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Home Care Experiences and Language Challenges in Ontario:

Perspectives of Francophone Seniors, Family
Caregivers, Frontline Care Providers, and Managers

SUMMARY REPORT

Solange van Kemenade

Jacinthe Savard

Josée Benoît

Katrine Sauv -Schenk

Louise Bouchard

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Research team

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Research Associates

Josée Benoit
Solange van Kemenade

Research Assistants

Morgan Dumont
Dominic Lerouzès

With the collaboration of the Ontario French Language Health Planning Entities (and their directors). At the time of our study:

- Paul Levac, French Language Health Planning Entity 1 in the Erie St. Clair/Southwest regions
- Annie Boucher, French Language Health Planning Entity 2 for the Waterloo Wellington, Hamilton Niagara, and Haldimand Brandt regions
- Constant Ouapo, French Language Health Planning Entity 3 for the Central Toronto, Central West, and Mississauga-Halton regions
- Oureye Seck and Stephen Beaupré, French Language Health Planning Entity 4 for the Central Southwest Region
- Jacinthe Desaulniers and Joëlle Plourde, Entity 5: Réseau des services de santé en français de l'Est de l'Ontario (RSSFE), in the East and South-East regions
- Diane Quintas and Chantal Chartrand, Entity 6: Réseau du mieux-être francophone du Nord de l'Ontario, in the North-East and North-West regions.

Graphic design and layout: Julia Stomal

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Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire (GReFoPS)

University of Ottawa
Ottawa (Ontario) K1S 5L5

Email: josee.benoit@uottawa.ca or grefops@uottawa.ca

Phone : 613-562-5800 ext. 8065

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SOME DEFINITIONS

The following definitions were taken verbatim from the documents cited and, if the document was only available in French, translated into English.

Active offer: The Ontario Ministry of Francophone Affairs defines the concept of "active offer" as all measures taken by government agencies to ensure that French-language services are clearly visible, easily accessible, and publicized, and that they are of equivalent quality to services offered in English. This includes all communications, such as signage, notices, social media, and any other information about services, as well as initial communications with Francophone clients. [...] The principles associated with the concept of "active offer" include identifying Francophone patients and providing information about local health services available in French. Given the capacity for French-language services, they also include the provision of health services in French to Francophone patients or recommendations enabling Francophone patients to obtain health services in French (Ministère de la Santé et des Soins de longue durée, 2017, p. 25).

Designation: Designation under the *French Language Services Act* is a legal and administrative process that allows health service providers to demonstrate that they have the capacity to actively offer French language services on a permanent basis while meeting the specific needs of the Francophone population they serve. As legal recognition, designation is rather like a seal of quality for French language health services (Réseau des services de santé en français de l'Est de l'Ontario [RSSFE], 2024).

Different categories of health service providers under Ontario's *French Language Services Act*

CATEGORY 1: DESIGNATED HEALTH SERVICE PROVIDERS

An agency that has been designated under the Ontario's *French Language Services Act* meets the requirements set by the Ministry of Francophone Affairs. Designation is a legal and administrative procedure that currently has 34 requirements. [...] When all of their services are designated (full designation), these agencies actively offer French-language services on a permanent basis. With partial designation, only certain programs or services are obliged to provide French-language services (RSSFE, 2020, pp. 14).

CATEGORY 2: IDENTIFIED HEALTH SERVICE PROVIDERS

Identified health service providers have an obligation to work towards obtaining their designation under the *French Language Services Act*. Following their identification, they are expected to eventually (within a reasonable time frame, normally three years) submit a designation plan. The identification process itself is not detailed in the *French Language Services Act*. However, health services planning authorities, after analyzing local capacity and on the recommendation of stakeholders working in French-language health services, use the identification of organizations to improve access to French-language services. Identified agencies are in the French-language service capacity development stage. They must analyze their resources and put in place mechanisms enabling them to provide French-language services. Note that French-language services are never guaranteed. However, identified agencies often have some French-language service capacity among their human resources, at least in the Champlain region (RSSFE, 2020, p. 15).

CATEGORY 3: NON-IDENTIFIED / NON-DESIGNATED HEALTH SERVICE PROVIDERS

Non-identified agencies have no obligation to provide French-language services. But like identified agencies, they may still have some French-language service capacity. These agencies still have a responsibility to implement a strategy to address the needs of their Francophone clientele, if any. These plans can include, for example, partnerships or use of interpreters (RSSFE, 2020, pp. 15).

In addition to the categories created by law

Some community organizations generally created "by and for" Francophones are providing services that support aging in place. These **organizations with a Francophone mandate** provide services in French on an active and ongoing basis. Generally, all employees of these organizations who are in contact with service users speak French and can deliver services in that language.

SUMMARY REPORT

This study was the subject of a detailed research report, the main elements of which are presented in this summary report¹.

INTRODUCTION

The needs of seniors are growing in Francophone minority communities (FMCs). This population is aging faster than the general Canadian population (Bouchard *et al.*, 2022; Batista *et al.*, 2024). This situation requires adequate planning of long-term services, both for home support and for long-term care facilities for people with declining independence. Home care fosters the preservation of social ties (Dupuis-Blanchard *et al.*, 2015). It also represents lower costs for the healthcare system compared to placements in hospitals or long-term care facilities (Sinha and Nolan, 2020; Wyonch, 2024). It remains the preferred choice of many seniors. In Canada, 92% of people aged 65 and over remained at home with or without services (Public Health Agency of Canada, 2020).

In the context of FMCs, language discordance, a situation where the spoken and well-mastered language differs between the care provider and the care recipient, is a major issue. It can lead to communication breakdowns that have a direct impact on the quality, continuity, and safety of care (Bowen, 2015; de Moissac and Bowen, 2019; Jutras *et al.*, 2020; Seale *et al.*, 2022). However, these consequences remain understudied in the Canadian context, particularly with regard to home care (Dupuis-Blanchard, 2024).

This study is part of a three-and-a-half-year research project (2021-2025) whose main objective was to better understand: a) the availability of French-language services, b) access to these services, and c) the impact of language barriers on the health, well-being, quality, and safety of care provided to Francophone seniors. This report focuses specifically on the experiences of home care services provided to Francophone seniors in Ontario.

