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Introduction

The goal of this report is to identify the needs and priorities of the Francophone populations served by the Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs with regard to home and community care (HCC) in French. More specifically, the report focuses on the needs of seniors, including the needs of more vulnerable seniors who are experiencing isolation. To develop an overall picture of this population's French language services needs, Entité[2] relied on three complementary types of consultation. We began by distributing a survey on needs, first to seniors' groups and then to the general population. Next, we consulted experts working with populations experiencing isolation. Finally, one-on-one interviews were conducted with individuals who have had experiences either for themselves or for a family member. Results from these exchanges are summarized in a separate but complementary report.

With the transformation of the health system and the transfer of Community Care Access Centres (CCACs) to Local Health Integration Networks (LHINs), it is essential that we determine the Home and Community Care needs, in French, of Francophone seniors in the two LHINs we serve, with a view to identifying perceived service gaps and the expectations of the minority Francophone population.

In this document we present a summary of the survey results along with the highlights of our consultations with experts.

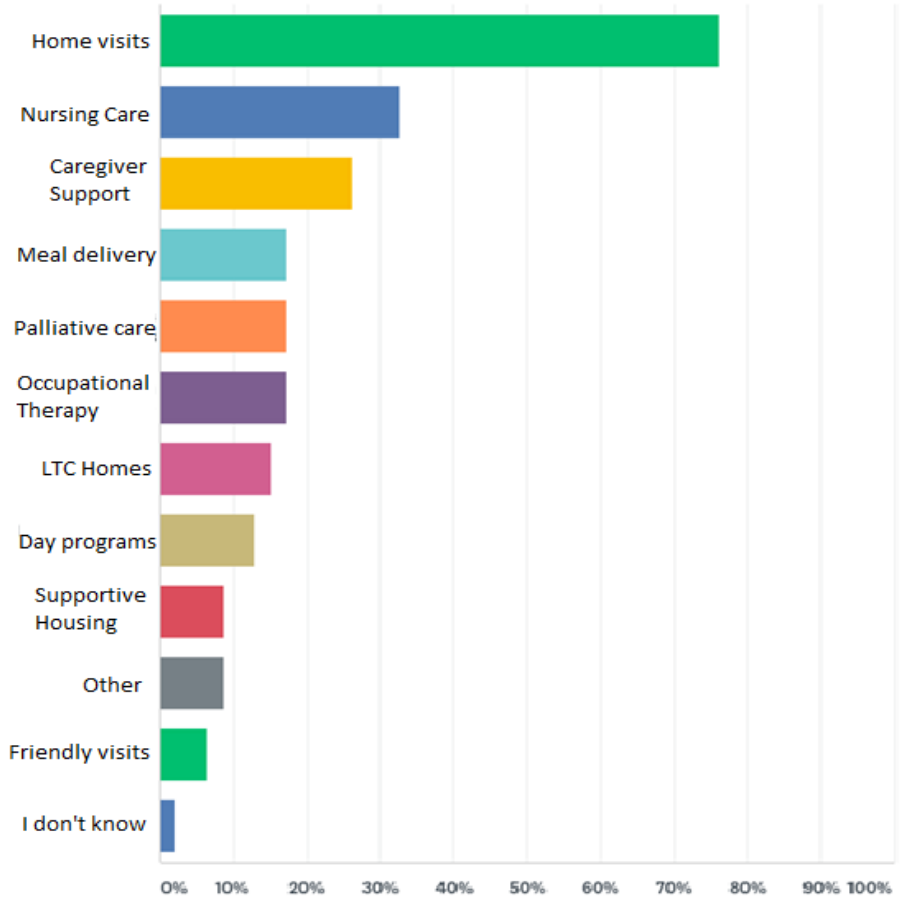
Needs of the Francophone Community: Survey Analysis

Entité[2]'s first step was to reach out and survey the community on its mental health and home and community care needs in French. We first administered a survey to seniors' groups in Welland, Hamilton and Cambridge; the survey was then distributed electronically to the general population via our e-newsletter and social media. Over 200 people took part in the survey. In this section, we will present primarily the survey data and analysis dealing with home and community care. The data on mental health are included in the report on mental health.

The profile of our respondents reflected our objective of identifying seniors' home and community care needs. In fact, 66.5% of participants from WW, and 67.32% of participants from HNHB were over 55 years of age. In the great majority of cases, the respondents were women (74% women in HNHB and 70% women in WW).

Highlights from HNHB

What home and community care services have you used in the past 5 years?



