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**For Information**

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**REPORT TITLE: Francophone Long Term Care Bed Review**

**FROM: Nancy Polsinelli, Commissioner of Health Services**

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**OBJECTIVE**

To report back to Regional Council following a delegation regarding the lack of Long Term Care beds for Francophone Seniors.

**REPORT HIGHLIGHTS**

- On March 24, 2022, Retraite Active de Peel delegated to Council on the lack of long term care beds for Francophone seniors resulting in Council referring staff to report back on findings.
  - Peel Region owns and operates five long term care homes with 703 beds and does not have designated French language beds.
  - Peel Long Term Care uses a Butterfly Model of care to meet the diverse needs of the Peel population. The Butterfly Model is an emotion based, person-centred, holistic approach that incorporates cultural and language preferences.
  - Staff utilize language supports; verbal and non-verbal communication tools; and interpretation services in care and service delivery when needed.
  - Long term care residents' needs change over time and the person-centred care model provides staff flexibility to meet changing needs.
  - The waiting lists for Peel Region's five homes show low demand for the need to designate French Language Services beds at this time.
  - There is no provincial funding to support costs incurred to achieve designation – which includes significant upfront and ongoing costs to continue to meet the designation requirements.
  - Based on the evidence provided, we have not proceeded with investigating French Language Services designation for Peel Long Term Care beds at this time.
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**DISCUSSION**

**1. Background**

On March 24, 2022, Retraite Active de Peel delegated to Council on the lack of long term care beds for Francophone seniors resulting in Council referring staff to report back after conducting an analysis and review of current community needs and requirements into the French Language Services designation.

Peel's five Long Term Care (LTC) homes – Sheridan Villa, Peel Manor, Tall Pines, Malton Village, and Vera M. Davis Centre – are home for up to 703 people with complex medical needs who require 24/7 care and services to improve their quality of life. Residents are

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provided with an emotion-based and person-centred model of care, access to a specialized behavioural support unit, and a large complement of interdisciplinary care providers. Peel LTC is also in the process of opening a 26-bed transitional behavioural support unit at Peel Manor to support the growing demand for specialized care for people living with advanced dementia in the central west geography. This unit will also incorporate emotion-based care.

Although there are no designated French Language Services (FLS) beds in our homes, person-centred approaches and the Butterfly Model of care are used to meet the diverse needs of Peel's long term care residents including cultural and language preferences. Language supports, verbal and non-verbal communication tools, and translation services are used when needed. LTC residents' needs change over time and the person-centred care model and approaches provides staff flexibility to meet the evolving needs.

### a) Demographics of Peel

Based on 2021 data collected in the latest census, Peel's total population was 1,441,775 individuals of which 1.7 per cent (24,690) identified as Francophones as per the Inclusive Definition of Francophone are - persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home. The population aged 65 years and up (207,915) accounted for 14.7 per cent of Peel's population, up from 12.8 per cent in 2016. Further breakdown of the population shows that individuals aged 65 years and older accounted for 16.6 per cent of Mississauga's population, 12.5 per cent of Brampton's population, and 14.9 per cent of Caledon's population.

From 2016 to 2021, the population aged 65 years and up in Peel grew 20.3 per cent. This is the second highest growth in the population aged 65 and older in the GTA regions. Of the 207,915 residents who are 65 years and up, 3,100 (1.5 per cent) identified as Francophones (the data collected by Census Canada excludes institutional residents – including those living in hospitals and long term care homes). The percentage of Francophone Seniors in Peel has been consistently low for the past three census periods.

	Population count	Francophone	Francophone per cent
<b>2021</b>			
Total	1,441,775	24,690	1.7
Age 65+	207,915	3,100	1.5
<b>2016</b>			
Total	1,375,800	24,950	1.8
Age 65+	172,275	2,898	1.7
<b>2011</b>			
Total	1,291,370	23,878	1.8
Age 65+	131,640	2,440	1.9

### b) Demographics of Peel Long Term Care Homes

In 2022, Peel Region's five homes provided care to 830 residents, one of which was a Francophone. This resident does not require translation services as they also speak

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English. This is similar to previous years where we had two Francophone residents in 2021 and three Francophone residents in 2020.

Language of preference data is collected upon resident admission and stored in the residents' electronic health record. Currently, the top five languages spoken by residents in our five homes are English, Portuguese, Italian, Spanish, and Punjabi.