Francophone seniors in Ontario: demographic trends

- In Ontario, 21% of the Francophone population is aged 65 and over, representing approximately 123,600 people (Statistics Canada, 2023).
- The proportion of Francophones aged 75 and over is slightly higher than that of Anglophones in the same age group, except in the Southwestern region.
- The proportion of seniors living in rural areas is significantly higher among Francophones than among Anglophones (Batista *et al.*, 2024).
- The sociodemographic profile highlights certain inequalities: Francophone seniors are proportionally more likely to live alone and generally have fewer economic resources than their Anglophone counterparts (Batista *et al.*, 2024).

¹ This detailed research report is available in French only at: https://www.grefops.ca/uploads/7/4/7/3/7473881/rapport_integral_soins_domicile.pdf

French-language services in Ontario

- French-language services are governed by the Ontario *French Language Services Act (FLSA)*, which requires certain care providers to offer French-language services actively and on an ongoing basis (see the section "Some definitions").
- The province recently modernized this Act and its regulations (Ministry of Francophone Affairs, 2022). Two recent additions are relevant to the issues addressed in our study: a) Ontario Regulation 544/22, which introduces the principle of active offer into the FLSA and b) Ontario Regulation 284/11, which establishes responsibilities for French-language services for healthcare providers who offer services on behalf of government agencies. Thus, certain agencies, without being designated themselves, may have French-language service obligations with respect to services performed on behalf of Ontario Health atHome².
- Consequently, Home and Community Care Support Services (HCCSS) has also established a provincial policy on French-language services aimed at ensuring, among other things, that it "*fully meets its obligations [...] to actively offering its services in both official languages*" (Home and Community Care Support Services, 2024, p. 2).
- While Ontario Health atHome is designated (and previously the "Home and Community Care Support Services" in several regions), private agencies and community organizations that provide home care are less frequently designated.
- Some community organizations whose mandate is to serve Francophones, often created "by and for" Francophones, offer French-language services, whether or not they are designated under the FLSA. It should be noted, however, that all organizations with a Francophone mandate mentioned in this study also held a designation under the FLSA.
- Since 2011, six French Language Health Planning Entities (FLHPEs) have been mandated by the Ministry of Health to advise regional authorities on improving French language health services. In June 2025, the activities of the six FLHPEs were transferred to a single centre, the French Language Health Planning Centre (Government of Ontario, 2025).

Home care in Ontario

- Since June 2024, a single organization, Ontario Health atHome, has been managing requests for home care services and long-term care home placements, replacing 14 regional Home and Community Care Support Services organizations (Ministry of Health, 2024).
- Home care funded by the province is coordinated by Ontario Health atHome, while its delivery is most often contracted out to private agencies or non-profit organizations. In some regions where there are no such providers, Ontario Health atHome may offer services directly.
- The variety of organizations involved in supporting older adults to age in place makes it difficult to keep an accurate count of the agencies offering this type of service.

² Service users and their families recount experiences of care received over several years. As such, these obligations were not yet in force at the time of some of the experiences reported.

OBJECTIVE

- This study aimed to understand the experience of home care for Francophone individuals and the impact of language barriers in this sector from the perspectives of managers, frontline practitioners, Francophone seniors, and their family caregivers.
- It also sought to explore variations in the provision of French-language services based on the linguistic status of provider organizations, whether they have a Francophone mandate, are designated, identified, or unidentified/undesignated.

METHOD

A qualitative methodological approach was adopted. The project was approved by the University of Ottawa's Research Ethics Board on September 12, 2023; the protocol number is S-06-22-8102.

PARTICIPANTS AND RECRUITMENT

- Four categories of participants were invited to take part in the study: managers of agencies that provide home care; frontline care providers at these agencies; home care service users and their family caregivers; and key contacts from the French-language Health Planning Entities (FLHPEs).
- Recruitment was carried out by contacting various agencies that provide home care in Ontario, including Home and Community Care Support Services (now Ontario Health atHome), private agencies, and non-profit organizations. Other strategies were also used, such as posting ads on social media, websites, e-newsletters, and French-language newspapers, among others.
- A purposive sampling method was adopted, taking into account the geographic distribution of participants in Ontario's five health regions at the start of the study: West, Toronto, Central, East, North³.

DATA COLLECTION

- A total of 45 semi-structured interviews were conducted between September 2023 and June 2024, mainly via videoconference, with the four groups of participants.
- An interview guide steered the discussions towards various topics, including the provision of French-language services, linguistic challenges encountered, critical incidents, strategies implemented to overcome language barriers, avenues for improving French-language services, and practices deemed promising.

DATA ANALYSIS

- A thematic analysis of the data was conducted based on the narrative data collected in order to identify recurring themes, emerging themes, and the links between them (Saldaña, 2013).
- The analysis took into account the presence or absence of these themes and the trends emerging from the respondents' comments according to the four categories of respondents and the linguistic status of the agency.

3 The Northern region has since been divided into two regions: North East and North West

RESULTS

Some characteristics of the home care agencies represented in the study and their clientele

The 40 participants in the categories of managers, frontline practitioners, and service users/family caregivers worked for or received home care services from at least 22 different agencies⁴. Of these agencies, 14 were designated (full or partial designation), one was identified, and seven were non-designated/non-identified. The four agencies with a Francophone mandate were all designated under the *French Language Services Act* (full or partial designation). A table in the appendix provides additional information about the agencies and participants.

The managers and frontline practitioners interviewed provided information on the characteristics of the people receiving home care from their agency.

- In agencies with a Francophone mandate, service users are all Francophone or Francophile, except for some members of exogamous couples or families.
 - In large urban centres such as Toronto and Hamilton, the Francophone clientele served is largely of immigrant origin from French-speaking countries. This group, which generally has more limited proficiency in English than individuals who have lived in Ontario their entire lives, may be more inclined to seek services from organizations with a Francophone mandate.
- In designated agencies, Francophone clients are generally not the majority, although they represent a significant proportion of the clientele, especially in the East and North East health regions.
 - In the North East region, the Francophone clientele consists largely of individuals born in Canada and long established in the region. According to some frontline providers, approximately 40% of the clientele identifies as Francophone, but only about 10% are unable to communicate in English.
 - In the East region, Francophone service users represented approximately 15% of the clientele, with notable variation across geographic areas. The Francophone clients are more prevalent in rural areas east of Ottawa. In the southern part of the region, their demographic weight is lower, and many have lived in Ontario for a long time and are proficient in English.
- In the West region, the demographic weight of Francophones is also relatively low. Francophone immigrants and older adults living outside major urban centres were identified as having the greatest need for services in French.