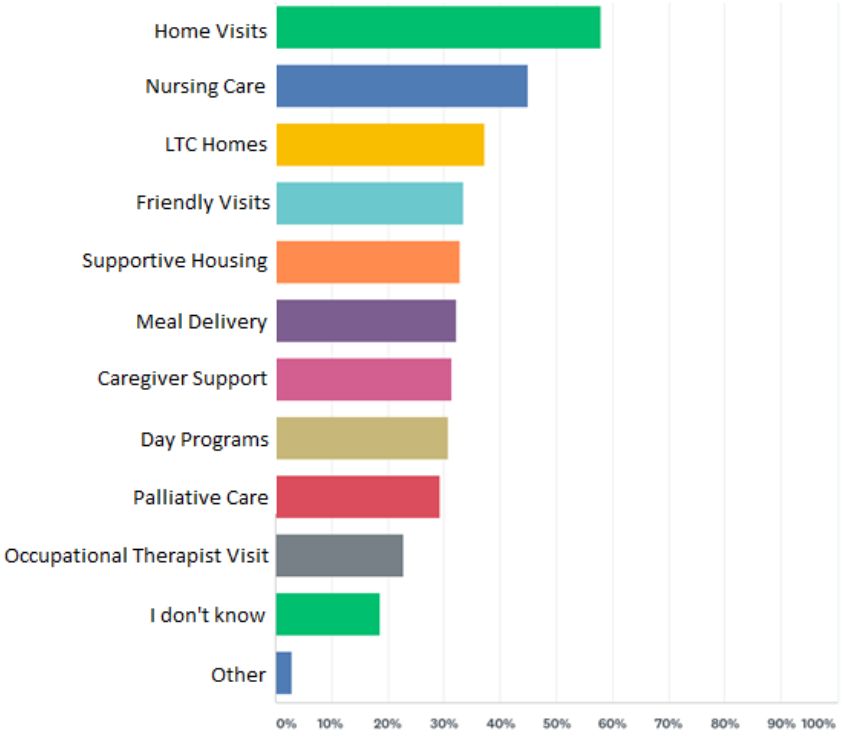
In HNHB, of those who had used home and community care services in the last five years, 69% had requested services in French, and of these respondents, 57.5% had received services in French. These results are encouraging, however we should not forget that almost half of the respondents over 55 lived in the town of Welland (which has an important Francophone minority that has access to more French language services in comparison to other sub-regions), and that 42.5% of those who requested services in French did not receive them. If we add the number of Francophones among the respondents who chose not to request services in French (almost 31% - see below for details), we can see that there is still a lot of work to be done before the Francophone minority has equitable access to French language health services.

Furthermore, among the most commonly cited reasons for not requesting services in French, we find the perception that no French language services are available, that you will have to wait longer or that people do not want to bother the staff. These results confirm the results of our 2017 survey, which showed that almost 90% of respondents in WW and over 60% of those in HNHB said they did not request services in French because they thought there were none.

Priority needs identified by the HNHB community

A majority of respondents (67%) in HNHB said they were familiar with the home and community care services available in French in their community. When asked which HCC services the Francophone community needed the most, 58% of respondents identified **home visits** in French and 45% identified **nursing care** in French as being of priority. It should be noted that almost all the services on the list provided to respondents were voted a priority by over 20% of respondents. In HNHB, 37% of respondents also identified **long-term care in French** as a priority. This result is particularly significant, especially since many respondents over 55 were from Welland, where there is a long-term care home that offers services in French.

In your opinion, which French language HCC services are of priority for the francophone community?

