2 IMPLEMENTING THE OPTIMAL MODEL OF LONG-TERM CARE FOR FRANCOPHONES

AND OTHER CULTURAL AND LINGUISTIC MINORITY GROUPS

A COMPANION DOCUMENT TO *A GUIDE FOR PLANNING AND PROVIDING FRANCOPHONE LONG-TERM CARE IN A LINGUISTIC MINORITY CONTEXT*

FRENCH HEALTH NETWORK
OF CENTRAL SOUTHWESTERN ONTARIO

Better Communication for Better Health

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EXECUTIVE SUMMARY

Language and culture are important determinants of quality care, patient safety, and health and wellbeing. Access to linguistic adapted services and culturally safe care is especially critical for seniors as they develop more complex health issues, become more functionally dependent, may be more comfortable receiving services in their mother tongue and in many instances lose their ability to speak English (if English is not their primary language) as a result of cognitive decline (e.g. dementia) or stress-induced events. Language and culture will increasingly be a factor in equitable access to long-term care as the population ages.

Francophones are aging at faster rate than the general population.[1] Seniors represent 19.5% of all Francophones compared to 16.2% in the general population. The number of Francophone seniors is expected to double by 2028.[2]

While important progress has been made to support access to French Language Health Services (FLHS) in Ontario, widespread and persistent gaps and inequities in health services for Francophones and Francophone seniors remain. These include a shortage of French language services (FLS), lack of knowledge on the importance of communicating in one's primary language, challenges recruiting and retaining bilingual staff, lack of accurate and reliable data quantifying the demand for French language services, lack of integrated and coordinated pathways to services for cultural and linguistic groups, and a lack of expertise among health service providers to meet the needs of an increasingly diverse Francophone population.

The need for innovative solutions for culturally safe care for French-speaking individuals and individuals of diverse cultures remains an important provincial priority as was recently reaffirmed in the *First Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine and in the creation of Ontario Health and the Ontario Health Teams*. These recent changes aim to restructure the health system in an effort to improve navigation and coordination across a continuum of care for defined geographic populations to ensure patients receive the right mix of services in the right care setting, and to reduce wait times for community care and long-term care. Funding for new long-term care beds will be prioritized to homes proposing services for Francophones, Indigenous populations and other culturally specific needs that also alleviate hospital pressures.[3],[4]

1 Drolet, M., Bouchard, P., & Savard, J. *Accessibility and Active Offer. Health Care and Social Services in Linguistic Minority Communities.* 2017: University of Ottawa Press.

2 Office of the French Languages Services Commissioner of Ontario. Looking Ahead, Getting Ready: 2017-2018 Annual Report. 2018 Queen's Printer for Ontario.

3 Ministry of Health and Long-Term Care. (February 2018) Aging with Confidence: Ontario's Action Plan for Seniors. Guidelines for Submitting Applications for New Long-Term Care Bed Capacity.

4 As of March 2019, the Ministry verified that culturally responsive services for Francophones, Indigenous populations and others will continue to be prioritized in the allocation of beds so long as the applications also demonstrate an awareness and responsiveness to alleviating local health system pressures, such as Alternate Level of Care (ALC) and wait times to long-term care home placement.

THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE

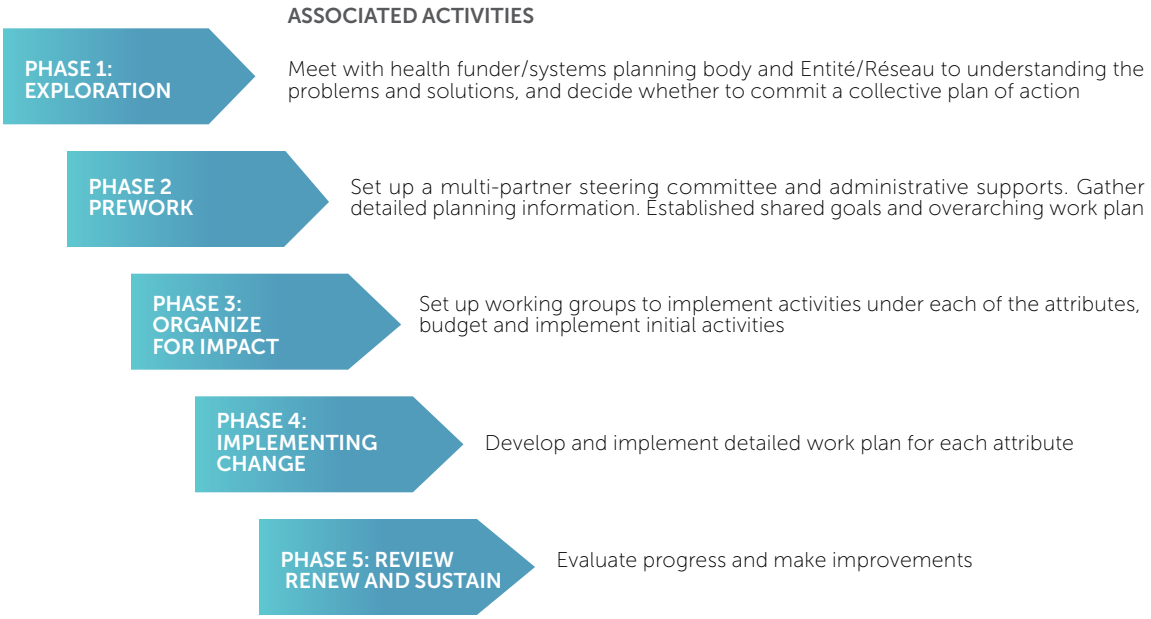
In 2017, a review of several innovative long-term care models designed for Francophones in a linguistic minority environment was conducted to identify best practices in culturally safe and linguistic adapted services. The review found six key attributes required for an Optimal Model of Francophone Long-Term Care in a linguistic minority environment. The Optimal Model was published in *A Guide for Planning and Providing Francophone Long-Term Care*.

This implementation manual is a companion document to the *Guide*. It was produced with data gathered from existing literature, data reports, key informant interviews and case studies of two long-term care homes, the Pavillon Omer Deslauriers at Bendale Acres in Scarborough, Ontario and Fairview Seniors Community in Cambridge, Ontario. The case studies represent two very different contexts and demonstrate that, with some adaptation, the model can work in a range of settings.

IMPLEMENTING THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE

This implementation manual provides step-by-step instructions for adapting the Optimal Model of Francophone Long-Term Care to seniors living in residential care settings. The implementation plan is organized according to the Five Phases of Collective Impact Framework. Collective impact is an approach that leverages cross-sectoral collaboration to foster innovations for social change. This framework is relevant to the implementation of the Optimal Model of Francophone Long-Term Care because it provides guidance on how to initiate, manage and sustain community engagement and multi-partnered collaborations targeting complex health and social issue.

FIGURE A: IMPLEMENTING THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE ACCORDING TO THE THE FIVE PHASES OF COLLECTIVE IMPACT



Each of the five phases contain a checklist of activities and is supported by useful resources, case examples, tools and templates to assist with planning. A project management structure to plan, implement and oversee the implementation of the program is proposed. Decision points are included to support organizations to decide when they are ready to move to the next phase. Draft work plans with specific tactical guidance are included in Phase 4: Implementing change.

The thoughts and ideas in this manual were drawn from the Francophone experience but it is our hope they will be extended to other cultural and linguistic groups, thereby fostering a sense of inclusion that benefits all people regardless of their beliefs, preferences, abilities or cultural and linguistic identity.

INTRODUCTION

If you are a health service provider in Ontario, you are acutely aware of rapidly changing demographics in our population with respect to age, and cultural and linguistic diversity. Perhaps you have noted symptoms of a health system failing to meet the needs of Francophone seniors and seniors from other cultural and linguistic minority groups — caregivers travelling long distances to seek culturally-appropriate care for family members; agitation, anger or aggressive behaviours from residents due to language barriers; delayed treatment or medical errors due to miscommunication — and you want to ensure your organization has the policies, practices and environment in place to respond effectively.

There is a great deal to learn from the Francophone experience in Ontario. This manual synthesizes lessons learned from the delivery of French language services to present a model of French language services for Francophone seniors requiring long-term care and the steps a home can take to implement the model.

BACKGROUND

Language and culture are important determinants of quality care, patient safety, and health and wellbeing. Poor communication between patients and health care providers is associated with inaccurate patient assessments and inappropriate examinations/ancillary testing, misdiagnosis and/or delayed treatment, incomplete understanding of patient condition and prescribed treatment, and impaired confidence in services received.[5] Linguistic supports and culturally safe practices improves communication and strengthens trusting relationships with providers when patients' values, beliefs and goals are actively incorporated into decisions surrounding their health, which facilitates a more open exchange of ideas and information. Patients who feel their preferences and needs are respected have greater confidence and satisfaction with the health system.

Access to linguistically adapted services and culturally safe care is especially critical for seniors. As seniors age, often they develop complex health issues that require more intensive management; they become more functionally dependent on others to perform activities of daily living, and in many cases, due to cognitive decline or stress-induced events, they can lose their ability to speak English if English is not their primary language. Social isolation, be it in the community or residential care facilities, like long-term care, is a major concern for the wellbeing of seniors today. Language and culture will be even more of a concern as more and more immigrants reach retirement age.

5 de Moissac, D., & Bowen, S. (2019) Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. *Journal of Patient Experience.* 6(1), 24-32.

Francophones are aging at a faster rate than the general population.[6] Seniors represent 19.5% of all Francophones compared to 16.2% in the general population.[7] By 2028, the Francophone seniors' population is expected to increase by almost 50% across all regions in Ontario.[8] Speaking French is an important part of the Francophone identity and experience. Francophones also report higher rates of one or more chronic condition, such as arthritis, diabetes, and heart disease, compared to non-Francophones.[9]

THE POLICY CONTEXT

The need for innovative solutions for culturally safe care for French-speaking individuals and individuals of diverse cultures remains an important government priority. The first interim report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine — Hallway Health Care: A System Under Strain — identified three key challenges contributing to hallway health care: capacity pressures to meet the increasing complex needs of an aging population, difficultly navigating the system, and inefficient coordination. The report highlights the need for "culturally appropriate, timely and fair access to health care" through emerging solutions and better use of technology and integrated care around the patient.[10] Future reports of the Premier's Council will include recommendations that consider "**the unique health care needs and cultural considerations of distinct populations in the province, including Indigenous people and French-speaking individuals**."[16]

Increasing long-term care capacity is a key strategy for alleviating system pressures and ending hallway health care. The Ontario government has committed to 30,000 new long-term care beds by 2030 with 5,000 to be allocated by 2020. Applications to the Ministry of Long-Term Care by long-term care homes must demonstrate a mix of services that meet the increasingly complex health profile and culturally specific needs of patients waiting in hospital and community. New long-term care bed capacity will prioritize those with the highest need, alternative level of care (ALC) designation, **culturally specific needs, Francophone, and Indigenous populations.**[11],[12] There is an opportunity for homes to receive funding to create a Francophone cluster.

6 Drolet, M., Bouchard, P., and Savard, J. *Accessibility and Active Offer. Health Care and Social Services in Linguistic Minority Communities.* 2017: University of Ottawa Press. Retrieved from https://savoir-sante.ca/fr/content_page/download/286/461/21?method=view

7 Office of the French Languages Services Commissioner of Ontario. Francophones in Ontario. Retrieved from https://csfontario.ca/wp-content/uploads/2018/02/FrancophonesenOntario_infographie_VF_ENG_No_crops.pdf

8 Office of the French Languages Services Commissioner of Ontario. Looking Ahead, Getting Ready: 2017-2018 Annual Report. 2018 Queen's Printer for Ontario.