Results of the thematic analysis

Four main themes, which varied slightly depending on the category of participants, emerged from this analysis:

- Provision of French-language services
- Linguistic challenges, critical incidents, and strategies for overcoming them
- Possible improvements to home care services in French and obstacles encountered
- Promising practices

⁴ Some service users and caregivers were unable to name all the agencies from which they had received services coordinated by Home and Community Care Support Services in their region.

THEME 1. Provision of French-language services

Importance of language in the home care context

Both managers and frontline practitioners reported being well aware of the importance of language in a care context. Several emphasized that linguistic concordance between professionals and service users is an important factor in the quality and safety of home care services. According to frontline practitioners, this linguistic concordance helps strengthen the therapeutic relationship.

« ...when we make home visits [...] there is a certain level of embarrassment, of shame that they want to hide, they want to tell themselves that they are still independent. And being able to speak in your own language and feel comfortable makes a difference in being able to express yourself and really catch the nuances. (Manager #7, transl.) »

Linguistic concordance is considered even more important for the following people:

- people at the end of life;
- immigrants; and
- those affected by neurocognitive disorders.

It is also perceived as very important in the following situations:

- personal care;
- palliative care;
- cognitive assessments;
- evaluations of the effectiveness of an intervention or treatment;
- education provided by professionals (e.g., occupational therapists on the safe use of equipment).

As for service users and family caregivers, the majority expressed a preference for receiving home care services in French. Even though many consider themselves bilingual in their daily lives, they fear that they will not be able to express themselves adequately or understand information in English when it comes to their health. On the other hand, some people are reluctant to request French-language services fearful that they will have to wait longer to receive them. Questions about satisfaction with services and critical incidents highlighted the importance of linguistically concordant care in the following situations:

- intimate care;
- respite for caregivers;
- distress or emergency situations.

« I asked her some questions, then I realized it was because she [the PSW] was English-speaking. So right now, I'm the one who gives her bath on Sundays because we can't get anyone else who speaks French. (Family caregiver #3, transl.) »

It's just that during my respite time, I can't leave because there's a communication problem between the two of them. (Family caregiver #17, transl.)

In short, according to participants, linguistic concordance ensures a quality of communication that is not possible when the care provider cannot express themselves in French.

Linguistic identification of service users

Service users are generally referred to subcontracting agencies (private or non-profit) by Ontario Health atHome, which, in principle, records their preferred language in their file. Service users are asked two questions, one regarding the languages they speak and one asking their preferred language for service delivery.

- According to managers and frontline practitioners, this procedure is generally followed, and the information is usually double-checked at the time of the first contact by the agency receiving the referral. However, in some cases, the identification of language preference may be incomplete or inaccurate.
- Furthermore, individuals who could benefit from French-language services are not always adequately identified, as not all of them request services in French.
- Furthermore, even if the preferred language is noted in the file, the service users will not receive French-language services if those services are not available.

« You know, people who identify as Francophones identify that way because they want services in French. But I think that sometimes it's not well represented because I have someone who speaks French very well but is also able to get by in English, so they check bilingual. (Manager #4, transl.)

So normally, [...] [Ontario Health atHome] will indicate on the service request that the person is French-speaking. Please provide services in French. And [...] we assign a French-speaking person first, if one is available. But if not, we go back to the client and ask them if they want an English-speaking person. (Manager #6, transl.) »

While some service users and family caregivers reported being asked about their mother tongue or preferred language for service delivery, several said that this was not the case. Others stated that they did not indicate a preference.

« In fact, they don't even ask us the question, OK? [...]. The lady was here at home, she had her laptop and she asked the questions. That's all. But she never asked if you had a preference for receiving services in French or English. No. (Family caregiver #8, transl.)

No, that wasn't one of the criteria we submitted. For us, it was about getting the service. [...] What was important to us when we applied in 2020 was getting the service quickly. So, we didn't insist on French since we were bilingual. (Family caregiver #16, transl.) »

Availability of French-language services

SOME DIFFERENCES DEPENDING ON LINGUISTIC STATUS OF THE AGENCIES

From interviews with managers and frontline practitioners, we note some variations in the provision of services in French depending on the linguistic status of the agencies.

- Organizations with a Francophone mandate offer all their services in French, and their staff must be bilingual or Francophone.

- In other designated agencies, efforts are made to match bilingual resources with Francophone service users as much as possible. Despite good intentions, this is not always possible. In a designated agency located in a remote area, a manager indicated that it was impossible to find Francophone or bilingual personal support workers in her locality.
- In non-designated agencies, staff are not necessarily bilingual. Some do not seem to have systematic mechanisms for allocating bilingual resources to French-speaking clients. Two managers interviewed, both from the Eastern region, estimated that approximately 15 to 20% of their staff could speak French. One agency attempts to strategically distribute these bilingual workers across different shifts so that there is always at least one person available to respond to requests for French-language services. Another agency focuses on ensuring that there are more French-speaking staff in geographic areas with a higher concentration of French speakers.

When bilingual staff are unavailable, agencies sometimes call service users to inform them that they can receive services if they agree to receive them in English.

« It's because when she sent the request to [name of agency], well, if they didn't have the staff, they would call us to say, "OK, we'll be here, but is it OK if it's in English?" (Family caregiver #17, transl.) »

SOME DIFFERENCES DEPENDING ON THE TYPE OF SERVICES

Service users and family caregivers in Eastern and Northeastern Ontario reported that care coordinators were generally able to speak French and that professional services were often provided in that language, although some exceptions were noted. However, personal care, respite care, and housekeeping services were more difficult to obtain in French:

- communication with agencies providing these services was most often in English.
- these services had the highest staff turnover: services were provided by several different workers, with the result that services were sometimes provided in French, but more often in English;
- service users or their family caregivers pointed out that they had to insist repeatedly to obtain services in French, and some indicated that they were unable to do so despite their efforts.

Finally, some people mentioned that emergency calls, such as those made using the call button or to ambulance services, were more frequently answered in English.