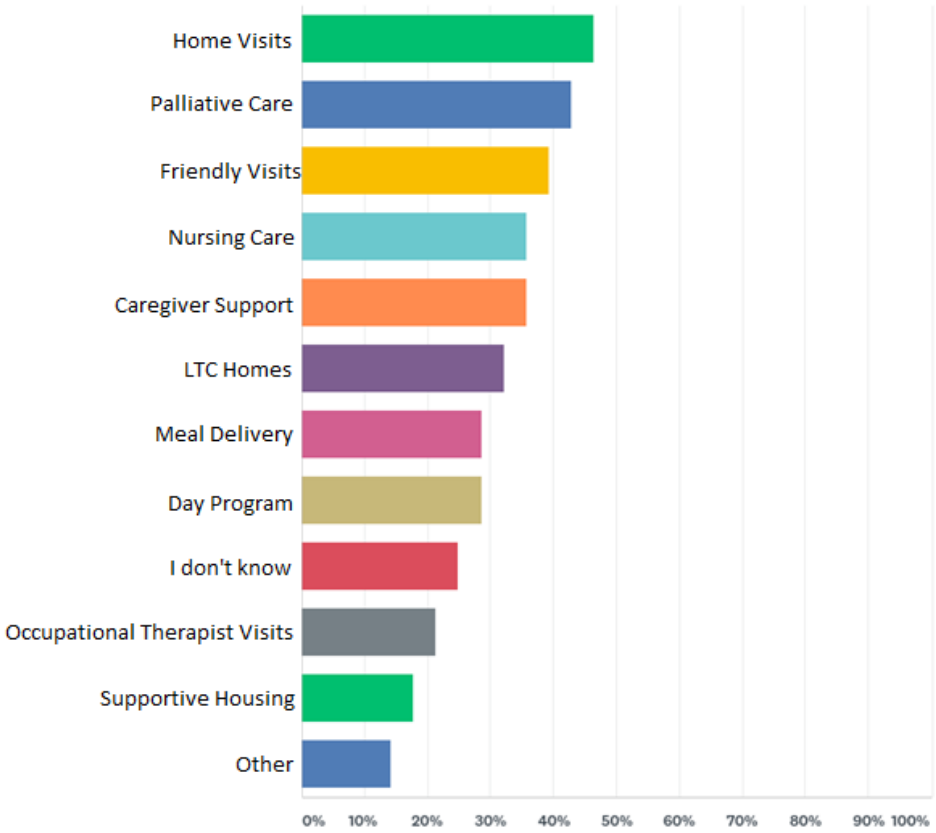


Highlights from WW

Priority needs identified by the WW community

Most respondents in WW (89%) were not familiar with the home and community care services available in French in their community, and as a result, they did not request them. However, when asked which HCC services the community needed in priority, they identified **home visits** (46%), **palliative care** (43%)and **friendly visiting** (39%) as being of priority. It should be noted however that almost all the services listed were identified as a priority by over 20% of respondents.

In your opinion, which French language HCC services are of priority for the francophone community?



Consultations with Providers/Experts on the Needs of Francophone Seniors, Specifically Those Experiencing Social Isolation

Between February and April 2018, the French Language Health Planning Entity conducted consultations with service providers and community members on the health needs of Francophone seniors, and in particular, those experiencing social isolation.

Over 20 people took part in the consultations, which were conducted in both regions served by Entité[2]. The individuals consulted worked with seniors, immigrants, people living with HIV and other vulnerable populations at risk of social isolation.

A questionnaire was prepared to guide the discussions and make sure all the providers had an opportunity to talk about each of the aspects we were examining.

A socially isolated person is a person who has little or no support network, in the form of family or friends, or who has neither family nor friends. The person often has little involvement with their community or with care providers for any reason.

Consultation Highlights

- Social isolation is part of a vicious circle because the accelerated physical and cognitive decline providers observe is also one of the risks associated with social isolation. An isolated person is at greater risk of developing the problems associated with Alzheimer's Disease, mental health issues and significant mobility issues, and these conditions will in turn exacerbate their isolation.
- The providers told us that many Francophone seniors experience isolation while living in a primarily Anglophone long-term care facility.
- In HNHB, the Francophone providers we met were very familiar with their region's care network. The Regional Municipality of Niagara and the LHIN, for example, play a key role in coordinating the services offered to people experiencing isolation in their area. On the other hand, they noted that the offer of French language services seemed haphazard and fragmented. The providers underscored the lack of continuity in the offer of French language services. They complained they were not always able to say which services were available in French, even in the case of services of agencies identified to offer French language services.
- Language is a significant risk factor for isolation and the scarcity of French language services is a major contributor to the isolation of minority Francophones.

Specific Needs of Francophone seniors

Our consultations with providers highlighted the following priority needs:

PRIORITY needs identified through the consultations

NEED FOR less fragmented, better integrated community services available in French all along the continuum. This includes, but is not limited to, initial intake or service request, referrals, navigation support, and personal and home care services.

NEED FOR linguistically and culturally appropriate home care. According to providers, we must make sure that the front-line workers who come to people's homes can deliver services safely. This includes the capacity to communicate in the client's language and the client's capacity to clearly understand the front-line worker.

NEED to improve distribution of information on services available in French.

NEED FOR French language services in long-term care homes, applicable to both beds reserved for Francophones, and to friendly visits by volunteers or front-line workers.

Our consultations also highlighted other aspects of the social isolation of Francophones that affect primarily seniors, but also other sub-groups within the Francophone population.

