Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts

PRACTICE #22

Age Well at Home / *Soutien à domicile* (Canada-wide)

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ABOUT THE FACT SHEET

This fact sheet is part of the *Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts* (available at https://www.grefops.ca/directory_innovative_practices.html). The directory complements the *Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity*, which was developed by the GReFoPS.[1] It presents local initiatives that respond to community needs and are considered innovative by the various actors involved in them. The practices were classified using an evaluation framework from the Health Council of Canada and definitions from the Public Health Agency of Canada. This enabled us to distinguish between emerging, promising and leading practices.

Some of these practices were suggested by Société Santé en français and the provincial, territorial and regional French-language health networks, or by other collaborators.

We refer the reader to the Introduction and Method document for information about the authors and collaborators, background on the project, a description of the methodology used to create the fact sheets, and definitions of the following concepts:

- Leading practice, promising practice, emerging practice
- Quality of evidence, impact, applicability, transferability
- Service coordination, service integration, liaison
- Active offer

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1 The tool is available in English and French and can be accessed at the following web address:
https://www.grefops.ca/selfassessment_tool.html (English version)
https://www.grefops.ca/outil_autoevaluation.html (French version)

Practice #22: Age Well at Home / *Soutien à domicile* (Canada-wide)

This practice contributes to improving:

- Community resources: the organization's collaboration with key players in the community
- Continuity of services and care in the minority official language

The organization implementing this practice:

Fédération des aînées et aînés francophones du Canada (FAAFC) and Carrefour 50+ Colombie-Britannique.

The information contained in this fact sheet is based on information available on the web pages of several organizations including the Fédération des aînées et aînés francophones du Canada (https://faafc.ca/initiatives/vieillir-chez-soi/) and Carrefour 50+ Colombie-Britannique (https://carrefour50cb.ca/ index.php/fr/). It is also based on information from two websites dedicated to the respective initiatives: *Soutien à domicile Colombie-Britannique* (https://soutienadomicile.ca/index.php/fr/) and *Vieillir chez soi* (https://vieillirchezsoi.ca/) for the rest of Canada where French is a minority language. The documentation was complemented by an online interview with Stéphane Lapierre, National Coordinator of the FAAFC, on January 28, 2025. This initiative succeeds the *Sentinelles entre aîné·es* program, whose funding ended in 2022.

Background

Living in an official language minority community can be a significant population health challenge, particularly for Francophone seniors.[2] These individuals often face linguistic and social isolation, a lack of resources (especially in rural and remote areas) and a lack of contact with other Francophone seniors. In addition, the National Seniors Council's *Report on the Social Isolation of Seniors* (2014) notes that belonging to an official language minority community as a factor that can impede seniors' social engagement.[3]

To combat such isolation, the FAAFC launched the *Sentinelles entre aîné·es* program in 2021. In July 2023, the program became Age Well at Home / *Soutien à domicile*. The program is an initiative developed by the FAAFC and Carrefour 50+ Colombie-Britannique, along with its members across Canada, through funding from Employment and Social Development Canada (ESDC), a department of the federal government.[4] It is a pilot program that helps seniors remain at home for as long as possible. It allows seniors to receive services at home for tasks that they have trouble accomplishing and that, in the absence of help, would result in them having to leave their home to go into a residence.

2 Dupuis-Blanchard, S., Villalon, L., & Alimezelli, H.T. (2014). Vieillir en santé en situation minoritaire linguistique au Canada : enjeux, défis et mobilisation collective [Healthy ageing in a linguistic minority situation in Canada: issues, challenges and collective mobilization]. *Global Health Promotion*, vol. 21, supp. 1, 70-75. DOI : 10.1177/1757975913512161

Bouchard L. & Desmeules M. (2011). Minorités de langue officielle du Canada : égales devant la santé? Québec: Presses de l'Université du Québec.

3 National Seniors Council. (2014). Report on the Social Isolation of Seniors (2013-2014). Government of Canada. Accessed on April 23, 2021: https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html

4 https://www.canada.ca/en/employment-social-development/news/2022/06/backgrounder-age-well-at-home.html

Objectives

The main objective of Age Well at Home[5] is to enable seniors to remain in their homes for as long as possible, while receiving help with certain tasks of daily living. The program does not include health care.