SOME REGIONAL DIFFERENCES

- French-language services were generally available from a wider range of providers in the East and North-East regions than in the West, Centre and Toronto regions. In the latter areas, most French-language services reported by participants were provided by a limited number of organizations with a Francophone mandate. Outside of these organizations, access to French-language services was difficult.
- The concentration of the Francophone population in certain regions, particularly around large metropolitan areas (Toronto, Ottawa), facilitates access to bilingual human resources and, consequently, to French-language services.
- The geographical extent of certain regions makes it more difficult to provide French-language services throughout the whole area to be served.

REASONS GIVEN FOR THE UNAVAILABILITY OF FRENCH-LANGUAGE SERVICES

Several reasons were cited to explain the unavailability of French-language services, both in designated and non-designated agencies.

- Staff shortages, both general and specific to bilingual staff, are the most frequently cited reason for the lack of French-language services.
- Staff rotation, for example due to scheduled work leaves, limits the possibility of assigning a bilingual worker to a French-speaking service users.
- Staff turnover (attrition), possibly linked to unattractive pay conditions, is such that even when the agency has bilingual staff at certain times, they may not be available at other times.
- Another reason cited is the linguistic insecurity of some staff members who, although they understand French, do not dare speaking it, due to a lack of opportunity to practise.
- The service user's ability to communicate in English is another argument for not prioritizing services in French.
- Finally, one frontline provider mentioned that when a request is urgent (requiring a response within 24 hours), it can be difficult to provide the service in French.

« Yes, there are French-speaking patients, but they are often bilingual. And since it's not always the same nurse who is assigned to the patient, because we also have vacations, etc. So even if I, for example, am bilingual and I go to see a patient who is bilingual but prefers to speak French, I can speak French to them. But the next nurse, chances are she won't be able to speak French with them. (Frontline provider #14, transl.)

Most of these companies are English-speaking. They may have French-speaking employees. That's why we refer to more than one company so that the client can call each company. So we ask the question, and they always say, "Oh, yes, we have French-speaking workers." But there is so much turnover in these companies that this may not always be the case by the time we refer the client. It's difficult to manage. (Frontline provider #8, transl.)



THEME 2. Linguistic challenges, critical incidents, and strategies for overcoming them

Managers and frontline providers mainly discussed general communication challenges and linguistic issues, rather than reporting critical incidents. It should be noted that the latter is a sensitive issue and that the interviewees may have been reluctant to discuss it in depth. A few caregivers and one practitioner reported situations that could have posed risks to service users.

Communication challenges related to linguistic issues

Several communication challenges were reported by managers and frontline providers:

- inaccurate information in a care recipient's file can lead to a situation in which a care provider who does not speak French finds themselves, to their surprise, assigned to care for a person who does not speak English;



Last week, we had a referral. Because on the referral it just says: "Prefer French". So, when we get that instruction, that means like we assume that they're able to comprehend English, you know, but they just prefer someone who speaks French. So, we accepted the referral based on the understanding that the client does understand some English. [...] But then, as it turned out, the client only speaks French. So, the instruction was not 100 % accurate. (Frontline provider #5)



- some professionals mentioned experiencing challenges related to working in two languages, particularly when they must use English to report the results of assessments conducted in French;
- linguistic insecurity can lead some French-speaking service users, who have long lived in a predominantly English-speaking environment, to opt for English even when interacting with bilingual practitioners, despite not being completely comfortable in that language, which can affect the quality of communication;
- difficulties related to inadequate information transfer between certain service users (most frequently those with hearing loss or neurocognitive disorders) and their family members have been observed, highlighting the importance for professionals to maintain constant communication with families.



And often, we give information to patients, and the patient doesn't always understand. They pass this information on to their family, who are now also confused. (Frontline provider #14, transl.)



One issue was raised by managers, as well as service users and family caregivers:

- cultural and linguistic differences, particularly variations in accents, can be an obstacle to fluid and clear communication between practitioners and service users.

Finally, distinct communication challenges were reported by service users and family caregivers:

- the main communication challenge mentioned by service users was the fear of not finding the right words to explain a health problem;
- family caregivers seem more concerned when they have to leave their loved ones, who are not comfortable with English, in the care of an English-speaking workers, which results in the preparation of detailed instructions written in English and French, as well as shorter respite periods or even cancelled services.



But what was special was that an English-speaking gentleman came here. And [name of spouse], in his illness, his dementia... [before he was] perfectly bilingual, but like... he only spoke French. So I said: "[name of spouse] In English, switch to English". But he continued in French. [...]. And then I was kind of forced to translate for the other gentleman. [...]. So that made me uncomfortable, and it kind of erode my time, my quality time away from home. (Family caregiver #10, transl.)

I mentioned it to our care coordinator. I said, if that's the case, and he can't really talk [...]. It's just that during my respite time, I can't leave because there's a communication issue between the two. (Family caregiver #17, transl.)



This possibility of service users or their caregivers withdrawing their requests for services has also been observed by some frontline providers.

« Not yet. I haven't witnessed that [critical incident], but I hear seniors saying things like, "We can do without these services if, in the end, we can't communicate properly with their people." That's what I hear, yes. (Frontline provider #7, transl.) »

It follows from the above that the presence of language barriers tends to increase the tasks and responsibilities of family caregivers.

Critical incidents

The critical incidents reported illustrate the importance of providing linguistically appropriate home care services in several areas.

- An occupational therapist recounted an incident in which a personal support worker from her agency believed that the service user was angry with her, when in fact the service user was trying to explain that the bath water was too hot.
- A family caregiver described challenges in understanding instructions provided only in English for changing dressings and adjusting her spouse's shoulder sling following surgery.
- Another caregiver highlighted an incident that occurred when her father's emergency call button was accidentally triggered while she was present. When the monitoring company called, the person on the other end of the line spoke only English to her father, who was unilingual French-speaking, a situation that could have been critical if it had been a real emergency call.
- The same caregiver reported a situation where her father called her because he did not understand the information written in English on the meal he received from Meals on Wheels. He did not understand that it was the expiration date of the meal.
- Finally, the same person raised the risk of an inaccurate assessment when her father's memory was evaluated using the MoCA test by a French-speaking nurse practitioner. The nurse had only brought the English version of the form and would have translated it informally, even though it is a standardized assessment tool for which official French versions are available.