Risk factors for social isolation

The providers stressed that, on the one hand, the risk factors for social isolation fall within the framework of the social determinants of health. **Poverty, geographic isolation from family**, including **the death of a spouse**, and belonging to a **minority language community or a minority group** (LGBTQ people, people living with HIV, immigrants, especially single mothers, etc.) are all factors that can lead to a social isolation.

On the other hand, several social isolation risk factors are linked to the **cognitive and physical decline** (fragility, falls, reduced mobility, loss of hearing or sight, loss of the second language, etc.) associated with aging, to which can be added the deaths of family members (brothers, sisters, spouse) and friends.

According to the providers with whom we spoke, **language** is a serious risk factor for social isolation. They raised, for example, the case of Francophones living in an Anglophone long-term care setting who suffered from isolation, even though they received care every day.

Social isolation can be caused by **physical factors**, particularly morbid obesity, chronic illness and pain, etc., or by factors related to **mental health**, like depression, phobias, anxiety, etc.

Another important factor in social isolation is **lack of access to information**. The providers also mentioned that some information on services is available electronically, which may be a barrier, for example, for people who are not comfortable with computers, do not have access to a computer for financial or physical reasons, or are experiencing significant cognitive decline.

We raised the issue of distribution of information on French language services in our 2017 report on Francophone immigration* [1] . Some of the recommendations in the aforementioned report could also meet the needs of seniors and people experiencing isolation.

The providers also noted that a spouse's **informal caregiver role** is often a factor in the isolation of seniors, in the case, for example, of people who cannot be left alone.

[1] Francophone Immigration and Access to Health Services in the WW and the HNHB LHINs. Report 3 prepared by Entité2. Submitted to the LHINs June 30, 2017

Finally, **the lack of access to transportation**, caused, for example, by the loss of a driver's licence, the loss of the spouse who drove, cognitive decline, physical barriers, fear of falling, etc. is one of the most important risk factors for social isolation.

Groups or individuals most at risk of experiencing social isolation

Certain groups are more at risk of experiencing social isolation. Providers identified several such groups, including **seniors, Franco-Ontarians**, **minority communities**, such as the **LGBTQ community**, **immigrants**, **people with less formal education, those with disabilities, people suffering from dementia or mental health issues, informal caregivers, people whose families live in another region, widows, people living with HIV**, etc.

Obviously, a person experiencing isolation can belong to more than one of these groups. For example, one provider talked about the experience of people living with HIV who are Francophones, belong to the LGBTQ community, are seniors, are not part of any social groups and have little or no contact with their families. Another told us the story of a Francophone woman, a victim of domestic violence and an immigrant, who was living temporarily in an Anglophone shelter with some of her children while her step-son was in another shelter and commuted every day to be with his brothers and sisters.

Risks associated with social isolation

The risks and factors intersect when we look at, for example, **depression and anxiety**, **illness (mental or physical)**, **dementia**, **thoughts of suicide**, etc. In fact, certain **chronic conditions**, especially **diabetes** and **heart problems**, are both a risk factor for isolation and a risk associated with isolation. The same duality applies to psychological risk factors for isolation. A person can be isolated because they suffer from **depression**, but they can also suffer from depression caused by isolation, and isolation can exacerbate an existing condition.

In addition, although isolation does not necessarily directly cause falls, the risk that an isolated person who falls will not be found for several days is very high, which places the person at risk **of avoidable death** or **other health complications**.

People who experience isolation are also at risk of **neglecting their basic needs**, like food, medication, personal care, etc., which puts them at risk of experiencing serious complications. Similarly, major **sensory impairments** can be exacerbated by isolation when a person does not receive the hearing or vision care they need.

People experiencing isolation are also at risk of **physical abuse or theft** (of medications, money or property).

Services offered to Francophones

We asked providers what they know about services offered to Francophones experiencing isolation.

Responses obviously varied, depending on the region where we were conducting the consultation. In Niagara Region, we found that some health service providers (Alzheimer Society, the LHIN, Hospice Niagara, the Centre de santé communautaire, etc.) offered certain programs or services in French. The providers with whom we spoke were all aware of the availability of these services.

However, these providers all agreed that it was much easier to find services in the majority language and that they would sometimes refer clients to services in English because, in some cases, there was no equivalent in French, for example, supportive housing and assisted living.

The lack of French language services and the fragmentation of these services across the care continuum sometimes force providers to go beyond their scope, by organising interpretation services for clients, doing the necessary administrative work on their behalf (making appointments, helping with forms, etc.), or providing system navigation support.