9 Waterloo Wellington LHIN. Health status profile of Francophones vs non-Francophones. Data source: Canadian Community Health Survey, 2011-12-13-14 combined file, Ministry of Health and Long-Term Care Share File, Statistics Canada.

10 Premier's Council on Improving Healthcare and Ending Hallway Medicine. Hallway Health Care: A System Under Strain - First Interim Report. Retrieved from http://www.health.gov.on.ca/en/public/publications/premiers_council/report.aspx.

11 Ministry of Health and Long-Term Care. (February 2018) Aging with Confidence: Ontario's Action Plan for Seniors. Guidelines for Submitting Applications for New Long-Term Care Bed Capacity.

12 As of March 2019, the Ministry verified that culturally responsive services for Francophones, Indigenous populations and others will continue to be prioritized in the allocation of beds so long as the applications also demonstrate an awareness and responsiveness to alleviating local health system pressures, such as Alternate Level of Care (ALC) and wait times to long-term care home placement.

In February 2019, the Government of Ontario announced the creation of Ontario Health and Ontario Health Teams to restructure the health system in an effort to improve coordination across a continuum of care for a defined population within a geographic region. With respect to Francophones, The People's Health Care Act, 2019, indicated that Ontario Health will "respect the diversity of communities and the requirements of the French Language Services Act in carrying out its objects."[13] The Ontario Health Teams guidance document stated:

> *"The Ontario Health Team model will encourage providers to improve the health of an entire population, reducing disparities among different population groups. As part of this approach, Ontario Health Teams will be enabled to locally redesign care in ways that best meet the needs of the diverse communities they serve.* ***This includes creating opportunities to improve care for Indigenous populations, Francophones, and other population groups in Ontario, which may have distinct health service needs****, such as inner-city urban areas and northern and rural communities.*
>
> *"In particular, Ontario Health Teams must demonstrate that they respect the role of Indigenous peoples and Francophones in the planning, design, delivery and evaluation of services for these communities."*[14]

Collaborative and coordinated health and social services that meet the linguistic and cultural needs of Francophones remains an important health system goal.

A GUIDE FOR PLANNING AND PROVIDING FRANCOPHONE LONG-TERM CARE

While important progress has been made towards supporting access to French language health services, widespread and persistent gaps and inequities in health services for Francophone seniors remain, such as:

- A shortage of Francophone long-term care beds across the province in spite of the presence of Francophones in every region of Ontario. In several key regions with sizable Francophone populations such as the corridor between Windsor and Toronto there are no Francophone designated long-term care beds.
- The importance of communicating in one's primary language is not well understood by the public and health care providers who also lack information about care options for cultural and linguistic groups like Francophone seniors.

13 Legislative Assembly of Ontario, The People's Health Care Act, 2019. Retrieved from https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2019/2019-04/b074ra_e.pdf

14 Government of Ontario. (2019) Ontario Health Teams: Guidance for Health Care Providers and Organizations. Retrieved from: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

- Challenges recruiting and retaining bilingual or multilingual French-speaking health human resources due to shortages in key clinical roles.
- Accurate and reliable data that quantifies the demand for Francophone long-term care is not readily available.
- There is a need for integrated and coordinated pathways to services for cultural and linguistic groups like Francophone seniors.
- Long-term care providers may feel unequipped to meet the needs of an increasingly diverse Francophone population.

Several innovative long-term care models specifically designed for Francophones in a linguistic minority environment have evolved across regions of Canada in response to the gaps in services for Francophone seniors. These models have shown demonstrable impact on access to bilingual French-English long-term care for Francophones (through increased occupancy of long-term care home beds prioritized for Francophones) and improved satisfaction with long-term care services associated with residents' quality of life and safety.[15]

In 2017, a review of several innovative long-term care models designed for Francophones in a linguistic minority environment was conducted to identify best practices in culturally safe and linguistic adapted services. The Optimal Model was published in *A Guide for Planning and Providing Francophone Long-Term Care*. This implementation manual is a companion document to the *Guide*.

PURPOSE

This manual contains a step-by-step plan for implementing the Optimal Model of Francophone Long-Term Care in a linguistic minority environment. It starts with homes just beginning to recognize the challenges and barriers in effectively supporting Francophone seniors and walks through the steps needed to plan and implement a locally adapted Optimal Model of Francophone Long-Term Care. Each step is supported with useful resources, practical advice, and tools and templates to assist with planning.

The manual provides guidance on many important questions homes may have about implementing the Optimal Model of Francophone Long-Term Care, including:

- How is this model different from what is typically done for residents?
- Who needs to be involved in planning and implementing the Optimal Model? How will roles and responsibilities be delineated and how will the various stakeholders work together?

15 Bendale Acres Long-Term Care Home. French Language Services Resident and Family Satisfaction Survey — May 2018.

- Who are the community partners and volunteers who will support this project and what is their expected contribution?
- What are the costs in implementing a Francophone cluster and what are the available funding sources?
- How will we know if the project is proceeding on track? How will we know if the project is having the desired impact?
- Where do we find data on the demographic, socio-economic, ethno-cultural, health and health care utilization characteristics of the Francophone population? What are the unmet health care needs and projected demand for Francophone long-term care?
- What information is needed to support placement coordinators and system navigators to better identify Francophones and to accurately capture and record linguistic identity?
- What is the required bilingual staff complement?
- How do we engage and inspire Anglophone staff to prepare for a Francophone cluster? How do we foster a sense of community between various cultural groups?

Like the Guide, this manual was written primarily for the not-for-profit long-term home sector, however, the approaches described are relevant to all long-term care models as well as other congregate living models, such as retirement homes and supportive housing/assisted living, and for other providers of seniors' health services. The guide reflects the fact that, while long-term care is the most appropriate place and level of care for many individuals, it is part of a continuum of health care and housing options for people as they age. It is important for Francophones to have the opportunity to access health care in French throughout their lives and in all settings from adult day programs to mental health care to home care to long-term care and palliative care.

Many challenges Francophones experience are similar to those faced by other linguistic and cultural groups. Implementation of the solutions recommended here could help to create a more inclusive system, which creates value not only to other linguistic and cultural groups but society in general. The vision for the model is to deliver culturally safe care by taking a holistic view of the person.

METHODOLOGY

A mixed-methods approach was used to produce the implementation steps in this manual and to address the key challenges homes may face in implementing the model. Data were gathered through a review of relevant literature, an analysis of key data reports and key informant interviews with French language services health system planners, long-term care home administrators and staff, long-term care home residents, and funders and policy makers. Case studies of two long-term care homes, the Pavillon Omer Deslauriers at Bendale Acres in Scarborough, Ontario and Fairview Seniors Community in Cambridge, Ontario, were conducted to provide models of implementation steps recommended in this manual. The case studies represent two very different contexts and demonstrate that, with some adaptation, the model can work in a diversity of settings.

PAVILLON OMER DESLAURIERS AT BENDALE ACRES IN SCARBOROUGH, ONTARIO

Bendale Acres is a 302-bed not-for-profit long-term care home own and operated by the City of Toronto. Through the efforts and leadership of the Francophone community in Toronto, the Pavillon Omer Deslauriers (POD), a 37 bed Francophone cluster was opened in 1994. POD is the only bilingual Francophone long-term care home between Welland and the Ottawa Valley. POD benefits from a dedicated long-term care priority wait list for Francophones.

Outside Eastern and North-Eastern Ontario, the Greater Toronto Area (GTA) has the largest number of Francophones in Ontario. In 2016, over 20% of Ontario's Francophone population or 133,210 people lived within the five GTA Local Health Integration Networks.[16] While Ontario's Francophone population is aging more quickly than the province overall, in Toronto, there are proportionally fewer Francophone seniors (12.6%) than seniors in the population as a whole (13.6%) — a reflection of the fact that young Francophones, many of whom are newcomers, live and work in Toronto.[17],[18] Nearly half of Toronto's Francophones were born outside of Canada.[19] In Toronto, 30% of Francophone seniors live alone, many of whom lack family and caregiver support with translation and interpretation as their health declines.[20] Francophone seniors can often be isolated because they do not speak the same language as their neighbours and their family of origin live far away.

FAIRVIEW SENIORS COMMUNITY IN CAMBRIDGE, ONTARIO

Fairview Seniors Community is a not-for-profit seniors' residence that originated through a partnership between the 23 Mennonite and Brethren in Christ Congregations in the Waterloo Wellington Region.

16 Health Analytics Branch, Ministry of Health and Long-Term Care. LHIN and sub-region Census profile — 2016 Census, Final.
17 Ontario Trillium Foundation and Office of Francophone Affairs (2009). Profile of Ontario's Francophone Community.
18 City of Toronto. Changes in the Toronto and Francophone Community Demographics.
19 Ontario Trillium Foundation and Office of Francophone Affairs (2009). Profile of Ontario's Francophone Community.
20 City of Toronto. Changes in the Toronto and Francophone Community Demographics.

Fairview is comprised of 214 independent living apartments and condominiums, 46 retirement residential suites with assisted living services and an 84-bed long-term care home. It offers a continuum of care and services for seniors that spans from adult day programs to palliative care. Fairview does not currently have a Francophone cluster but has committed to pilot testing the Francophone long-term care model to offer insight into the challenges of implementing the model to support identification of potential solutions. Cambridge sits along the hwy-401 corridor between Windsor and Toronto where thousands of Francophones reside but no Francophone long-term care services exist.

Cambridge, like the other cities within the Waterloo Wellington region, is home to a sizable Francophone community (Cambridge-North Dumfries = 2,285 Francophones; Waterloo Wellington = 12,410 Francophones).[21]

Francophones in Waterloo Wellington are older and aging more rapidly than Francophones in the GTA. In addition, there are far fewer Francophones who are visible minorities. Overall, the Francophone population in Waterloo Wellington is considerably smaller and is among the regions with the lowest percentage of Francophones in the province. As a result, there are few French language services in the region. Including Cambridge and the greater Waterloo Wellington region as a case study demonstrates the feasibility of implementing the model in regions where there is minimal French language services and capacity to build on. Social isolation of Francophone seniors is a key concern in Waterloo Wellington.

Two additional long-term care homes were studied as part of the development of the Guide and are also referred to in this manual: Actionmarguerite in Winnipeg, Manitoba and Sommerset Manor in Summerside, Prince Edward Island. See Appendix A for descriptions of each home.

21 Health Analytics Branch, Ministry of Health and Long-Term Care. LHIN and sub-region Census profile – 2016 Census, Final.

THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE

The Optimal Model of Francophone Long-Term Care and the key activities associated with each attribute are illustrated in Figure B. The Optimal Model was developed through an analysis and synthesis of leading practices from the literature and case studies that address the specific gaps and challenges faced by cultural and linguistic minority groups, and Francophones, in particular, in long-term care and the broader health system. The Optimal Model recognizes the value of leveraging and building upon existing community assets and capacities such as social networks, volunteers, donors and key partners in the health system design.