« I remember once my father was on the phone with me and he said, "What does that mean?" Then he started spelling out a word for me "T-h-u-r". I was there, wondering what he was saying. He was spelling out Thursday. Because he hadn't received his meals on wheels that day. He wanted to know if it was still good. But it just said Thursday. So it was now the following Wednesday. I said, "No, no, no! Don't eat that. Don't eat that! It's not good." (Family caregiver #4, transl.) »

Strategies for overcoming language barriers

ORGANIZATIONAL STRATEGIES

Agencies that provide home care implement various organizational strategies to ensure that bilingual practitioners are assigned to French-speaking service users. These include:

- verification of the linguistic information recorded in the service users' files;
- recruitment, where possible, of bilingual staff in proportion to the needs of their clientele;
- strategic allocation of resources (e.g., deployment of bilingual resources in areas with a higher concentration of French speakers; presence of a few bilingual professionals in critical clinical sectors for responding to emergencies in the evening or on weekends);
- implementation of a contingency plan to replace a French-speaking or bilingual worker who is absent with another bilingual person;
- incentives for staff language skills development.

« So, you have to try, even if you're not French, you have to try your best to make sure that they're okay. That's why we also have a French-language course that we have to do on our Surge Learning. (Frontline provider #6) »

When pairing with a bilingual worker is not possible, other measures are implemented to overcome language barriers:

- in some agencies, practitioners have access to a formal interpretation service or translation applications;
- some managers have indicated that they ensure the presence of a French-speaking care coordinator, either in person or by telephone, to facilitate communication between French-speaking service users and English-speaking practitioners;
- in some cases, consultations in French can be offered virtually by a bilingual practitioner from another sector;
- other agencies use a variety of communication methods. For example, one manager explained that before an English-speaking practitioner visits a French-speaking service user, she would send letters or explanations in French to inform them about the upcoming services;
- agencies with a Francophone mandate have also set up certified interpretation/navigation services to assist French-speaking service users who need to obtain services in English from other organizations or medical specialists;
- finally, in some agencies, the presence of family members is encouraged in order to facilitate communication.

« Yes, so we end up... what we usually do is a lot of communication. We'll send letters, French letters, so they understand like what's happening, who's going into their home, what the procedure is going to be. A lot of times, because the staff can still get by in French, they can still communicate. But there have been times where the staff member calls me, and I talk to that person over the phone in French, so I can communicate a little better. (Manager #5) »

For visits for personal care or social work, we ask them if there is a family member who can come to translate, interpret, or be present during the visit. (Manager #6, transl.)

STRATEGIES DEPLOYED BY PRACTITIONERS

When asked about the strategies deployed at the individual level, frontline providers shared their perceptions of various options.

- The use of formal translation and interpretation services offering services in several languages: Participants indicated that these services, although available, are generally underused within their organizations due to the time required to do so.

« It's complex to have clients who need interpretation. It makes things much more complicated for specialists and everyone else. However, there are times when it's necessary. (Frontline provider #12, transl.) »

- The use of informal interpreters: Using coworkers or family members would be faster and, as a result, more widely used.
- Translation apps: These seem to be used to a lesser extent in home care than in long-term care homes, where their use has been reported more regularly⁵. While not completely ruled out, they seem to be used as a last resort. Their use would be difficult with service users who have low literacy levels.
- Use of non-verbal language: Demonstration, images, diagrams, photos, or videos are frequently used to support communication.
- Adapting communication: more pronounced articulation, repetition, and simplification of the message are used, particularly with people with neurocognitive disorders or hearing loss.

STRATEGIES USED BY SERVICE USERS AND FAMILY CAREGIVERS

Recipients of home care and family caregivers described various strategies for obtaining French-language services and compensating for the system's shortcomings:

- constantly requesting home care and support services in French;
- encouraging care providers to overcome their linguistic insecurity by encouraging their use of French, while emphasizing that the use of simple, standardized language is sufficient for many types of care or services.

« I tried very hard to work on linguistic insecurity because I don't give up [...]. « Bonjour, comment ça va? » And then, « I'm good ». Next time « Bonjour, comment ça va? » « I'm good ». « Bonjour, comment ça va? » « Ça va bien ». So little by little, it was about encouraging them like that. (Family caregiver #4, transl.) »

In the absence of French-language services, service users reported using the following strategies to overcome language barriers:

- asking a family member to act as an interpreter;
- using non-verbal language.

5 See van Kemenade et al. (2025). https://www.grefops.ca/uploads/7/4/7/3/7473881/summary_report_long_term_care.pdf

« *[...] Of course, I'll favor French [...], we understand each other much better if it's our mother tongue. But, my goodness, if there isn't any, we use signs and a little bit of gibberish in English and French, but we end up understanding each other. (Service user #15, transl.)* »

The strategies described by family caregivers included:

- acting as an interpreter between the service users and frontline providers;
- acting as a liaison between the service users and agencies, particularly for coordinating care and managing appointments;
- developing communication aids (e.g., bilingual memory cards or information sheets on the service user's preferences).

« *I made safety sheets or handouts in French and English. Like, for example: "[spouse's name], he's retired. He was [name of the profession]. He likes doing this and that." Because if the person who came was English-speaking, I wanted them to talk to [spouse's name] and find out what he likes to eat and what he doesn't like to eat. [...]. So, I made a kit in French, but I also made one in English. [...] For television, I would say to the person, " [...] he likes French channels. Here are the French channels." (Family caregiver #10, transl.)* »

THEME 3. Possible improvements to home care services in French

Areas for improvement

PROPOSALS MADE BY MANAGERS AND FRONTLINE PROVIDERS

Several managers and frontline providers indicated that their organizations were already engaged in efforts to improve French-language services. One frontline provider emphasized that an excellent knowledge of the local Francophone community is essential to more accurately identify gaps in French-language services and address them. Their proposals focus on two main areas: human resources, and organizational resources and practices.

1. Improvements related to human resources (recruitment, retention, distribution, and development)

- Increased recruitment of bilingual staff.
- More equitable compensation to promote staff retention.
- Better identification of staff language skills.
- Additional training in language skills development, the use of translation tools, and the principles of actively offering French-language services.

« *So, we have work to do. First, I would say, we need to hire more French-speaking people. Second, we need to ensure that these people have a certain level of French proficiency [...]. We really need to better standardize our definition of bilingualism. (Manager #6, transl.)* »

- Reflection on optimizing the use of bilingual human resources. For example, it was proposed to allow French-speaking professionals to work in different sectors as needed, by assigning them more versatile roles.



