project coordinator's participation in all facets of home care services and program initiatives

- Mobile Integrated Health (MIH)
- Caring for Older Adults in the Community and at Home (COACH)
- Integrated Palliative Care
- Etc.

**ESTABLISH PROVINCIAL BENCHMARK**

Identify programs and services to be delivered in French with clear timelines

**ASSESS STAFFING COMPLEMENT REQUIREMENTS**

Determine the number of positions that need to be designated as bilingual (ex. Bilingual RN position to complete assessments for services)

**ENSURE PRINTED MATERIALS, ONLINE RESOURCES AND ASSESSMENT TOOLS ARE AVAILABLE IN BOTH ENGLISH AND FRENCH**

Ex. Resident Assessment Instrument (RAI)

**MONITOR ACCESS TO FRENCH HOME CARE SERVICES**

Provide oversight/support in the area of policy development, recruitment and evaluation  
 Take leadership in the development of a timeframe and accountability matrix to hold systems accountable

**PLANNING LEVEL**

**OPERATIONAL LEVEL**

**POLICY LEVEL**

**HUMAN RESOURCES LEVEL**

**DESIGNATE HOME CARE SERVICES UNDER THE FRENCH LANGUAGE SERVICES ACT**

Specify which areas of Home Care Services could be designated under the French Language Services Act (Ex. Interpretation services used to deliver all services)

**PARTNER WITH THE PUBLIC SERVICE COMMISSION AND RECRUITMENT AND RETENTION TO DEVELOP A LONG-TERM HUMAN RESOURCES PLAN TO MEET BILINGUAL STAFFING REQUIREMENTS IN HOME CARE**

**DESIGNATE BILINGUAL POSITIONS IN HOME CARE SERVICES**

**EXPLORE INCENTIVES FOR HOME CARE EMPLOYEES TO BECOME BILINGUAL**

Ex. Onetime payment, stipend, hourly rate increase

**PARTNER WITH POST-SECONDARY INSTITUTIONS THAT OFFER PROGRAMS IN HEALTH CARE AND LANGUAGE TRAINING**

Create a formal agreement to offer positions to graduates (Ex. Collège de l'île: Licensed Practical Nursing and Resident Care Worker)

**PROVIDE FRENCH LANGUAGE TRAINING OPPORTUNITIES**

Develop agreements for Registered Nurses to attend full immersion programs (ex. St Anne's)



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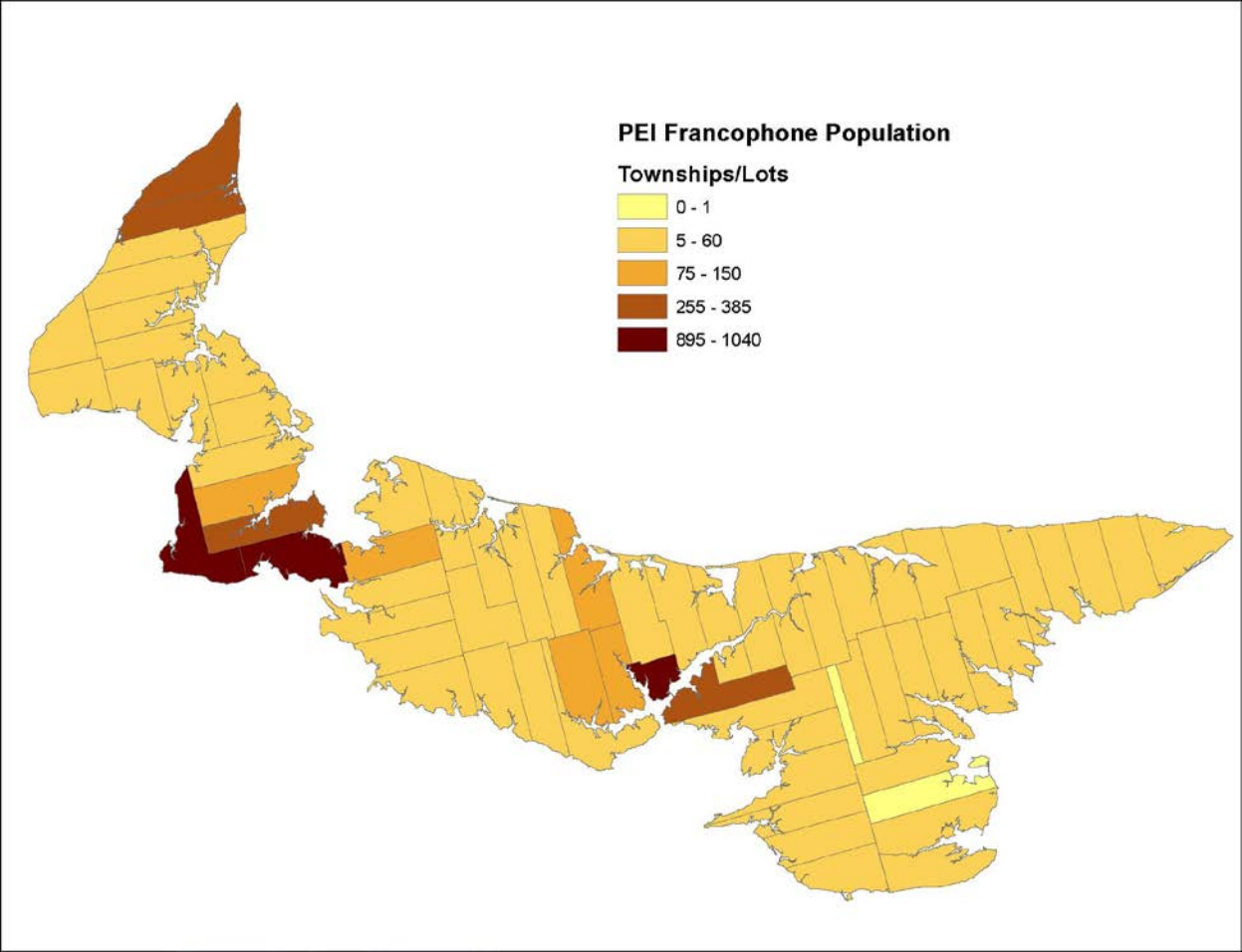
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Appendix A: Francophone Map