FIGURE B: OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE IN A LINGUISTIC MINORITY CONTEXT — KEY ACTIVITIES BY ATTRIBUTE

1. LEADERSHIP AND PLANNING

LP1. Critically self-reflect on cultural-competency and knowledge of Francophone history and culture
LP2. Leadership and governance commitment to a vision and principles of FLS
LP3. Develop and implement FLS policies and procedures
LP4. Commit to a FLS access improvement plan

2. COMMUNITY ENGAGEMENT

CE1. Reflect on organization's openness to transparency and to community input
CE2. Partner with French Language Health Planning Entités, French Language Health Network and funders on community engagement
CE3. Select and use appropriate community engagement methods to seek community input and participation
CE4. Get involved and contribute to Francophone cultural and community development activities
CE5. Recruit Francophone representative to governance and advisory committees, and residents and family councils
CE6. Create a Francophone volunteer committee

3. COMMUNICATION AND PROMOTION

CP1. Translate communication materials
CP2. Inform residents of FLS policies and standards
CP3. Promote the availability of FLS to seniors and their families in both Francophone and Anglophone communities
CP4. Promote the availability of FLS to broader health system targeting health care providers with gatekeeping role to LTC

4. ENVIRONMENT

E1. Cluster Francophone residents and designated beds for Francophones
E2. Use visual cues to promote French language services, especially at first points of contact
E3. Use audio cues to promote French language services, especially at first points of contact
E4. Organize cultural and religious events and activities in French
E5. Offer cuisine in dining spaces that accommodate residents' cultural needs

5. BILINGUAL HEALTH WORKFORCE

BHW1. Develop a bilingual health workforce plan that identifies key bilingual positions and proficiency levels
BHW2. Cultivate a robust supply appropriately trained bilingual health professionals
BHW3. Create a supportive Francophone working environment to improve bilingual employee retention

6. PERSON-CENTRED APPROACH

PC1. Build capacity among staff to provide culturally appropriate care and services
PC2. Institute a partnered and holistic approach to care-planning and management
PC3. Accurately determine and record linguistic identity in information systems and ensure information is available to the the entire care team
PC4. Build language-specific care pathways between health sectors

LEADERSHIP AND PLANNING

Improving Francophones' access to services in French requires leadership, consistent planning at all levels and specific actions that demonstrate a commitment to French language health services, including endorsement by executives, management and the governing body. A language access plan is a key document outlining an organization's goals and priorities for improving linguistically accessible services.

COMMUNITY ENGAGEMENT AND COLLABORATION

Residents, families and the Francophone community, including the French-Language Health Planning Entités, need to be continuously engaged in a variety of ways from shaping policies and planning services such as French language health services or seniors' services, to influencing an organization's strategy, values, policies, and programs, to involving patients/residents and families/caregivers in care planning and self-management. Advisory Councils with Francophone representation are key mechanisms to engage and collaborate with residents, their families and the communities they represent.

COMMUNICATION AND PROMOTION

There is a great need for concerted and coordinated communications and awareness-raising efforts to increase the knowledge of linguistic minorities, providers and stakeholders about the relationship between language and health, the availability of French language health services, and Active Offer. More specifically, potential and existing long-term care residents need to be informed about the availability of language assistance services and the Active Offer of services in French.

ENVIRONMENT

A home's physical and social environment has significant impact on resident's health and quality of life. In addition to having the home environment adapted to meet the needs of the Francophone residents, it must also have a home-like look and feel.

BILINGUAL HEALTH WORKFORCE

Having proficient bilingual (French & English) staff in key clinical and non-clinical positions is viewed by some as the single most important factor for a well-functioning bilingual long-term care home. The availability of bilingual staff improves the timeliness of services in the residents' own language, resulting in fewer errors, greater adherence to treatment, and higher participation in activities and care plans.

PERSON-CENTRED APPROACH

Person-centred care requires that residents and/or families and caregivers have the opportunity to be meaningfully involved in care plans and decisions. However, it is often challenging to accurately determine an individual's linguistic identity and to plan for future care needs in the event that they want to — or can only — speak French as they age. Health service providers must find ways to adopt Active Offer throughout their organizations to streamline access to linguistic and culturally adapted services. One example of how organizations can remove barriers to person-centred care is to create a priority long-term care placement waitlist for Francophones for designated beds.

While there are pockets within the province with proportions of Francophones as high as 94%, in most parts of Ontario the percentage of Francophones in the population is between 1-3%. The Optimal Model was designed to fit within an existing Anglophone home in a majority Anglophone context by creating a bilingual (French-English) environment or cluster within one part or unit of a long-term care home. A bilingual environment is an appropriate option in most regions as Francophones, in general, have fairly high English proficiency levels. More than 70% of Francophones live in an exogamous relationship, which makes it important to provide the option to speak with providers in English.

Many of the elements of the Optimal Model may also be relevant to French-only Francophone long-term care homes and may offer additional insights into ways of improving the quality of French language services in Francophone long-term care and other French-language health service providers.

VITAL COMPONENTS OF THE OPTIMAL MODEL

The vital components of the Optimal Model are its critical success factors. Before moving forward with implementing a Francophone cluster, review the following vital components of the Optimal Model and contemplate any major obstacles to undertaking work in these areas. Address these issues before getting started.

- ✔ Ongoing community engagement with the Francophone community in partnership with Entité/Réseau, funders and other French language health service providers, and through Francophone representation on advisory councils;
- ✔ A plan for recruiting and retaining bilingual staff;
- ✔ An intent to physically cluster Francophone residents in one unit or part of the home;
- ✔ Integrated and coordinated person-centred French language health and social services;
- ✔ Organization-wide adoption of Active Offer, and
- ✔ Development of a priority wait list for Francophone long-term care home placement.

It is recommended that homes have an excellent record of compliance and quality in its facilities, programs and clinical services in order to attract interest and sustain demand from the Francophone community. Poor performance will likely deter applicants from all backgrounds.

COSTS OF IMPLEMENTING AND OPERATING THE OPTIMAL MODEL

Start-up costs: There are one-time start-up costs to be considered, including project management, meetings, events, printing and new signage. The largest cost is likely to be replacing signage. To offset one-time costs, consider translating signage, website, forms and other key materials over time. The Ministry of Health and the Ministry of Long-Term Care (the Ministry) offer free translation services of public communication materials to designated and identified health service providers. In addition, consider seeking grants and funding from alternative sources, organizing fundraisers and gathering donations from the community.

Operating costs: Once the project is up and running, operating costs should not be significantly different than any other section of the home. Bilingual staff are remunerated at the same levels as Anglophone staff. There are no additional costs in facility and program budgets. However, the Optimal Model does require homes to work and plan differently. Staff time will be needed to support community engagement activities/events, bilingual health human resource recruitment and retention programs, partnerships with key stakeholders, and ongoing communications and promotions.

ASSETS AND RESOURCES TO SUPPORT IMPLEMENTATION

The following list of key policies, organizations and resources in Ontario support the planning and implementation of the Optimal Model of Francophone Long-Term Care.

Organizations:

French Language Health Planning Entités (Entité) — Entités are essential partners in the implementation of the Optimal Model. As noted in the glossary, Entités conduct community engagement and development activities, produce health and demographic profiles on the Francophone population, support health service providers to become designated, and offer regional recommendations on improvements to health services across Ontario.

French Language Health Networks (Réseaux) — The Réseaux or the Networks contribute to the development of health services in French and can provide additional support through knowledge mobilization of evidence-based practices, targeted collaboration with key partners, as well as offering analysis of trends in the health system.

French Language Health Service Coordinators of the LHINs — Local Health Integration Network staff responsible for building French language capacity within the region support coordination and enhancement of French language services.

French Language Services Commissioner/Unit, Office of the Ombudsman — Investigates complaints, gathers best practices on French language service, makes recommendations on improving the delivery of services in French, monitors progress, and advises government on ways to promote compliance with the *French Language Services Act*.

Resources:

The Ministry's Translation Network — Offers free French translation of public communications documents for identified and designated French-language health service providers.

Health Standards Organization (HSO) — Develops standards, including one on access to health and social services in official languages, which includes evidence-based guidelines on effective approaches to planning and providing French language services. Accreditation Canada's programs assess organizations against standards developed by their affiliate, HSO.

Designation requirements — The designation requirements under the French Language Services Act are a list of key activities for delivering French language services.

Policies and Legislation:

Canadian Charter of Rights and Freedoms (sections 16 and 23) and the French Language Services Act — The federal and provincial governments in Canada invest in different ways to uphold the legislated rights and standards of Francophones. Federally, language rights are protected under the *Canadian Charter of Rights and Freedoms* (sections 16 and 23).[22] In Ontario, the *French Language Services Act* grants users the right to obtain services in French from the Government of Ontario and its agencies in 26 designated areas of the province.[23]

22 Government of Canada. The Canadian Charter of Rights and Freedoms. Retrieved from https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/

23 Government of Ontario. French Language Services Act, R.S.O. 1990, c. F.32. Retrieved from https://www.ontario.ca/laws/statute/90f32

Ontario's Long-Term Care Home Act, 2007 (Clauses 165 and 173 of Ontario Regulation 79/10)[24] — Allows prioritization of certain applicants to a long-term care home, unit or area within a home (i.e. cluster) that primarily serves the interests of persons from a particular ethnic, religious, or linguistic group. Long-term care homes self-identify which religious, ethnic, or linguistic groups they wish to serve and work with the designated placement coordinators (currently the Local Health Integration Networks) to obtain formal recognition of the home, area or unit within the home and to initiate the priority waiting list. Once recognized, the waiting list for the long-term care home would take into account categories 3A and 3B. As the long-term care home is primarily, but not exclusively, engaged in serving the interests of a particular religious, ethnic or linguistic group, applicants who do not match these criteria could be admitted into the long-term care home through the other categories (e.g. categories 4A or 4B).

In a letter from the office of the Assistant Deputy Minister of the Long-Term Care Homes Division clarifying clause 173 of the act, the Ministry confirmed the *Long-Term Care Homes Act* and Regulation do not set out a formalized process for recognizing whether a long-term care home serves the interests of a particular religious, ethnic or linguistic group. The Ministry also confirmed there is also no criteria or definition for "primarily engaged" nor does it have a formalized process for establishing such recognition. As such, the Ministry encourages long-term care homes to work with their Local Health Integration Network or designated placement coordinators to seek to formally recognize either the long-term care home or an area or unit within a long-term care home as primarily serving the interest of a particular religious, ethnic or linguistic group. The following presents the relevant except from the *Long-Term Care Homes Act*.

24 Government of Ontario. Long-Term Care Home Act, 2007, S.O. 2007, c. 8. Retrieved from https://www.ontario.ca/laws/statute/07l08

ONTARIO REGULATION 79/10 MADE UNDER THE LONG-TERM CARE HOMES ACT, 2007

KEEPING OF WAITING LIST

Keeping of waiting lists

165. **(1)** *Each placement co-ordinator shall keep a waiting list for admission to each of the long-term care homes for which the placement co-ordinator is designated.*

(2) *In addition to the waiting lists under subsection (1), the placement co-ordinator shall, if applicable, keep a separate waiting list for each unit or area within a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin as referred to in clause 173 (1) (b).*

PLACEMENT INTO CATEGORIES ON WAITING LIST

Religious, ethnic or linguistic origin

173. **(1)** *An applicant shall be placed in category 3A or 3B on the waiting list for a long-term care home or for a unit or area within a home if,*

(a) the applicant does not meet the requirements for placement in category 1, 2 or 2.1;

(b) the home or a unit or area within the home is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin; and

(c) the applicant or the applicant's spouse or partner is of the religion, ethnic origin or linguistic origin primarily served by the home or a unit or area within the home and the applicant is seeking to be admitted to that unit or area. O. Reg. 79/10, s. 173 (1); O. Reg. 246/13, s. 13.

(2) *An applicant described in subsection (1) shall be placed in category 3A if,*

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the Home Care and Community Services Act, 1994;

(b) the applicant occupies a bed in a hospital under the Public Hospitals Act and requires an alternate level of care;

(c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as his or her first choice of home; or

(d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident. O. Reg. 79/10, s. 173 (2).