[...] perhaps modify services so that we can use the nurses we have, who are able to offer services in French, not only in their current field of work, but perhaps in other areas where there is a need, within the same agency. Offer them training so that they can work in other areas when the need arises. (Manager #2, transl.)



2. Improvements related to organizational resources and practices

- Improving the linguistic identification of service users and linguistically appropriate pairing practices.



But I think there needs to be some accountability for contracts and third parties: to do a better job of identifying their French-speaking staff and making an effort, because from what we understand from hearing our clients' experiences, third parties that offer home services [...] it is not common practice for them to identifying their French-speaking staff, identifying French-speaking clients, and making an effort to match them together. (Manager #7, transl.)



- Availability of documentation in French, including consent forms and information on organizational websites.
- Increased funding for certain Francophone community organizations to enable them to play a greater role in providing home care, notably by expanding the range of services they could offer.
- An increased presence of bilingual care coordinators and/or service navigators: With greater awareness of the needs of Francophones and the resources available, these professionals could better refer service users to French-language services.

PROPOSALS MADE BY SERVICE USERS AND FAMILY CAREGIVERS

Their proposals for improvement focus on three areas: human resources, service coordination, and agreements with subcontracting agencies.

1. Improvements related to human resources

- The proposals relating to human resources are largely in line with those made by managers and frontline providers, particularly regarding recruitment, retention, and development.

2. Improvements related to service coordination

- Better identification of French-speaking service users immediately upon opening a file: In this regard, a participant mentioned the possibility of the Ontario government introducing a health card containing language information, following the example of other Canadian provinces.
- Greater effort to expand French-language services: Two specific requests were made: to offer fall prevention programs in French at least once a year and to prioritize respite services in French in order to reassure caregivers that their loved ones will be safe and that their needs will be understood in their absence.
- Promotion of an organizational culture focused on actively offering French-language services so that Francophone service users and their families feel comfortable communicating in French with service providers.

- More effective communication, particularly for managing appointments.
- The implementation of mechanisms to assess service users' satisfaction.

« They should contact us so that we can participate in the person's assessment. The agency should call us regularly, at least once a month, to find out how things are going, if there are any problems, and if the person who comes is doing the work assigned to them. (Family caregiver #13, transl.) »

3. Improvements related to agreements with subcontracting agencies

- When Ontario Health atHome awards contracts to third-party agencies, prioritization of those able to offer French-language services. Among other things, it was suggested that more contracts be awarded to existing Francophone organizations.
- A greater accountability for French-language services required by Ontario Health atHome from contracting agencies.

« [...] that's what I would see, that French-language services in some cases, such as home care, should be provided by an existing French-language organization. (Service user #9, transl.) »

PROPOSALS MADE BY FLHPE KEY CONTACTS

The FLHPE key contacts also proposed several areas for improvement, some of which are similar to those put forward by the previous groups.

- Better identification of staff language skills.
- Better identification of Francophone service users.
- Strengthening awareness and training activities on the active offer of French-language services.
- Reflections on optimizing the use of bilingual human resources. In this regard, one proposal was to make existing organizational structures more flexible, for example, by allowing a French-speaking professional working in a local hospital to also provide home care services, if necessary.

Other proposals are more specific to the perspective of the FLHPEs and focused on the need for greater coordination among stakeholders and a stronger role for Francophone organizations.

- Stronger collaboration between the various stakeholders—including Ontario Health atHome, Ontario Health Teams, FLHPEs, French-language health networks, and Francophone seniors' associations.
- A constant commitment from the Francophone community to support French-language services, whether through promoting the services available or raising awareness of the importance of using them.
- A reflection on the implementation of innovative structures likely to advance the provision of home care services in French. For example, the creation of Francophone community health hubs has been mentioned, or the establishment of a structure created "by and for" Francophones, which could be entrusted with all home care service contracts intended for the Francophone population.
- Greater collaboration between FLHPEs and academia to conduct field research to advance knowledge about the needs and preferences of Francophone service users, and the effects of changes implemented.

Barriers

Participants identified several obstacles that hinder the improvement of French-language home care services.

- The shortage of bilingual human resources, which complicates the staffing of designated bilingual positions, was raised by all groups of participants.

« Yes, yes, we face shortages. It's like a roller coaster. It goes up, it goes down, it goes up, it goes down. Sometimes we hire five healthcare employees, they're all Francophone, and then we lose some, and the next time, we replace only with two. (Manager #4, transl.) »

- Some constraints related to recruiting outside Ontario are mentioned by frontline providers, including:
 - barriers to recruiting graduates from Quebec (e.g., lack of knowledge of professional regulatory bodies' requirements and procedures to follow);
 - restrictions on hiring foreign workers, resulting from changes in immigration rules.
- High staff turnover within subcontracting agencies, possibly associated with unattractive compensation, was mentioned by managers and family caregivers.

« At the very least, healthcare workers who come [to the home] should be paid the same as if they were working in an institution. That way, they wouldn't be constantly looking for other jobs. (Family caregiver #13, transl.) »

- Managers emphasize that the time and effort required to provide French-language services are a significant obstacle in a context marked by high demand for care and staff overload. Similarly, the implementation of multiple healthcare reforms, which create competing priorities for managers, is likely to slow down efforts to provide French-language services.

« [...] when conducting evaluations with a patient in French, all my documents and all the documentation I create in my system are in English. So, I need to know how to translate this from French to English to accurately capture everything I write. It's more complicated than people think. (Manager #2, transl.) »

- The geographical dispersion of Francophones, as mentioned by managers, complicates the delivery of French-language services in certain regions.
- The obsolescence of information on services available in French, as well as the need for regular updates, particularly with regard to the tools used by healthcare system navigators, was highlighted by frontline providers.
- Finally, the lack of health resources in general was mentioned by service users.



You know, healthcare is already very poor [...]. From a financial standpoint, they're cutting back on everything, so I don't see how they could suddenly come up with billions or millions to provide French everywhere. They don't even have enough for the services they're supposed to provide. (Service user #14, transl.)