The providers also noted that their work as the resource person for French language services within their organizations was not always valued by their peers or managers. They highlighted, for example, that people did not always recognize the value added of their participation in collaboratives or other networking opportunities around French language services to enable them to better support the clients they see and refer them to related services in French outside their organizations.

Similarly, in Hamilton, according to the providers, the Centre de santé communautaire plays a key role, and not only with the Francophone population. It is also the first point of contact for Anglophone providers who receive requests for service from Francophone clients. **It is essential not only that these Francophone providers be very familiar with all French language services, but also that the services available in French, whether from the Centre de santé or from other organizations, be promoted to Anglophone agencies so as to ensure that clients who need French language services will receive them**.

In Waterloo Wellington, we found that support for navigation of French language services was provided by the Canadian Mental Health Association (CMHA) for the area. However, although the CMHA was able to direct people needing them to the most appropriate possible services in French, the fact remains that these clients had to have been referred to the CMHA or to have requested services from them. Many people needing home care services, for example, would not fall into this category. The providers we spoke to in WW emphasized the fact that people had to have a mental health

problem to gain access to navigation services, which meant that the clients who received these services were often in crisis and could have been helped earlier.

Barriers to offering services to Francophones

The systemic barriers identified by the providers are: lack of bilingual staff and difficulty of recruiting such staff, lack of specialized services in French, agency managers' and decision-makers' lack of awareness of and failure to prioritize French language services. Several providers responsible for delivering services in French told us that internal policies and procedures were not conducive to the active offer of French language services.

Some bilingual providers stressed that responsibility for offering services in French, and the navigator role that goes along with it, require a type of work that goes beyond direct client services. For example, it is important to learn about the French language services available at other agencies, by taking part in networking activities, collaboratives, communities of practice, etc. Yet it seems that this degree of commitment sometimes imposes a heavy additional workload that is not recognized in some organizations.

In the Hamilton area, people also mentioned service complexity as a significant barrier for Francophones experiencing isolation, especially when services are not available in French. For example, people with addictions seeking withdrawal support or wishing to join support groups have to arrange everything themselves. Many clients give up because they cannot manage to get through even the first steps because they do not understand English.

Lack of transportation is a barrier to access to care for people experiencing isolation and their caregivers. Even if some services are available at low cost to those who need them, access may be complicated for a person who does not have the support of family caregivers or others.

Conclusion: Preliminary Recommendations

We have developed some preliminary recommendations based on what the providers proposed in terms of priority actions as well as on the needs identified by the community. We would be happy to discuss these and see how we could support the LHINs in the planning and implementation of the following potential solutions:

For both regions

- In keeping with the LHINs and Entity 2018-19 Action Plan: Collect data on utilization of Home and Community Care services by Francophones, in order to determine, for example, how many Francophones live in Anglophone long-term care homes, and

how many Francophones receive home care, and develop strategies to mitigate the isolation of Francophones living in Anglophone long-term care homes and to better coordinate home care in French.
- Ensure that francophone clients' linguistic identity is proactively captured by HSPs upon intake in order for French language health services to be delivered accordingly.
- That Home and Community Care services identified as priorities by the French speaking community be addressed and planned for in collaboration with the Entity, in order for Francophones to receive French Language services when needed.

For Hamilton Niagara Haldimand Brant

- Use the directory of French language services being updated (as per the 2018-19 LHIN and Entity Action Plan) and design a concerted and on-going promotion plan to share this resource with all stakeholders, in order to facilitate referrals to the appropriate services in French and ensure better integration across the care continuum.
- In collaboration with the Entity, reach out and connect with Anglophone HSPs and promote their participation in the existing Active Offer online training as developed by the Réseau du Mieux-Être Francophone du Nord de l'Ontario (https://www.activeoffertraining.ca/).
- Design an action plan to encourage HSPs to refer their Francophone clients to the appropriate services in French.
- Ensure that Francophones have access to long-term care in French in Hamilton by identifying LTC beds for francophones in the Hamilton region.

For Waterloo Wellington

- Work with Anglophone community organizations and social groups (seniors' groups, etc.) to identify where the Francophones experiencing isolation are, how many of them there are and how they are being served.
- Work with anglophone HSPs to explore potential partnerships in order to add a French language component to the services they offer, and that meet the needs identified by the Francophone community.
- Plan for and develop a program of friendly visits by French-speaking volunteers or front-line workers to Anglophone long-term care homes so as to counter social isolation of Francophone residents.

Entité 2

de planification des services de santé en français pour les régions de
Waterloo· Wellington· Hamilton· Niagara· Haldimand· Brant

Home and Community Care For Francophone Seniors

Consultation Report - June 2018