	Per cent spoken	Number of residents
English	71.6	461
Portuguese	5.3	34
Italian	4.7	30
Spanish	1.7	11
Punjabi	1.2	8

Should a resident request services in a language other than English, we determine whether a staff member, caregiver, or volunteer, can act as an interpreter, offer professional interpretation services. This includes translation services and the development of a communication kit on an as needed basis. Staff members who speak the requested language are assigned to support with the care of residents where possible. Languages spoken by staff and their proficiency are also collected and stored in our training and education portal. These practices are consistent with the obligations under the *Fixing Long-Term Care Act* and the *French Language Services Act*.

With regards to staff, currently 8 per cent of the LTC staff population speak French, with most of those staff self-reporting as somewhat competent (82.7 per cent), competent (4 per cent), and very competent or non-rated, both at 6.7 per cent. The overall top languages spoken by LTC staff other than English are:

- Hindi 14 per cent
- Punjabi 11 per cent
- French 8 per cent
- Tagalog 7 per cent
- Urdu 5 per cent

### c) Peel Long Term Care Waiting Lists

Waiting lists for long term care homes are managed entirely by Home and Community Care Support Services (HCCSS). HCCSS care coordinators assess an individual's care needs to determine the type and the level of urgency for services including identifying the need for long term care. If an individual requires and is eligible for long term care, the individual will be able to select up to five long term care home waiting lists to be added to.

The current waiting lists for our five homes are calculated by the Ministry of Long-Term Care based on data provided by Ontario Health and accessible online.

Peel Long Term Care Home	Licensed Beds	Individuals on Waiting List (as of April 30, 2023)
Davis Centre (Caledon)	64	234

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Malton Village (Mississauga)	160	336
Tall Pines (Brampton)	160	628
Sheridan Villa (Mississauga)	142	846
Peel Manor (Brampton)	177	431

As of June 2023, the Central West HCCSS waiting list summary indicated that there were seven Francophone applicants, three of which have chosen one of our five homes.

## 2. Findings

Staff connected with Ministry of Francophone Affairs (MFA), Ontario Health, and a long term care home with a partial designation status of FLS to collect information on the requirements for designation and the designation process. Findings have been summarized below.

### a) Requirements for Designation

In order to be eligible to submit a request for designation, several changes would be required from the home including:

- i) Governing body and senior leadership support
  - Endorsement to seek designation from the Committee of Management (Regional Council) is required along with the resolution number.
  - A senior leader is required to assume oversight and delivery of FLS.
  - A policy framework to support FLS must be established to support the current and future offer of FLS.
  - French representation on a Home Advisory Committee (Residents Council) is required.
- ii) Direct Services to Residents and Clients
  - Reception and Admission - bilingual information for all callers/visitors, admission forms and documents intended for residents must be available.
  - Programming and Care – once a resident's language of choice is identified then the resident will be provided services in the official language of choice. Staff that cannot provide service in the resident's official language of choice must seek a bilingual colleague to assist and ensure an effective and timely hand-off to this colleague.
  - Annual resident and family satisfaction surveys and submission of any complaints are to be conducted in both official languages.
- iii) Human Resources
  - Staff working in French area are encouraged to interact in the official language of resident's choice and provide all resident related services in both official languages. The following positions working in the French Languages Services unit or any common area of the home where residents and family members/caregivers care access would be required to be bilingual and may include:
    - Supervisor of Care
    - Social Worker
    - Registered Nurse
    - Registered Practical Nurse
    - Personal Support Workers

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- Administrative Staff (Clerical Support/Reception)
  - Food Service Workers
  - Housekeeper
  - Rehabilitation Assistant
  - Recreation Therapy
  - Supervisor of Resident Support Services (including Volunteer Services)
  - Linguistic assessments are to be conducted as a prerequisite to the final hiring decision by Human Resources or by an accredited language assessment service.
  - Contracted service providers are requested to make any delivering service to the Francophone residents in French or make their best effort. If a contracted service provider is not able to deliver such services in French, the home will assist with interpretation/translation services between the resident and contracted service provider. All contracts will need to include a clause in the contract to guarantee FLS.
  - Permanency and Continuance of FLS– French services are to be available 24/7 and a vacation protocol for designated bilingual positions would be required in the Human Resources plan.
  - The home should offer training for employees who do not fully meet the linguistic requirements for their designated positions.
- iv) Communications
- External communications in both written and verbal form are to be made available in both official languages. This includes, but is not limited to, brochures, news release, print/radio/television/digital advertisement, electronic communications (including campaigns and email signatures), posters, office signage, and any public materials will be released simultaneously in both languages.
  - Voicemail messages should be in both languages.
  - Internal communications to be provided in both official languages simultaneously.
  - Written correspondence to residents and their families/caregivers available in both official languages simultaneously.
  - Any exterior and interior signage is to be made available in French.
  - Bilingual employees are identified and in partially designated homes, French signage must guide public to the locations where French services are offered.
- v) Reporting changes would include additional Ministry/Ontario Health reports
- vi) Letters of support for designation request are required from Francophone individuals or organizations in the region served.
- vii) A mechanism is in place to review and address FLS issues and complaints, and a report on FLS accomplishments and issues is submitted at least once a year to the board of directors or governing body.