THEME 4. Promising practices

Managers and frontline providers identified several practices that promote the provision of French-language services. These include:

- partnerships aimed at establishing French-language service corridors, facilitating the referral of Francophone service users;
- networking among members of various organizations, enabling the sharing of good ideas;
- creative practices to promote the recruitment of bilingual staff: targeted advertising, offering internships, and participating in job fairs in collaboration with French-language postsecondary institutions;



So we're also trying, and this is something new with our postings, to see if we can try to include: "French speakers are welcome or in demand" or something like that. (Manager #4, transl.)



- organizational policies that promote staff language training and development, including tuition assistance programs or time off during working hours;
- inspiring models of healthcare organization, such as health centres with a Francophone mandate, created and managed "by and for" Francophones, which offer mixed services (in clinics and at home);
- system navigators and interpretation support services available in some organizations.

Service users and caregivers shared concrete practices that, when applied, facilitate their experience and could be generalized, including:

- adapting communication, for example, speak slowly and ensure comprehension when communicating in English with French-speaking service users;
- wearing a "Je parle français" pin;
- offering documentation in French;
- conducting home visits accompanied by an interpreter when it is not possible to provide the service in French personally;
- developing bilingual communication cards to convey information to service users (e.g., name of the meal and expiration date for the Meals on Wheels service);
- making efforts to communicate in French, even if one's French is not perfect.

The FLHPE key contacts shared their perspectives on practices that could promote the provision of health services in French, including:

- the new policy on French-language services from Home and Community Care Support Services, implemented in 2022, which is based on the principle of active offer and extends the obligation to provide French-language services to all 14 administrative regions of Ontario (Home and Community Care Support Services, 2024);
- the implementation of Ontario Health Teams, which provides increased opportunities for collaboration between various healthcare organizations;
- the development of Francophone structures and programs, such as the *Centres d'accueil Héritage* in Toronto, which have expanded their mandate to offer various support services to Francophone seniors, both in residences and in the community;
- the availability of active offer training for care providers, including the online training developed by the *Réseau du mieux-être en français du nord de l'Ontario* (Entity 6), which is available free of charge, as well as support for agencies in the practical implementation of the active offer.

« [...] but it's also often difficult to have these concepts and then, how do you put them into practice in your workplace? So, we did a kind of refresher or booster session with [name of agency]. And it was precisely to take their work, their policies, and interpret what active offer meant. (FLHPE Key contact #6, transl.) »

DISCUSSION / KEY FINDINGS

This study aimed to better understand the experience of home care services provided to Francophone seniors in Ontario. Analysis of interviews with all categories of participants enabled us to draw the following concluding observations.

Some home care providers are better equipped to meet the needs of Francophones

- Designated agencies and organizations with a Francophone mandate are better equipped to provide services to Francophone service users compared to non-designated agencies.
- In organizations with a Francophone mandate, most staff are bilingual, and services are always provided in French.
- Other designated agencies seek to hire a percentage of bilingual staff proportional to their Francophone clientele, which is not always possible in a context of staff shortages. These agencies promote the assignment of Francophone clients to bilingual practitioners through various strategic resource allocation measures. When this is not possible, interpretation by colleagues over the phone or through virtual consultation is a strategy frequently used to meet the needs of Francophone service users.
- Managers and frontline providers at non-designated agencies also indicate that their agencies promote bilingualism. To the extent that resources are available, certain mechanisms are implemented to allocate bilingual practitioners to Francophone service users. However, service users and family caregivers indicated that they most often receive services from these agencies in English.
- In general, service users and their caregivers reported being satisfied with the services provided directly by Ontario Health atHome, which were generally offered in French. However, they reported being less satisfied with the services provided by subcontracted agencies, for which the availability and continuity of services in French were lacking.

Language barriers in the home care context

- In general, recipients of home care are individuals who are vulnerable due to their age, loss of independence, cognitive decline, and a higher prevalence of chronic diseases and conditions, among other factors (Public Health Agency, 2020).
- The majority receive personal care or palliative care, contexts in which language preference should be a central element of care delivery. However, this linguistic concordance is not always present.
- Although our study identified few critical incidents, several reported situations reveal that language barriers cause stress, anxiety, and frustration for service users and their family caregivers.
- The language discordance between care providers and service users increases the burden on family caregivers, who must coordinate care and services and act as interpreters, which can take away from their respite time.
- In some cases, language barriers can lead to service users withdrawing their requests for care, or refusing to accept care.

These findings confirm and expand on certain issues already documented regarding the importance of language concordance in healthcare to ensure quality and safety (Bowen, 2015; de Moissac & Bowen, 2019). This study specifies how these issues arise in the context of home care, where continuity of services and a relationship of trust between service users and providers are essential. In line with the literature on the offer of services in French (Drolet *et al.*, 2015), the study highlights that when this offer is absent or inadequate, the responsibility for filling the linguistic gaps is often transferred to families, contributing to an invisible but real overload for family caregivers.

Possible improvements

Participants identified various measures that could strengthen the provision of French-language services. These are grouped into four areas: a) human resources, b) communication with service users, c) the organization of home care services, and d) the participation of the Francophone community.

- A. Human resources: Participants want to see increased recruitment of bilingual staff, improved identification of staff language skills to facilitate more effective matching between service users and providers, more language skills development, and training in active offer of services in French. More equitable pay for personal support workers is also considered necessary. Finally, consideration of how to optimize the use of existing bilingual resources was also proposed.
- B. Communication with service users: Several recommendations concern more effective identification of service users' language profiles, strengthening of the organizational culture focused on active offer, and increasing the provision of services in French.
- C. Organization of services: It is proposed to improve the organization and coordination of services, increase the accountability of agencies with regard to French-language services, and implement tools to measure the satisfaction of service users and family caregivers.
- D. Participation of the Francophone community: Finally, the need for a sustained and proactive role for the Francophone community is emphasized, both to advocate for and promote French-language services and to support, or even create organizations that can provide them.

As Drolet *et al.* (2015) point out, access to linguistically and clinically appropriate services should not depend solely on the ability of service users and their family to navigate the system. The organizational practices desired by the participants in this study—such as the systematic identification of language needs, the strategic assignment of bilingual staff, and the reinforcement of a culture of active offer—are in line with recommendations made in other contexts for better coordination and continuity of care for Francophones (de Moissac *et al.*, 2020; Savard *et al.*, 2020).

Limitations of the study

Recent changes to the Ontario healthcare system, especially in home care services, have limited the ability to recruit care coordinators or other Ontario Health atHome staff due to a lack of availability related to ongoing restructuring.