(3) *An applicant described in subsection (1) who does not meet the criteria to be placed in category 3A shall be placed in category 3B. O. Reg. 79/10, s. 173 (3).*

IMPLEMENTING THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE USING COLLECTIVE IMPACT AS A FRAMEWORK

Long-term care homes in Ontario interested in applying innovative solutions to better serve the growing and diversifying seniors' population need ways of collaborating with system partners across the health and social sectors to solve this particularly complex social challenge. Collective impact is an approach to cross-sectoral collaboration that fosters innovations for social change.[25] The Five Phases of Collective Impact Framework provides guidance on how to initiate, manage and sustain community engaged and multi-partnered collaborations targeting complex health and social issues.[26] Its emphasis on community engagement, measuring outcomes and project management is relevant to complex issues like improving culturally safe care at an organizational-level for a priority community.

See Appendices C and D for more information on the Five Phases of Collective Impact Framework and social innovation.

The Five Phases of Collective Impact Framework was adapted to create an implementation plan for the Optimal Model. The Five Phases of Collective Impact are:

1. Exploration (Generate ideas and host dialogues);
2. Pre-work (Initiate action);
3. Organize for impact;
4. Begin implementation, and
5. Review and renew (and sustain).

The activities associated with planning and implementing the Optimal Model of Francophone Long-Term Care in each of the Five Phases of Collective Impact are described in Figure A.

25 Stachowiak, S. & Gase, L. (2018) Does Collective Impact Really Make an Impact? Standford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/does_collective_impact_really_make_an_impact

26 Tamarack Institute. Five Phases of Collective Impact. Retrieved from http://www.tamarackcommunity.ca/hubfs/Collective%20Impact/Tools/Five%20Phases%20Tool%20April%202017.pdf

The activities are grouped into four 'components of success' from the Five Phases of Collective Impact Framework:

a) Governance and infrastructure;
b) Strategic planning;
c) Community involvement, and
d) Evaluation and improvement.

Table A describes in more detail implementation activities in the areas of governance, planning, community engagement and monitoring, and reporting in each phase of implementing the Optimal Model of Francophone Long-Term Care.

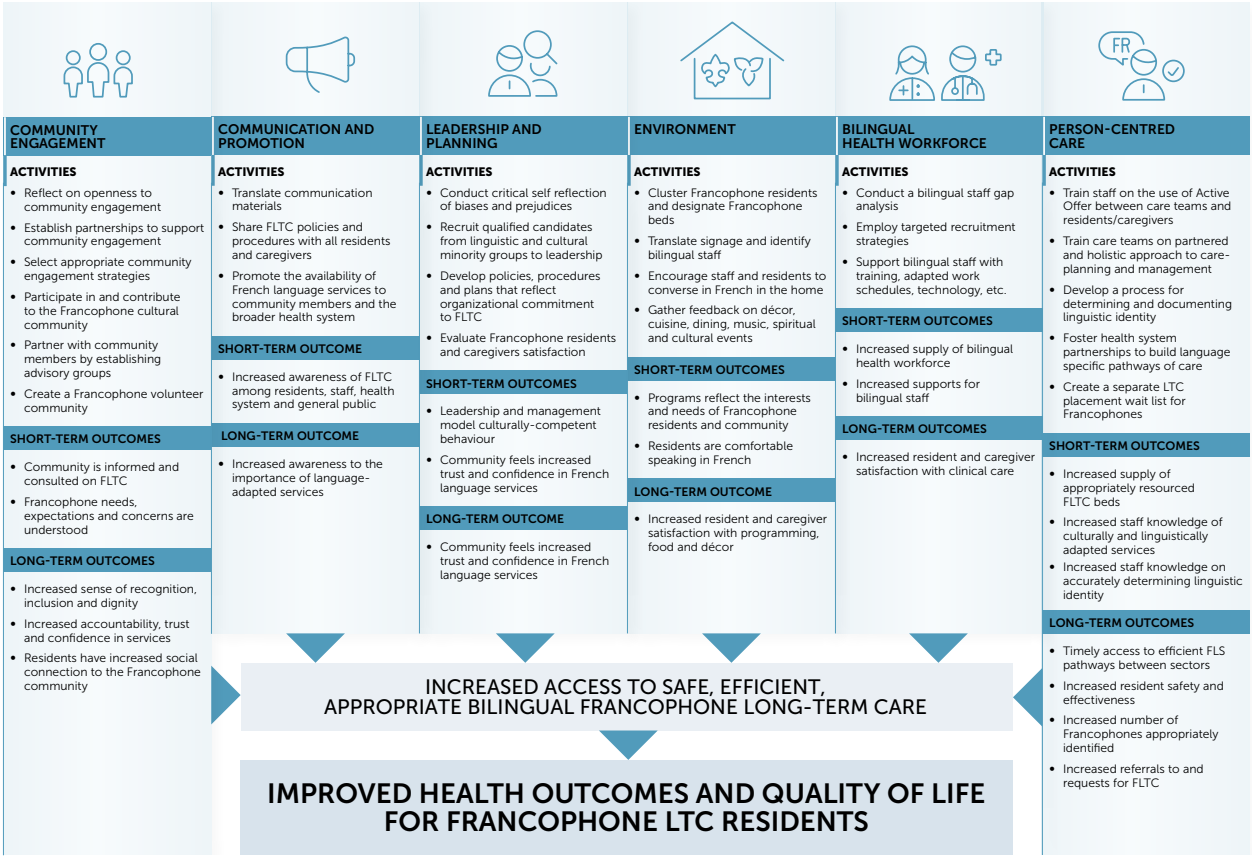
TABLE A: ACTIVITIES IN THE AREAS OF GOVERNANCE, PLANNING, COMMUNITY ENGAGEMENT AND MONITORING AND REPORTING IN EACH PHASE OF IMPLEMENTING THE OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE

	PHASE 1: EXPLORATION	PHASE 2: PREWORK	PHASE 3: ORGANIZING FOR IMPACT	PHASE 4: IMPLEMENTING CHANGE	PHASE 5: REVIEW, RENEW AND SUSTAIN
GOVERNANCE	• Establish relationships with key partners and community groups • Commit to collective action	• Receive endorsement from partnerships organizations • Establish steering committee with community representation • Sign partnership agreements and draft terms of reference	• Establish working groups for each attributes • Set up administrative/ project management infrastructure to support all committees and working groups	• Recruit members to the working groups • Formalize community advisory committee	• Draft policies and procedures
PLANNING	• Learn about Francophone community and access challenges	• Conduct needs assessment SWOT, stakeholder map, community engagement plan • Develop a work plan for Phase 2	• Decide on the scope of the project and how to adapt the model • Determine the scope of work for working groups	• Develop activity/ task level work plans for each working group	• Evaluate process and develop improvement plan
COMMUNITY ENGAGEMENT	• Identify key community groups • Understand how they are organized and establish relationships	• Seek community representation on steering committee • Begin to develop a community engagement strategy	• Establish the scope of work for the community engagement work plan as well as any community engagement needs for the other working groups	• Establish a community advisory committee to provide ongoing input and advice on engaging the Francophone community	• Evaluate strength and quality of community engagement plan/ practices
MONITORING AND REPORTING		• Establish a shared measurement system at the project-level and a monitoring schedule	• Establish working group level outcome metrics, baseline data and targets	• Establish output level metrics for activities and tasks	• Review progress, evaluate impact
PROGRESS ON IMPLEMENTATION		• Start change management process	• Initiate implementation activities	• Implement work plans	• Adjust, reaffirm approach and sustain

The program logic model for the Optimal Model of Francophone Long-Term Care provides a framework to identify program specific activity/output and outcome metrics.

FIGURE C: OPTIMAL MODEL OF FRANCOPHONE LONG-TERM CARE PROGRAM LOGIC MODEL

OPTIMAL MODEL OF FRANCOPHONE LONG-TERM-CARE (FLTC) PROGRAM LOGIC MODEL



CLICK HERE TO ACCESS FULLSCREEN VERSION OF THE LOGIC MODEL

The next section describes step-by-step the work involved in each implementation phase. A governance structure is proposed that includes a steering committee and working groups for each of the model attributes, as well as a community advisory committee to oversee, plan, and manage the work. A proposed administrative structure and project management tool templates are provided to support ongoing monitoring of progress on the activities of the steering committee and working groups. A variety of resources, tools and templates to facilitate implementation and implementation planning are also provided.

PHASE 1: EXPLORATION

DESCRIPTION

The objectives of Phase 1 are to explore and understand the health and social care needs and challenges of Francophone seniors in your own community. Key activities include understanding how Francophone seniors access care to learn more about the Francophone people, their culture, values and preferences; the history of systemic prejudice they endure; how their community is organized, and to connect with others health system stakeholders that work with Francophones, such as the Entité/Réseau and health system funders.

In this phase the partners will learn more about potential solutions to language barriers, including the Optimal Model of Francophone Long-Term Care, key factors for success and what other organizations are doing to address similar challenges.

At the end of this phase partners will establish if there is consensus and urgency to take action, determine which vital components of the model are present, and decide whether to commit to a plan of action.

GOALS

By the end of Phase 1, you will:

1.1 Identify, meet and establish relationships with key stakeholders involved in the delivery of French language services in your region.

1.2 Start to gather information and learn about the health and health care access challenges faced by the Francophone community, and the potential solutions including the Optimal Model of Francophone Long-Term Care.

1.3 Contemplate whether the model is the right fit for the home and the community or what attributes of the Optimal Model could be adapted.

STEPS

Step 1: Establish relationships with key Francophone partners including community members, system partners and funders with experience serving the Francophone community, such as the Entité/Réseau and local identified and designated French language service providers.

#	ACTIVITIES	STATUS
1.1.1	**Meet with the Entité/Réseau.** The Entité/Réseau have a wealth of information about the local Francophone population including specific insights into the barriers Francophones experience accessing the health care system and their unique needs and preferences. The Entité/Réseau will be able to advise on how best to address the challenges facing Francophones seniors and whether creating a Francophone cluster within the home is a viable solution. • [RESOURCE] Contact information for the Entité/Réseau (see Appendix B).	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.1.2	**Convene a meeting with stakeholders** to determine if improving access to Francophone long-term care is a regional priority. Work with the Entité/Réseau to identify key stakeholders, work on French language services already underway, available resources, required resources and anyone else who needs to be involved. This step begins to foster relationships with essential partners and provide a forum to generate ideas, discuss potential solutions and plan collaboratively. Ensure the vital components of the model are identified and included as part of the discussions.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 2: Start to gather information and learn about the health and health care access challenges faced by the Francophone community, and the potential solutions including the Optimal Model of Francophone Long-Term Care.

#	ACTIVITIES	STATUS
1.2.1	**Gather basic data on the size and geographic distribution of the Francophone community.** • [RESOURCE] Review the latest complete census profile and trends for the Francophone population (using the inclusive definition of Francophones (IDF) where possible) by sub-region in Ontario. Complement with health and health care utilization from the Canadian Community Health Survey, surveys and consultations with Francophones conducted by the Entitiés, and data on the number of Francophone clients and staff for each health service provider (See Table 1.1 for a list of data elements and data sources).	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.2.2	**Begin to understand the health and social care needs in the Francophone community.** Learn about the history of Francophones and the systemic challenges this population faces. • [RESOURCE] HC Link produced three briefs on *Working Together with Francophones in Ontario*: > Part 1: Understanding the Context (Why work with Francophones? Why offer services in French? Who are Ontario's Francophones?) > Part 2: Legislation and Institutional Support (What are the rights of Francophones? What institutional support exists for the provision of services in French?) > How to Engage Francophones... When You Don't Speak French! (Step 1: Examine your motives, Step 2: Take time to understand the Francophone context, Step 3: Find people to work with.) • [RESOURCE] The state of knowledge on access to Francophone health and social services in Canada is comprehensively summarized in Drolet, M., Bouchard, P., and Savard, J. Accessibility and Active Offer. Health Care and Social Services in Linguistic Minority Communities. 2017: University of Ottawa Press. While all sections contain important and valuable insights, Part 3: Accessibility and the Active Offer of French Language Services focuses in on the specific issues and challenges for Francophones and health services providers in Ontario.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.2.3	Read ***A Guide for Planning and Providing Francophone Long-Term Care***. • [RESOURCE] In 2017, a review of several innovative long-term care models specifically designed for Francophones in a linguistic minority environment and best practices in culturally competent and linguistic adapted services was conducted to identify six key attributes of an Optimal Model of Francophone Long-Term Care in a linguistic minority environment. The Optimal Model was published in *A Guide for Planning and Providing Francophone Long-Term Care*.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 3: Contemplate whether the model is the right fit for the home and the community and/or what attributes could be adapted.