Source: PEI Statistics Bureau, May 2018

## Appendix B: Interviewees

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Colette Aucoin	Vice-President, Collège de l'Île
Marilyn Barrett	Director Primary Care Services, Health PEI
Mary Jane Callaghan	Manager, Home Care East, Health PEI
D'Arcy Clinton	Manager, Island Emergency Medical Services
Michael Corman	Principal Advisor, Senior's Health, Department of Health and Wellness
Dr. Kim Critchley	Deputy Minister Department of Health and Wellness
Nicole Drouin	Manager, French Language Services, PEI Public Services Commission
Rebecca Gill	Director, Recruitment and Retention, Department of Health and Wellness
Stephane Labrosse	Manager, Primary Care Network East Prince
Dr. Mireille LeCours	Provincial Consultant Palliative Care Program, Health PEI
Mary MacDonald	Manager, Bayshore Health Care
David MacMillan	Owner, Home Instead
James Sullivan	Manager, Emergency Services, Health PEI
Mary Sullivan	Director of Home Care, Provincial Geriatric Program, and Palliative Care, Health PEI

## Appendix C: List of Recommendations

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- 1) **Establish Advisory Committee**
  - Support all levels of planning and implementation
- 2) **Hire project coordinator**
  - Department of Health and Wellness
  - Ensure project coordinator's participation in all facets of home care services and program initiatives
    - Mobile Integrated Health (MIH)
    - Caring for Older Adults in the Community and at Home (COACH)
    - Integrated Palliative Care
    - Etc.
- 3) **Establish provincial benchmark**
  - Identify programs and services to be delivered in French with clear timelines
- 4) **Assess staffing complement requirements**
  - Determine the number of positions that need to be designated as bilingual (ex. Bilingual RN position to complete assessments for services)
- 5) **Ensure printed materials, online resources and assessment tools are available in both English and French**
  - Ex. Resident Assessment Instrument (RAI)
- 6) **Monitor access to French home care services**
  - Provide oversight/support in the area of policy development, recruitment and evaluation
  - Take leadership in the development of a timeframe and accountability matrix to hold systems accountable
- 7) **Designate Home Care services under the French Language Services Act**
  - Specify which areas of Home care services could be designated under the French Language Services Act (Ex. Interpretation services used to deliver all services.)
- 8) **Partner with the Public Service Commission and Recruitment and Retention to develop a long-term human resources plan to meet bilingual staffing requirements in home care**
- 9) **Designate bilingual positions in home care services**
- 10) **Explore incentives for home care employees to become bilingual**
  - Ex. Onetime payment, stipend, hourly rate increase
- 11) **Partner with post-secondary institutions that offer programs in health care and language training**
  - Create a formal agreement to offer positions to graduates (Ex. Collège de l'Île: Licensed Practical Nursing and Resident Care Worker)
- 12) **Provide French language training opportunities**
  - Develop agreements for Registered Nurses to attend full immersion programs (ex. St Anne's)