In addition, managers and frontline providers from designated agencies or organizations with a Francophone mandate were proportionally more likely to participate in the study than those from non-designated agencies, while service users and family caregivers recruited did not receive most of their services from this type of organization, which may explain some of the differences in the perspectives gathered.

Finally, the comparative analysis based on the designation status of agencies proved to be complex due to varying regulatory and contractual contexts: some designated agencies were designated only for certain services, while others, which were not designated, were contractually required to demonstrate their ability to provide French-language services.

CONCLUSION AND RECOMMENDATIONS

It appears essential to improve the provision of linguistically concordant home care, considering that:

- the majority of Canadians aged 65 and over wish to age at home (Public Health Agency of Canada, 2020);
- home care is recommended by experts and promoted by health authorities, particularly because of its positive effects on maintaining social ties and its generally lower costs compared to placement in long-term care facilities (Dupuis-Blanchard *et al.*, 2015; Sinha and Nolan, 2020; Wyonch, 2024);
- language barriers, as revealed by the results of this study, increase the burden on family caregivers and can compromise the quality of life and safety of service users;
- the burden on family caregivers is associated with the termination of home care and placement in an institution (Dufournet *et al.*, 2019; Toot *et al.*, 2017).

While this study highlighted a general awareness of the importance of French-language services and the existence of initiatives already in place, it also revealed several areas for improvement. Participants expressed openness to implementing such improvements. The study identified some structural practices that promote the provision of French-language services and could be strengthened or expanded. These findings provide concrete levers for guiding action and formulating recommendations.

Recommendations

The recommendations are presented according to the intended audience: a) health authorities, b) administrators of agencies that provide home care, and c) the Francophone community.

For health authorities

For health authorities and Ontario Health atHome, it is recommended to:

- strengthen human resources awareness of the importance of language in home care;
- increase the number of bilingual care coordinators;
- ensure more systematic identification of service users' language needs and preferences by conducting occasional file audits;
- promote the awarding of subcontracts to agencies that are best able to offer French-language services (considering, among other things, the possibility of contractual agreements with organizations with a Francophone mandate);
- facilitate the dissemination of innovative practices and the use of evidence-based data;
- require more structured accountability to measure actual access to French-language services and the satisfaction of Francophone service users.

For home care agencies

For home care agencies, the recommendations focus on:

- targeted recruitment of French-speaking or bilingual staff;
- better identification of staff language skills;
- more systematic assignment of bilingual resources to French-speaking service users;
- optimizing the use of bilingual staff;
- continuing education on active offer and improvement of French language skills;
- training on the use of digital translation resources and access to professional interpretation services;
- internal mechanisms for monitoring services in French.

For the Francophone community

For the Francophone community, including Francophone associations, service users, and family caregivers, an active role is recommended in order to:

- advocate for and use French-language services;
- participate in consultation bodies;
- contribute to the dissemination of home care employment opportunities within the Francophone community.

This community involvement remains a key lever for supporting and sustaining the provision of home care in French.

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APPENDIX: AGENCIES AND PARTICIPANTS, BY REGION AND TYPE OF ORGANIZATION

Home Care Agency	Region	Type of Organization ¹	Designation ²	Number of Participants		
				M	P	UFC ³
1 to 3: Home and Community Care Support Services	West	Government agency	Designated	1	-	1
	East			-	-	5
	North			-	-	5
4. Centre de santé communautaire Hamilton Niagara	North	Non-profit community organization with a Francophone mandate	Designated ⁴	1	5	-
5. Centres d'accueil Héritage	Toronto	Non-profit community organization with a Francophone mandate	Designated ⁴	1	1	2
6. Centre francophone du Grand Toronto	Toronto	Non-profit community organization with a Francophone mandate	Designated ⁵	1	1	-
7. Eastern Ottawa Resource Center	East	Non-profit community organization	Designated	-	1	-
8. Montfort Renaissance, Centre de services Guigues	East	Non-profit community organization with a Francophone mandate	Designated	-	1	1
9. Alzheimer Society of Ottawa Renfrew	East	Charitable, non-profit organization	Designated	-	-	1
10. Orléans-Cumberland Community Resource Center	East	Non-profit community organization	Designated ⁶	-	-	1
11. Victorian Order of Nurses (VON)	East	Charitable, non-profit organization	Designated ⁷	-	2	-
	West			-	-	1
12. Chapleau Health Services	North	Non-profit organization	Designated ⁴	1	1	4
13. Cochrane District Social Services	North	Non-profit organization	Designated ⁸	-	-	1
14. Vital Air (home oxygen supplier)	North	Private company	Designated ⁴	-	-	1
15. Carefor Health - Champlain	East	Non-profit organization	Identified	1	1	1
16. Carefor Health - North-East	North	Non-profit organization	Non-designated	-	-	1
17. St Elizabeth / SE Health	Centre	Non-profit social enterprise	Non-designated	-	-	1

18. Bayshore HealthCare	Centre	Corporation	Non-designated	-	-	1
	East			-	-	2
	North			-	-	2
19 ParaMed	East	Corporation	Non-designated	1	1	3
	North			-	-	1
20. Action Potential Rehabilitation	East	Private company	Non-designated	-	-	1
21. Great Northern Family Health Team	North	Non-profit organization	Non-designated	-	1	-
22. Temagami Family Health Team	North	Non-profit organization	Non-designated	-	1	-

M: Managers; P: Practitioners; U/FC: Service users and family caregivers

- 1: The type of organization (private company, corporation, non-profit organization) is taken from [the Ontario Business Registry](#).
- 2: Designation status is taken from [Ontario Regulation 398/93: Designation of Public Services Agencies](#).
- 3: The same person may have described services received from more than one organization.
- 4: In respect of the programs carried out on behalf of the Ministry of Health.
- 5: In respect of the programs carried out on behalf of the Ministry of the Attorney General, the Ministry of Children, Community and Social Services, the Ministry of Health and the Ministry of Labour, Immigration, Training and Skills Development.
- 6: In respect of the programs carried out on behalf of the Ministry of Children and Youth Services.
- 7: In respect of the following programs offered at the Kingston site carried out on behalf of the Ministry of Health: Assisted Living Services, Meals Delivery, Homemaking and Congregate Dining.
- 8: In respect of the programs carried out on behalf of the Ministry of Children, Community and Social Services.