#	ACTIVITIES	STATUS
1.3.1	**Consider the history, mission, vision and values of the home and its relationship with diverse communities and how will this help or hinder improving access to Francophone long-term care.** How does the present community within the home relate to the Francophone community? What are some of the issues and challenges that are shared? • [RESOURCE] See Case Study Example 1.1 on Fairview Seniors Community's strategic discussion.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.3.2	**Conduct a personal and organizational self-reflection exercise** to explore personal and organizational cultural safety skills. Creating space for cultural safety is a process — health care providers should continually strive to effectively work within the cultural context of each client and the communities they serve. • [RESOURCE] Refer to Mather LifeWays' *Diversity and Cultural Competency in Health Care Self-Assessment Checklist* to identify gaps and areas for improvement at the organizational and provider levels within seniors living communities. • [RESOURCE] Refer to *Nova Scotia Health Authority's Diversity Lens Tool Kit* for practical cultural-competence assessment tools and resources to help integrate diversity in work places.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.3.3	**Understand the geographic location of the long-term care home in relation to the distribution of the Francophone population**. Consider driving distances and how caregivers would travel to the home if they did not have a vehicle. Make an internal case for why the location of the home improves access for Francophones in the region. Keep in mind that most Francophones also speak English and may choose an English-speaking home over a bilingual home if it is more convenient to reach and/or if they are unaware of the potential impact of aging on language competency.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.3.4	**Review the vital components of the Optimal Model** and assess what work is required to satisfy these requirements (see section The Optimal Model of Francophone Long-Term Care for a list of the vital components)	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
1.3.5	**Consider other initiatives within the home** and the availability of staff, time and budget, that might help or hinder implementation. Ensure quality and compliance issues are resolved first. Prospective residents are more likely to choose a long-term care home for its overall quality over its availability to provide French language services.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

DECISION POINT

Move to the next phase when key partners commit to a collective plan of action to explore a bilingual Francophone cluster. The decision should be based on whether there is clarity and consensus on a shared vision and principles, community readiness, urgency for change and if the model is an appropriate fit for the home.

TABLE 1.1: SOURCES OF DATA ON THE DEMOGRAPHIC, SOCIO-ECONOMIC, ETHNO-CULTURAL, HEALTH AND HEALTH CARE UTILIZATION CHARACTERISTICS OF THE FRANCOPHONE POPULATION

DATA	DATABASE	DATA SOURCE
#, % of Francophones by Local Health Integration Network sub-region, 2016 (IDF)	Statistics Canada, Census of Population, 2016	Health Analytics and Insights Branch, Ministry of Health
#, % of Francophones in Ontario and by region, age groups, sex. Endogamous and exogamous relationships. Trends. 2011, 2016 (IDF)	Statistics Canada, Census of Population, 2011 and 2016	Ministry of Francophone Affairs, Government of Ontario
#, % of Francophones by place of birth, visible minority, retention of French by type of family, speaking French at home, 2016 (IDF)	Statistics Canada, Census of Population, 2016	Office of the French Language Services Commissioner of Ontario
Francophone health profile (compared to non-Francophone) by Local Health Integration Network	Statistics Canada, Canadian Community Health Survey, 2011-12-13-14 combined file, Ministry of Health and Long-Term Care Share File	Local Health Integration Network (see example)
# Francophone patients/clients/residents and # of Francophone staff by health service provider	OZi portal (Health service providers reporting tool for French language services)	Local Health Integration Network (see example)
Experience-based qualitative data from Francophones by Entité region	Consultation reports	Entitiés (see examples)

CASE STUDY EXAMPLE 1.1:
FAIRVIEW SENIORS COMMUNITY STRATEGIC VISION — A COMMUNITY FOR ALL

Fairview Seniors Community is a charitable, not-for-profit organization that began as a dream of various Mennonite churches in what is now the Mennonite Conference of Eastern Canada. Like all publicly-funded long-term care homes, Fairview offers care and services irrespective of an individual's cultural or religious background while maintaining ties with and recognizing its roots with the Mennonite church. The dream of the church is to meet the total needs — physical, mental, spiritual — of older people who were in need, speaks to people of all backgrounds.

When Fairview was asked to consider implementing a Francophone cluster, it reflected on its new strategic direction to 'Build a Community for All' to determine how expanding services to the Francophone community fit with their strategic goals of spirituality, relationships, communication, innovation and sustainability. The availability of a Francophone adult day program through the City of Cambridge, a bilingual coordinator at the Alzheimer's Society and bilingual French falls prevention program at Community Support Connections meant that there were some services to build on to expand the continuum of FLS for seniors.

Questions from the board of directors and executive were raised about expanding services to the Francophone community, including:

Is Fairview, a Mennonite faith-based home, open to other cultures and religions? While Fairview has its roots in the Mennonite community, the home has always been open to all faiths and people. There is growing recognition in the community that Fairview is not just for people from the Mennonite community.

The home aims to be more reflective of the mix of cultures and people in the community. By acknowledging that members of the long-term care home community have more in common than they do differences, distinct communities within the home are brought together on shared values, namely: dignity of all people, uniqueness of each resident, and respect for each other's values, customs and beliefs.

Will the Francophone cluster be separated and isolated from the rest of the home? The goal is to create an inclusive community within the home that strengthens bonds between Francophones and among the various cultural groups. This is accomplished in part by clustering Francophone residents together to encourage residents and bilingual staff to communicate in French.

How will the home recruit bilingual staff when there is already a major shortage of key personnel like personal support workers (PSWs)? Fairview will continue to build on its connections and partnerships with the community and post-secondary training institutions to identify qualified candidates.

Maintaining a focus on the ultimate goal of 'Building a Community for All' and by working together with French language services planning partners (Entité 2 and the French Health Network of Central Southwestern Ontario) provided a strong foundation to continue to explore the opportunity further.

PHASE 2: PRE-WORK

DESCRIPTION

In this phase, a multi-partner steering committee is established and works to produce the foundational elements needed to support detailed implementation planning in the following phases. This includes gathering program planning data and information, and setting up the infrastructure, or backbone support, to provide project management and to ensure continuity and the timely completion of activities.

As part of the program information and data requirements, the steering committee will conduct a needs assessment and SWOT analysis (strengths, weaknesses, opportunities and threats) and create a stakeholder map to support a community engagement plan for ongoing information gathering and program planning.

By the end of this phase, and with endorsement from the home and partnering organizations' board of directors, the home will start the change management process by raising awareness and making the case for improved language access services in an effort to cultivate internal and external stakeholder support for the program.

GOALS

By the end of Phase 2, you will:

2.1 Establish a steering committee to plan and implement the model.
2.2 Gather more detailed information on the context for the model.
2.3 Receive endorsement from participating organizations and update funders on French language service activities.
2.4 Start the change management process within the home.

STEPS

Step 1: Establish a steering committee to plan and implement the model

#	ACTIVITIES	STATUS
2.1.1	**Identify champions to form a multi-partner steering committee** with membership from the community, the local Entité, funders, long-term care placement manager and the home to guide the work. Try to include at least one individual with expertise in program evaluation. Identify the chairs or co-chairs who will provide leadership. Develop a terms of reference for the steering committee describing the purpose of the steering committee and how it functions. • [RESOURCE] Terms of Reference template	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.1.2	**If applicable, draft and sign a collaborative governance agreement/memorandum of understanding** to formalize each organization's commitment. Such agreements are typically signed when a transfer of funds are involved. Outline the resources each partner is able to contribute such as teleconference services, photocopying, meeting space and other administrative supports. In an application for funding, one partner is usually lead and partnering organizations provide letters of support.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.1.3	**Develop a high-level work plan for Phases 2-5 with reasonable timelines.** Phase 2 may take up to six months, phase 3 may take up to six months, phase 4 up to one year and phase 5 six months before the project is renewed. Review the activities in this implementation plan, adapt to your local context, and assign timelines and leads for each area of work.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.1.4	**Agree to establish a shared measurement system with indicators and a reporting protocol to monitor progress towards project milestones and program goals.** Review and revise the program logic model for the Optimal Model of Francophone Long-term Care to build consensus around program outcomes and goals for which performance indicators can be identified. • [RESOURCE] Reference the Optimal Model of Francophone Long-Term Care Program Logic Model (see Figure C)	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 2: Gather more detailed information on the context for the model.

#	ACTIVITIES	STATUS
2.2.1	**Conduct a needs assessment by collecting and analyzing quantitative and qualitative data to create a local Francophone population health profile and to assess the present situation for Francophone seniors.** The data can be used as a baseline and to plan to program. A review of the data should also be completed to select indicators that can be used to monitor progress. • [RESOURCE] Refer to Table 1.1 for key metrics and data sources to produce a Francophone population health profile. • [RESOURCE] Answer the following questions in the needs assessment (adapted from United Way Toronto & York Region. (2014) Program Design and Development Resources. Page 12): > Who are the populations of interest/in need (sub-groups)? > What are the population needs? > What programs, policies, resources already exist to address the identified needs? > What is the gap between needs and existing programs? > What is the best program to fill that gap?	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.2.2	**Conduct a SWOT (strengths, opportunities, weaknesses and threats) and/or a SOAR (strengths, opportunities, aspirations and results) analysis**. It is important to understand your context and consider opportunities or barriers to implementation. Incorporate relevant information into planning process. • [RESOURCE] Refer to United Way Toronto & York Region. (2016) Program Design and Development Resources. This document provides guidance on the steps in program design and development. Pages 11-16 focus on how to conduct a stakeholder and SWOT analysis.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.2.3	**Identify key stakeholders and how they should be engaged in the project by creating a stakeholder map.** Identify all relevant individuals and groups who may be affected by the program. Who are the necessary stakeholders to implement the program? Prioritize them according to their influence and interest in the project, and the level of engagement at each phase of implementation. Use this information to develop a communications plan. • [RESOURCE] Refer to the sample Stakeholder Map (see Table 2.1 and 2.2) for a list of stakeholder groups and an assessment of how much to engage the each stakeholder group at specific project phases. The assessment references the International Association for Public Participation (IAP2) Community Engagement Spectrum (see Table 2.3), a widely regarded framework that describes five levels of community engagement varying in terms of the increasing impact of the community on a decision. • [RESOURCE] Communications Plan Template.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

#	ACTIVITIES	STATUS
2.2.4	**Establish a means for engaging the community that is appropriate given their ability to be involved (i.e. size of community, availability, and time constraints of different groups). Strive for diversity of opinion and perspective**. Community engagement is an important function for all health system organizations including funders, the Entités and providers. Community engagement with the Francophone population is a key mandate of the Entités. Consider leveraging the Entités' expertise, networks and consultation meeting schedule. • [RESOURCE] Refer to The Tamarack Institute's Index of Community Engagement Techniques for a list of engagement methods that are organized by the five IAP2 engagement levels.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 3: Receive endorsement from participating organizations and update funders on French language service activities.