### b) Designation Process

The designation of a FLS Health Service Provider is a voluntary process health service providers can choose to undertake. Designation under the *French Language Services Act* recognizes that an agency has met the government's designation criteria in providing

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FLS to its Francophone clients. The Ministry of Francophone Affairs or Ontario Health often invites providers to seek designation given the Francophone population they already serve or for the demand noticed within the local community of the service provider.

To achieve designation, the provider must offer quality services in French on a permanent basis, guarantee access to its services in French, have Francophones on its board of directors and in its executive, develop a written policy for services in French adopted by the board of directors and that sets out the provider's responsibilities with respect to services in French.

Health service providers can seek full or partial designation. Full designation would be for the entire home, which partial designation would apply to an identified subset of the home. A full designation would require every staff to be bilingual, and partial designation would require all staff working on the Francophone unit (including physicians, nursing managers and other identified positions as well as staff in any common areas including reception).

Once the required changes have been made to the homes including staffing complement, hiring processes, policies and procedures, translation of all common documents including policies, and the provider is compliant with any other requirements, letters of support from Francophone agencies and Ontario Health are received, the designation request is submitted.

Each designation request is evaluated by the Designation Plan Review Committee of the FLS Office to ensure it meets designation criteria. If the request meets the criteria, the request is recommended to the MFA through the responsible Deputy Minister/Associate Deputy Minister's signature. The MFA gathers the requests from various ministries, reviews them with its counsel, and prepares a package for the Minister Responsible for Francophone Affairs. The Minister presents the requests for designation to the Legislation and Regulations Committee prior to going to Cabinet. The number of agencies that appears on the Order in Council varies depending on the number of agencies from all ministries ready for designation.

After a designation is entered into the public record, the MFA produces a designation certificate for signature by the Minister Responsible for Francophone Affairs and the appropriate line minister. The MFA then forwards the signed certificate to the agency.

To ensure designated agencies continue to remain in compliance with the designation requirements, agencies are to complete an evaluation every three years and submit supporting documentation.

## **RISK CONSIDERATIONS**

It is important to note that a decision to designate does not come with any funding from the Ministry of Francophone Affairs. Homes are required to implement the above changes and requirements on their own and maintain any newly incurred costs unless another funding source is identified. These costs include but are not limited to initial and ongoing translation of all LTC and applicable Peel Region policies and procedures, communication, correspondence materials, surveys, admission forms, and interior and exterior signage.

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Strategies would need to be developed in order to recruit and retain qualified staff with the required proficiency in French.

### **BILL 112 RISKS AND IMPLICATIONS**

Bill 112, the *Hazel McCallion Act (Peel Dissolution), 2023* will dissolve the Region of Peel, making the Cities of Brampton and Mississauga and the Town of Caledon single-tier municipalities, effective January 1, 2025. The legislation provides for the establishment of a Transition Board to make recommendations on implementing the restructuring. Details of the transition are not known at this time and are to be addressed in future reporting to Regional Council.

While Bill 112 does not mention specific changes for LTC, the dissolution of Peel will likely change the governing entity that will continue to support the five Regional long term care homes as the Committee of Management.

If Peel Region were to designate FLS beds, dissolution would also pose a challenge to the funding mechanism due to the non-existent provincial funding for upkeeping the requirements related to designation.

### **CONCLUSION**

Peel is a leader in providing quality, innovative, and inclusive long term care services for its residents and is highly sought after as a choice for those looking for residence and care within long term care homes. Our emotion-focused approach to care looks to meet the individual needs of each resident as much as possible including providing activities, dining experiences, and care in support of the diversity and cultural backgrounds of our residents.

Based on the evidence provided, we have not proceeded with investigating French Language Services designation for Peel Long Term Care beds at this time. Staff will monitor demographic data of Peel's residents and will continue to update Council with any new trends related to changing needs and the delivery of long term care services.

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Nancy Polsinelli, Commissioner of Health Services

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