Features of the practice

The FAAFC is the intermediary organization that received the funding for this initiative. The provincial and territorial seniors' federations deliver the program, which is currently offered in nine provinces and one territory. The sub-recipients are the provincial and territorial organizations that take care of Francophones aged 50 or older within their jurisdiction.

Age Well at Home enables seniors to receive services in their homes for tasks they struggle to do independently. These include cleaning, meal preparation, light renovations, snow removal, transportation to appointments, shopping, and community navigation. Tasks such as these can be done by volunteers or service providers as needed. The program also includes a courtesy call and visit. These services are essential for people who are losing their physical and cognitive autonomy. While some of these services are provided by the provincial/territorial health care and social service systems, most of the time the help is available in English. By contrast, the volunteers and other providers of Age Well at Home ensure that seniors receive services in French where possible.

The volunteers at Age Well at Home are also trained to refer participants to the resources or services that are appropriate to their needs.

Challenges

The practice is a recent one, but certain challenges noted in *Sentinelles entre aîné·es* (the FAAFC's previous program) continue. These include volunteer training and identifying people who require in-home assistance. The turnover rate among volunteers is high given that many of them move on to join the work force, and each departure requires the training of someone new. Many of these volunteers are newcomers to Canada.

Regarding the second challenge, seniors do not always consider themselves to be isolated or vulnerable. According to the project leaders, seniors may at first be reluctant to accept assistance, a friendly visit or a courtesy call, but this attitude can change over time. Organizations need to be able to identify such individuals. Cases of isolation may be due to seniors feeling embarrassed about not being able to communicate well in a majority anglophone context.

Finally, ongoing lack of funding is a threat to the continuity of the program. The FAAFC, the Carrefour 50+ Colombie-Britannique and their provincial/territorial partners are seeking funding to allow the program to continue.

5 https://www.canada.ca/en/employment-social-development/news/2022/06/backgrounder-age-well-at-home.html. Accessed on January 20, 2025.

Analysis

Why is this practice considered innovative?

The concept of keeping seniors in their homes is not new, and resources are increasingly available to support this lifestyle. Experts indicate that keeping seniors in their homes lowers costs for the healthcare system compared to placing them in hospitals or long-term care centres. There are other reasons to justify seniors remaining at home as well. Studies show that many seniors would prefer "aging in place."[6]

The FAAFC contributes to this goal by facilitating access to community resources for supporting personal and environmental changes for seniors and meeting essential needs in a minority Francophone context.[7]

Emerging, promising or leading: A promising practice

Quality of evidence: Given the newness of this initiative, it has not yet been formally evaluated. However, a self-assessment is included in the quarterly project progress reports submitted to funders.

Impact: Given the confidentiality of information, the Age Well at Home / *Soutien à domicile* sites do not have official statistics on registrations and participation in services. The FAAFC and Carrefour team developed an internal accountability and data collection system for the benefit of their members who offer services in their respective provinces and territories. These tools make it possible to track the development of the project and keep a history of actions taken with service users to improve their capacity to remain at home.

Applicability: This initiative has been implemented in nine (9) provinces: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Newfoundland and Labrador, Nova Scotia, Prince Edward Island and New Brunswick, and in Yukon territory. Implementation of the practice has been made possible through Francophone seniors' federations in these different areas. The FAAFC, together with Francophone partner federations in the different provinces and territories, actively participate in disseminating the practice.

Transferability: We are not aware of any such initiatives for other minority language communities, but informal evaluations and observations suggest that the initiative could easily be adapted to other contexts.

6 Dupuis-Blanchard, S., Neufeld, A., & Strang, V. R. (2009). The significance of social engagement in relocated older adults. *Qualitative Health Research, 19*(9), 1186-1195.

7 Dupuis-Blanchard, S., Gould, O. N., Gibbons, C., Simard, M., Éthier, S., & Villalon, L. (2015). Strategies for aging in place: the experience of language-minority seniors with loss of independence. *Global Qualitative Nursing Research, 2*, 2333393614565187.