#	ACTIVITIES	STATUS
2.3.1	**Seek endorsement from your organization's board of directors to explore the idea of creating a Francophone cluster within the home.**	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
2.3.2	**Begin reporting to funders on the work underway at the home to expand access to French language services**.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 4: Start the change management process within the home.

#	ACTIVITIES	STATUS
2.4.1	**Hold a community event inviting all potential collaborators to generate enthusiasm and to identify additional potential collaborators.** Use the event to articulate the problem and involve participants to identify possible strategies for improving culturally and linguistically adapted services to create "buy-in". • See the case study examples of change management from Fairview and Bendale Acres through their Health and Wellness Fairs (also see Figures 2.1, 2.2 and 2.3 for posters and pictures of the event).	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

DECISION POINT

Partnering agencies receive endorsement from their respective boards and have the requisite information to move forward with establishing the scope of the project. Governance and project management infrastructure is arranged to oversee planning and implementation.

TABLE 2.1: SAMPLE STAKEHOLDER MAP TEMPLATE

LEVEL OF ENGAGEMENT	PHASE OF IMPLEMENTATION				
	PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
INFORM To keep informed with balanced and objective information		• Elected Gov't representatives • Municipal Gov't • Provincial Gov't Federal Gov't • Public Health Unit • Faith-based groups • Francophone directories • News/media	• Elected Gov't representatives • Municipal Gov't • Provincial Gov't • Federal Gov't • Public Health Unit • Faith-based groups • Francophone directories • News/media	• Elected Gov't representatives • Municipal Gov't • Provincial Gov't • Federal Gov't • Public Health Unit • Faith-based groups • Francophone directories • News/media	• Elected Gov't representatives • Municipal Gov't • Provincial Gov't • Federal Gov't • Public Health Unit • Faith-based groups • Francophone directories • News/media
CONSULT Keep informed and obtain feedback on analysis, alternatives and/or decisions	• Elected Gov't representatives • Municipal Gov't • Provincial Gov't • Federal Gov't • Public Health Unit • Faith-based groups				
INVOLVE Work directly to ensure concerns and aspirations are understood and reflected in the proposals	• Long-term care home staff • Resident and family councils • General HSPs • Seniors services • Cultural groups	• Long-term care home staff • Resident and family councils • General HSPs • Seniors services • Cultural groups	• Long-term care home staff • Resident and family councils • General HSPs • Seniors services • Cultural groups	• Long-term care home staff • Resident and family councils • General HSPs • Seniors services • Cultural groups	• Long-term care home staff • Resident and family councils • General HSPs • Seniors services • Cultural groups
COLLABORATE Work together to formulate solutions and incorporate advice and recommendations into decisions to the maximum extent possible	• Francophone health service providers • Francophone community groups • French schools • French postsecondary schools	• Francophone health service providers • Francophone community groups • French schools • French postsecondary schools	• Francophone health service providers • Francophone community groups • French schools • French postsecondary schools	• Francophone health service providers • Francophone community groups • French schools • French postsecondary schools	• Francophone health service providers • Francophone community groups • French schools • French postsecondary schools
EMPOWER Final decision-making authority	• Long-term care home • Funder • Entité/Réseau • Francophone community representatives	• Long-term care home • Funder • Entité/Réseau • Francophone community representatives	• Long-term care home • Funder • Entité/Réseau • Francophone community representatives	• Long-term care home • Funder • Entité/Réseau • Francophone community representatives	• Long-term care home • Funder • Entité/Réseau • Francophone community representatives

TABLE 2.2: STAKEHOLDER CATEGORIES AND EXAMPLES

CATEGORY	EXAMPLES
Elected government representatives	• Mayor, city councillors, MPs and MPPs
Municipal government	• Policy makers of relevant divisions/branches
Provincial government	• Policy makers of relevant divisions/branches
Federal government	• Policy makers of relevant divisions/branches
Public Health Unit	• Researchers, planners and program managers
Faith-based groups	• Churches, Mosques and other religious or faith-based organizations
Francophone directories	• Health and social service directories and listings (online and in print)
News/media	• Anglophone and Francophone newspapers and other media outlets (online, radio, TV and print)
Long-term care home staff	• Any staff directly affected or involved in the planning or delivering the Optimal Model of Francophone Long-Term Care
Resident and family councils	• Resident and family representatives on long-term care home advisory councils
General health service providers, Ontario Health Teams	• Providers or groups of providers from any health care sector involved in caring for Francophone seniors, including other long-term care homes
Seniors services	• Providers involved in delivering services to seniors
Cultural groups	• Various ethnic or linguistic social groups or networks
Francophone health service providers	• Identified or designated French language health service providers or health service providers that offer dedicated French language services
Francophone community groups	• Formal Francophone community groups and networks
French schools	• Elementary and high schools
French postsecondary schools	• Colleges and university that offer instruction in French to clinical trainees
Long-term care home	• Includes management and board of directors
Funder	• Includes managers and staff across all relevant portfolios
Entité/Réseau	• See Appendix B for names and contact information
Francophone community representatives	• Individuals who may or may not be affiliated with a formal Francophone group or organization

TABLE 2.3: INTERNATIONAL ASSOCIATION FOR PUBLIC PARTICIPATION (IAP2)[27]

PUBLIC PARTICIPATION GOAL	INCREASING IMPACT ON THE DECISION			
INFORM	**CONSULT**	**INVOLVE**	**COLLABORATE**	**EMPOWER**
To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the solution.	To place final decision making in the hands of then public.
PROMISE TO THE PUBLIC	**INCREASING IMPACT ON THE DECISION**			
INFORM	**CONSULT**	**INVOLVE**	**COLLABORATE**	**EMPOWER**
We will keep you informed.	We will keep you informed, listen and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to maximum extent possible.	We will implement what you decide.

CASE EXAMPLE 2.1:
FAIRVIEW SENIORS COMMUNITY HEALTH AND WELLNESS FAIR

Fairview's Health and Wellness Fair is a one-day event that features free health clinics, seminars on current issues and important topics, an exhibitor hall and a place for residents from Fairview's independent living apartments and community members to socialize over refreshments and a light snack. The fair provided an opportunity for seniors and community health care and social service providers to gather and learn from one another.

This year Fairview worked with Entité 2 to invite the Francophone community to the fair and into the home. The fair included exhibitors from several organizations involved in the planning and delivery of French language services including the City of Cambridge, Entité 2 and the Waterloo Wellington Local Health Integration Network who displayed brochures, program guides, health promotion literature and posters in French. An information session was held in French that included talks by the Waterloo Wellington Local Health Integration Network on health system planning priorities, the Alzheimer's Society on their bilingual services and the City of Cambridge on their Francophone adult day program.

The information session also included a facilitated consultation by Entité 2 health planners with the Francophone attendees on their needs, priorities and expectations for Francophone long-term care. Francophone attendees were given an opportunity to learn about the work underway with Fairview as they lay the foundation to create a Francophone cluster and hear directly from a Francophone resident who shared her experience living at the home. The meeting capped off with a tour of the home.

Members of Fairview's community recognized the presence of members of Cambridge's Francophone community at the fair. The event was an excellent opportunity to introduce both communities to one another.

Media coverage in Le Régional: https://leregional.com/la-necessite-detablir-des-soins-de-longue-duree-en-francais-se-fait-sentir/

27 Reproduced from the IAP2 International Federation 2014. Retrieved from https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

FIGURE 2.1: POSTER FOR FAIRVIEW'S HEALTH AND WELLNESS FAIR

FIGURE 2.2: PHOTO OF AN INFORMATION SESSION AND COMMUNITY CONSULTATION ON FRANCOPHONE LONG-TERM CARE AT FAIRVIEW'S HEALTH AND WELLNESS FAIR

Fairview's health and wellness fair as captured by Le Régional, the local French-language newspaper.

CASE EXAMPLE 2.2:
BENDALE ACRES' SENIORS WELLNESS SYMPOSIUM

The Seniors' Wellness Symposium — Symposium du mieux-être des aînés — in the Greater Toronto Area held at Bendale Acres on June 16-17, 2015 is an example of ways stakeholders can work together to increase community awareness about the importance of French language services, and how to access and request these services.

The first-ever bilingual symposium was organized by the City of Toronto Long-Term Care Homes & Services, in partnership with the Central East Local Health Integration Network, Entité 4, Reflet Salvéo, Fédération des aînés et retraités francophone de l'Ontario and the French Health Network of Central South-Western Ontario.

The event had three objectives: 1. Raise awareness of Pavillon Omer Deslauriers, the Francophone cluster at Bendale Acres, with providers and the community as a bilingual service available to the public, 2. Educate providers and individuals on the importance of language to one's health, and 3. Demonstrate how to deliver linguistically and culturally adapted services in speeches, workshops, print materials and signage in English and French by following established standards.

The first day of the symposium was an educational conference for health service providers, managers and individuals involved in seniors care on the topic of wellness and person-centred care. The conference had an emphasis on Language & Cultural Competency in Health Care settings and the keynote speaker was Dr. Samir Sinha, the Government of Ontario's expert lead of Ontario's Seniors Strategy at the time. More than 50 health care professionals were in attendance.

The second day of the Symposium was a free Senior's Wellness Fair and seminars that provided education and information in English and French on resources available to seniors, to their families and their caregivers. Over 40 organizations showcased their services and more than 300 members of the public came to visit the exhibits and attend seminars and workshops. The event achieved its aims including generating significant media coverage.

See the symposium poster in Figure 2.3.

Media coverage in l'Express: http://l-express.ca/mieux-vieillir-en-francais-au-pavillon-omer-deslauriers/

FIGURE 2.3: POSTER FOR BENDALE ACRE'S SENIORS' WELLNESS SYMPOSIUM

PHASE 3: ORGANIZE FOR IMPACT

DESCRIPTION

The purpose of this phase is to establish the scope of the project and to organize the governance and planning groups that will support planning and implementation. This includes establishing working groups for each of the model attributes; project management infrastructure and processes, or backbone support, to facilitate information sharing between the steering committee and working groups and provide project management, and a budget.

In this phase the steering committee will continue with the change management process by getting started with initial implementation activities such as training on Active Offer; identifying current and hiring new bilingual staff; identifying a location within the home for the Francophone cluster; clustering Francophone residents and making some visible changes to the environment such as wearing "Hello! Bonjour!", "Je parle français" or "J'apprends le français" badges and installing signage in French.

GOALS

By the end of Phase 3, you will:

3.1 Establish working groups for each work stream (Leadership and planning, Communications and Promotion, Community Engagement, Environment, Bilingual Health Workforce and Person-Centred Care) and set-up the administrative infrastructure (or backbone) to support the steering committee and working groups.

3.2 Establish the scope of the project (e.g. positions or parts of the organizations will be bilingual and components of the model to adapt to the local context), the size or number of beds in the Francophone cluster, and whether to pilot the program and how.

3.3 Establish program-level performance indicators, baseline data, targets and reporting schedule.

3.4 Establish a budget (e.g. costs associated with operating the project team, hosting events and staff time) and sources of funding.

3.5 Get started with implementing initial activities (e.g. organization-wide training on Active Offer, clustering Francophone residents, literature and signage in French, and Bonjour badges, and documenting processes to later turn into policies).

STEPS

Step 1: Establish working groups for each work stream (Leadership and Planning, Communications and Promotion, Community engagement, Environment, Bilingual Health Workforce and Person-Centred Approach) and set-up the administrative infrastructure (or backbone) to support the steering committee and working groups.

#	ACTIVITIES	STATUS
3.1.1	**Establish working groups** for each attribute of the Optimal Model of Francophone Long-Term Care: Leadership and Planning, Communications and Promotion, Community engagement, Environment, Bilingual Health Workforce and Person-Centred Approach. Draft terms of reference for each working group. [RESOURCE] Refer to Terms of Reference template	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.1.2	**Consider folding the activities associated with Leadership and Planning, Community Engagement and Communications and Promotions in with the steering committee.** • **Leadership and planning** activities includes setting priorities, creating a work place environment that is culturally safe, setting policies, approving procedures and developing a plan that ensures sustainability of the project. The steering committee is, in part, comprised of people in leadership positions of the home. These same people should be responsible for carrying out the activities associated with setting priorities and direction around language access. • **Community Engagement** is essential to each working group's activities. In order to streamline the information exchanged with the community and avoid over consulting the community, it is recommended that one group within the project be appointed key contact and lead for community engagement, such as the steering committee. The steering committee may wish to consider establishing a community advisory committee to advise on how best to engage the community throughout the project. • Many activities associated with **Communications and Promotions** are externally focused. In order to ensure a consistent message is delivered to stakeholders, it is recommended that all communications be sent from a single source within the project, such as the steering committee.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.1.3	**Set-up the administrative infrastructure to support the steering committee and working groups.** In the collective impact literature, this infrastructure is called the Backbone. The Backbone supports coordination between the steering committee and working groups; acts as a point of contact on issues raised by the working groups, project partners or external organizations; provides strategic support by bringing to attention new opportunities or changes to in the context; ensures work is being guided by its principles; manages the shared measurement and reporting system; manages the budget and resources; and supports the development of policies as the program matures and practices become routine. • [RESOURCE] Review the Collective Impact Forum's Backbone Starter Guide for additional insights and how a backbone was set up for different collective impact initiatives. • [RESOURCE] See Figure 3.1: Diagram of Francophone cluster project organizational structure.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 2: Establish the scope of the project (e.g. positions or parts of the organization that will be bilingual, and components of the model to adapt to the local context), the size or number of beds in the Francophone cluster, and whether to pilot or phase in the program and how.

#	ACTIVITIES	STATUS
3.2.1	**Choose which components of the Optimal Model to include or adapt.** Reflect on the contexts in which the Optimal Model of Francophone long-term care was developed. How similar or different are they from your own? Consider the size of the home, managerial support, the layout, the size of the community, distances to travel, other resources or partnerships to leverage, etc. Decide which area of the home to turn into a bilingual Francophone cluster. The cluster size calculation below can help to calculate the size of the demand.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.2.2	**Decide how many beds will be included within the Francophone cluster.** Choosing the number of beds to include in the Francophone cluster is an important decision. There are few risks associated with overestimating the number of beds in the cluster. The key risk is the potential of hiring more bilingual staff than may be necessary. However, bilingual staff can be used throughout the home, and not just in the cluster area. Having too few beds, however, weakens the cohesiveness of the cluster and strength of the Francophone environment and model overall. It also a signal that the service may not be genuinely bilingual. • [RESOURCE] **Calculate the cluster size.** Deciding on the appropriate number of beds to include in the Francophone cluster warrants consideration of several supply-side and demand-side factors (see Table 3.1). It is crucial to work with the coordinating body responsible for long-term care placement to ensure the cluster is sized appropriately to meet the evolving demand for long-term care and to ensure the environment will provide a appropriate level of French language service in order to receive priority wait list for Francophones for long-term care placement.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/AA
3.2.3	**Decide whether to pilot or phase in the program.** It is entirely feasible to start the program small and have it grow over time. This is how several of the case studies examined evolved. Homes can start by identifying current Francophone residents and French speaking staff and organizing bilingual staff assignments to match them. Following this, work with Francophone residents and community members on culturally adapted programming and dining. Track the waitlist to monitor and anticipate the demand for beds in the Francophone cluster. Monitoring the pilot makes reporting and evaluation an integral part of the program from the beginning. It is important to ensure that the long-term care home can fulfill the promise of Active Offer and a Francophone environment before establishing and implementing a priority waitlist for Francophones..	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 3: Establish program-level outcome measures, baseline data, targets and reporting schedule for the shared measurement system.

#	ACTIVITIES	STATUS
3.3.1	**The program logic model for the Optimal Model of Francophone Long-Term Care** provides a framework to identify program specific activity/output and outcome metrics. • [RESOURCE] Review the logic model and identify measures that represent the change expected from the program and each of the working group work plans. Refer to Table 3.2 for examples of activity and outcome-level metrics.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 4: Establish a budget for the project and sources for funding.

#	ACTIVITIES	STATUS
3.4.1	**Start-up costs:** There are some one-time start-up costs to consider, including costs associated with project management, meetings, events, printing and new signage. The largest cost is replacing signs with bilingual signs. Translate signage, website, other communications materials and key documents and forms over time. • [RESOURCE] The Ministry of Health and Long-Term Care offers free translation services to designated and identified health service providers for certain communications materials. Refer to the Ministry's Translation Network Guidelines. Seek grants and funding from alternative sources, do designated fundraisers and gather donations from the community.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.4.2	**Operating costs:** Once the project is up and running, operating costs should not be significantly different than any other section of the home. Bilingual staff are usually remunerated at the same levels as Anglophone staff and there are no additional costs in facility and program budgets. However, the Optimal Model requires homes to work and plan differently. Staff time will be needed to support community engagement activities/events, bilingual health workforce recruitment and retention programs, partnerships with key stakeholders, and ongoing communications and promotions.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 5: Get started with initial implementation activities: organization-wide training on Active Offer, set-up and train staff on using interpretation services, display literature and signage in French and ordering "Hello! Bonjour!", "Je parle français" or "J'apprends le français" badges and lanyards. Start clustering residents. Document new processes to later turn into organizational policies.

#	ACTIVITIES	STATUS
3.5.1	**Conduct organization-wide training on Active Offer.** • [RESOURCE] www.activeoffertraining.ca. This free course is completed online. It requires five hours to review six modules of comprehensive and tactical content. Self-evaluations are conducted at the end of each module and a certificate can be requested at the end of the course. The training entitles Canadian College of Health Leaders members (CHE/Fellow) to 2.5 Category II credits towards the maintenance of certificate requirements.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.5.2	**Set-up and train staff on using interpretation services.** Choosing to use medically trained interpretation services improves quality of care by reducing the risks associated with miscommunication. • [RESOURCE] Deciding whether to use formal interpreter services can be a complicated decision. Sarah Bowen is a researcher at the University of Alberta who studies the impact of language barriers in health care. In this video she summarizes the risks and benefits of informal and formal interpreters. • [RESOURCE] Remote Interpretation Ontario Network (R.I.O.) is a collaborative call centre model shared with other Canadian non-profit community interpretation agencies to integrate local resources into a high quality, affordable, on-demand immediate phone interpretation. R.I.O. is simple to use and accessible 24/7 from anywhere within North America by setting up an account through their toll-free number: 1-888-278-8007 or by emailing: languages@accessalliance.ca. • [RESOURCE] Refer to Diversity in Action Part #3, Tip #9 (p.66): Suggested guidelines for using staff, volunteer and family interpreters.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.5.3	**Start to display literature and signage in French and wear "Hello! Bonjour!", "Je parle français." (I speak French) or "J'apprends le français." (I am learning French) badges**. Start to hang signs in French in front of rooms in the Francophone cluster as a means to remind people that this is a Francophone environment. Display health promotion or health care literature written or translated into French gathered from funders and other health agencies. • [RESOURCE] Order badges from this website.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
3.5.4	**As beds become available within the cluster, ask Francophone residents whether they would like to move into the Francophone cluster/area of the home.** Make the choice an attractive decision by describing the added value and services. Ensure any service quality standards promised can be met. Discuss the benefits of speaking in one's primary language with residents and their families. Offer more information and literature summarizing the evidence on the benefits of linguistically-adapted services. • [RESOURCE] Article by Dr. Brain Goldman of CBC's White Coat Black Art entitled *Why Canadians need health care in their own language?*	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

#	ACTIVITIES	STATUS
3.5.5	Document processes and decisions that will support future policies and procedures.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

DECISION POINT

Approve the scope of the project and the goals and targets of each working group. Establish terms of reference for the working groups.

FIGURE 3.1: DIAGRAM OF FRANCOPHONE CLUSTER PROJECT ORGANIZATIONAL STRUCTURE

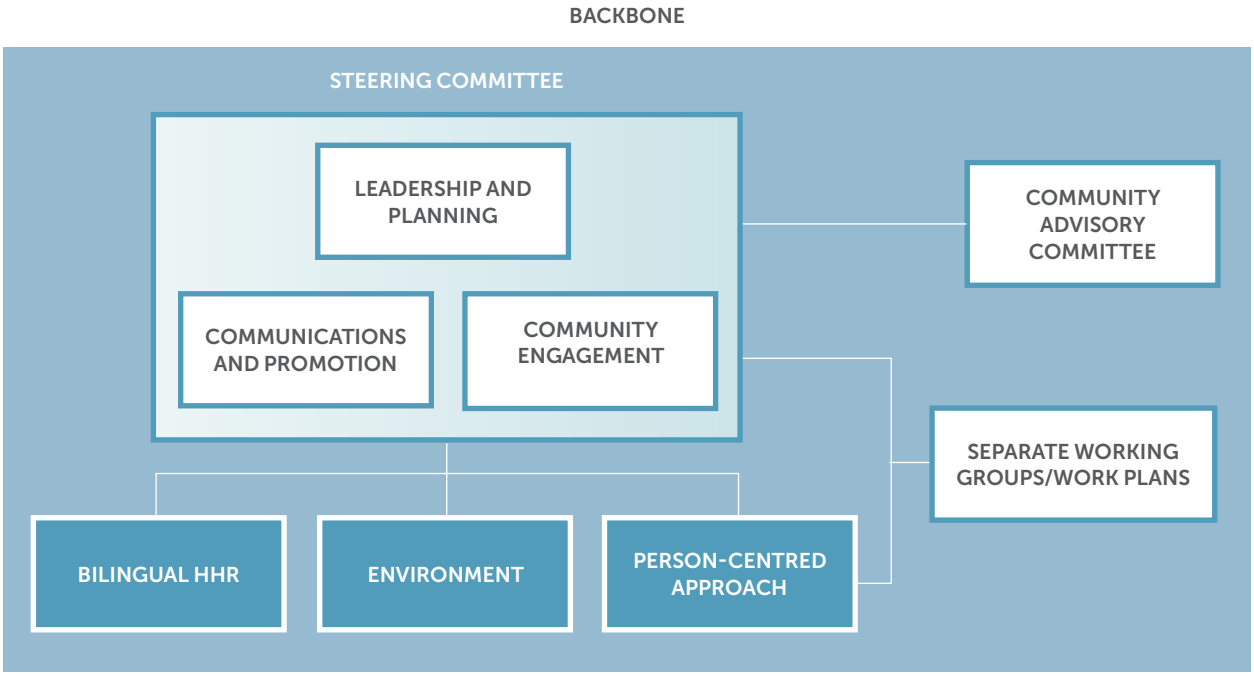


TABLE 3.1: FACTORS TO CONSIDER IN THE CALCULATION OF THE FRANCOPHONE CLUSTER SIZE (I.E. # OF BEDS)

DEMAND-SIDE FACTORS	COLLECTED DATA AND NOTES
Current and projected numbers of Francophone seniors in the service area and in the surrounding area where there is no Francophone long-term care: • Use 20% of Francophone population as an estimate of the number of Francophone seniors.	[Enter information here]
Number of Francophones on the home's waitlist.	[Enter information here]
Number of Francophones on the general long-term care waitlist for the region: • Estimate the number that would switch to a home with a Francophone cluster. A key factor for prospective residents in choosing a home is its distance from the caregiver's residence. Estimate the number of Francophones on the general list who live within 20km, 35km or 50km of the home with a Francophone cluster.	[Enter information here]
Number of Francophones living in long-term care in the region: • Estimate the number who may consider transferring into the cluster.	[Enter information here]
Number of Francophones in transitional beds in hospitals.	[Enter information here]

SUPPLY-SIDE FACTORS	COLLECTED DATA AND NOTES
Number of beds in long-term care home unit or home area: • Estimate 50% of beds in the unit or home area as the minimum number of beds in the cluster to ensure a strong and well-resourced Francophone environment.	[Enter information here]
Staff to resident ratio: • The goal is to have at least one bilingual staff person on duty at all times.	[Enter information here]
Number of Francophone long-term care beds in the surrounding area: • Within up to two hours driving distance each way.	[Enter information here]

TABLE 3.2: INDICATORS TO CONSIDER IN THE SHARED MEASUREMENT SYSTEM

ATTRIBUTE	EXAMPLES OF OUTCOME-LEVEL METRICS	EXAMPLES OF ACTIVITY AND OUTPUT-LEVEL METRICS
OVERALL	• Increased referrals and requests for Francophone long-term care • Percent of beds in the cluster occupied by Francophones	
LEADERSHIP AND PLANNING	• Leadership and management model culturally-competent behaviour • Community feels increased trust and confidence in French language services	• Leadership and management conduct self-reflection exercises annually • Staff in leadership positions belong to linguistic minority groups • Leadership enrolled in French-language courses and are improving in proficiency • Language Access Policy established and updated at the same time all other policies are reviewed • Language Access Plan established and updated biannually • Needs assessments are conducted biannually • Leadership knowledgeable of Francophone community needs, expectations and values • French language service evaluated biannually • Francophone residents and caregivers are engaged to discuss their experience with French language service
COMMUNITY ENGAGEMENT	• Community feedback on quality and concerns with home and bilingual cluster • Community advisors satisfaction with involvement and contributions • Francophone needs, expectations and concerns are understood • Residents and community feels an increased sense of belonging with the Francophone community • Community feel an increased sense of recognition, inclusion and dignity • Community surveyed on knowledge of French language service and language-related issues	• Leadership, management and staff reflect on openness to community engagement • Francophone representation on resident, family and community advisory committees • TOR of advisory committees specifies representation from linguistic and cultural groups • Francophone volunteer committee established • Partnerships established with Francophone faith-based organizations and schools • Home participates in and contributes to the Francophone cultural community
COMMUNICATION AND PROMOTION	• Residents and families are aware of French language service • Providers are aware of French language service and Francophone long-term care and refer Francophone clients to the home • Health system planners and health care providers in other parts of the health care system are aware of the availability of Francophone long-term care and the importance of language-adapted services	• Website translated into French • Email signatures and voicemail greetings are translated into French • Language access policies are included in orientation books for new residents • Print material displayed around home are translated into French • Advertise French language service • and Francophone long-term care in the media, at community events and health care meetings
ENVIRONMENT	• Programs reflect the interests and needs of Francophone residents and community • Francophone residents and families experience with French-language programs, food and decor • Francophone residents are comfortable speaking in French • Residents and staff routinely speak in French	• Bilingual staff wear Bonjour badges • Receptionist welcomes visitors in French and English • Residents of similar linguistic and cultural background are clustered • Feedback is gathered on décor, cuisine, dining and music, spiritual and cultural events • Signs identify services available in French and offer wayfinding in French

ATTRIBUTE	EXAMPLES OF OUTCOME-LEVEL METRICS	EXAMPLES OF ACTIVITY AND OUTPUT-LEVEL METRICS
BILINGUAL HEALTH WORKFORCE	• Established relationship with bilingual health care teaching establishment (colleges, universities...) • Increase supply of bilingual health workforce • Staff turnover rate vs bilingual staff turnover rate • Bilingual staff vacancy rate • Retention rates for bilingual staff • Staff experience providing bilingual services • Workload measurement • Resident and family experience with clinical care and timeliness of French language service	• Number of bilingual staff by required proficiency levels • Collection and continuous analysis of qualitative data from exit interviews with bilingual staff who leave their jobs • Discussion groups with bilingual staff • Number of staff offered and enrolled in French language classes • Results of employed targeted recruitment strategies • Number of resources for bilingual employees (e.g. bilingual forms, documents, glossaries, etc.) • Bilingual recruitment and staffing plans developed • Established relationships with bilingual colleges and universities
PERSON-CENTRED APPROACH	• Decrease in adverse events resulting from language-related incidents • Services reflect the interests and needs of Francophone residents and community • Timely access to efficient French language service pathways between sectors • Increased referrals to and requests for Francophone long-term care • Resident and family experience with clinical care and timeliness of French language service • Increased staff knowledge of culturally and linguistically adapted services • Health system partners are aware of Francophone needs, expectations and values and are properly equipped with language and cultural supports • Francophone residents and families feel their linguistic needs are supported throughout the health care system	• Percentage of staff attending training for Active Offer and cultural-competency • Complaint process and documents are available in French and complaints are investigated for language-related factors • Safety issues are investigated for language-related factors • Linguistic identity is accurately recorded in client charts and databases • Language variables are audited for data quality • Interpretation services readily available • Health care pathways across sectors are established for Francophones

PHASE 4: IMPLEMENTING CHANGE

DESCRIPTION

The purpose of this phase is to recruit members to each working group, develop detailed work plans, organize resources and implement the activities.

The steering group provides each working group with a terms of reference, goals and objectives, suggested list of activities, and outcomes and reporting metrics, and the groups work together to revise and finalize these documents. The working groups develop detailed implementation plans at the activity and task levels using the table templates provided. The tasks determine what resources are needed.

The project is officially launched and by the end of this phase implementation is well underway.

GOALS

By the end of Phase 4, you will:

4.1 Recruit members for each of the working groups.
4.2 Review and approve terms of reference, goals and strategies and high-level work plans for each working group.
4.3 Create detailed work plans with activities and tasks for each strategy.
4.4 Implement the work plans.

STEPS

Step 1: Recruit members to each of the working groups.

#	ACTIVITIES	STATUS
4.1.1	**Consider the following members for the working groups on Environment, Bilingual Health Human Resources and Person-Centred Approach:** • **Environment:** managers from operations, facilities, food services, programs/ recreation, volunteer services, Dietitian, representative from a Francophone community group or family member who can provide the perspective of a visitor to the home. • **Bilingual Health Workforce:** clinical manager/director, clinical and administrative staff representatives, human resources, representative from bilingual Francophone health human resource capacity building programs, representative from French language postgraduate university or college that organizes placements. • **Person-Centred Approach:** placement coordinator, representative of home and community care, director/manager clinical care, medical director, social worker, cultural and spiritual care director. The number of members will vary by working group depending on its scope and complexity but for the most part, working groups should be no larger than four-six people.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 2: Develop and approve terms of reference, goals and objectives, metrics and high-level work plans for each working group.

#	ACTIVITIES	STATUS
4.2.1	**Finalize terms of reference, goals and objectives, metrics and high-level work plans**, and obtain approval from the steering committee. These documents may need to be revised several times by the steering committee and working groups before being finalized.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 3: Create detailed work plans with activities and tasks for each working group.

#	ACTIVITIES	STATUS
4.3.1	**Review the implementation activities in the draft work plans provided and adapt the work plan activities for your setting.** Identify activities that can be completed quickly. Choose a timeframe to accomplish each activity. Identify staff and other required resources. The work plans should be reviewed by the community advisory committee and approved by the steering committee prior to implementation. • [RESOURCE] See Tables 4.1-4.6 for a draft list of activities to develop detailed work plans. > Work plan term descriptions: – **Activities:** This is where most of the planning occurs. It involves reflecting on how the activities will be accomplished in order to achieve the goals in your specific context. Prioritize activities that are quickly achievable. – **Resources:** Materials, supplies, expertise, funding, etc. to perform the activities. – **Lead:** The individual accountable for each activity. – **Timeframe:** Start and end dates. – **Key Performance Indicators (KPIs):** Output (and associated outcome) indicators.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 4: Implement the work plans and celebrate early successes.

#	ACTIVITIES	STATUS
4.4.1	**Consider an organization-wide launch event** to raise awareness around the project and to notify all that organizational changes are underway. Highlight and celebrate key changes already implemented.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

DECISION POINT

Approximately one year into implementation, establish a timeframe and plan to pause implementation to review and adjust the project as required.

TABLE 4.1 LEADERSHIP AND PLANNING

1. LEADERSHIP AND PLANNING

LP1. Critically self-reflect on cultural-competency and knowledge of Francophone history and culture
LP2. Leadership and governance commitment to a vision and principles of FLS
LP3. Develop and implement FLS policies and procedures
LP4. Commit to a FLS access improvement plan

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
LP1. [ACTIVITY] **Critically self-reflect on the organizations' cultural-competency**. Identify areas where greater knowledge is needed. Learn about Francophone history and culture on an ongoing basis. This is an **ongoing activity.** • [RESOURCE] See Phase 1, Activity 1.3.2 for self-reflection checklists	Initiated in Phase 1 — Review annually				
LP2. [ACTIVITY] **Demonstrate ongoing leadership and governance commitment** to improving access to Francophone Long-term care and to principles for culturally safe French language service.	Initiated in Phase 1 — Ongoing				
› [SUB-ACTIVITY] **Receive endorsement from board of directors** to implement a Francophone cluster.	Completed in Phase 2 — Renew in Phase 5				
› [SUB-ACTIVITY] **Provide action-oriented reports** to funders, staff and community on the progress of implementing the cluster and improvements. This is an **ongoing activity**.	Initiated in Phase 2 — Report routinely				
› [SUB-ACTIVITY] **Promote qualified candidates from cultural and linguistic minority communities into leadership roles.** This is an **ongoing activity** and will be completed when an appropriate position becomes available and qualified candidates are identified.	Open				
› [SUB-ACTIVITY] **Develop and approve an organizational language access policy statement** to establish the organization's position on French language service and the importance of linguistically-adapted and culturally safe services. Develop the statement with reference to: • [RESOURCE] French Language Health Planning Entités and French Language Health Networks of Ontario Joint Position on the Active Offer of French Language Health Services in Ontario • [RESOURCE] ActionMarguerite Language Policy	Open				
› [SUB-ACTIVITY] **Include improving health outcomes and quality of life for Francophone residents in annual and strategic plans.** This demonstrates organizational commitment to implementing change, sets targets and ensures that all strategies have taken into account Francophone residents' needs.					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
› [SUB-ACTIVITY] **Pursue 'identified' health service provider status** with funder. Identified health services providers have access to translation services free of charge through the Ministry of Health and Long-term Care and become part of a network of French language service that coordinate services for Francophones. • [RESOURCE] The Ministry offers free translation services to designated and identified health service providers for public communications materials. Refer to the ministry's Translation Network Guidelines.	Open				
LP3. [ACTIVITY] **Develop and implement organizational policies to provide guidance on the provision of linguistic and culturally adapted services.** Key areas include human resources, communications, information management, accountability (reporting, complaints) and community engagement. This is an **ongoing activity.** Begin to document processes in Phase 4 to develop formal policies and procedures in Phase 5.	Initiate in Phase 5				
› [SUB-ACTIVITY] **Review relevant laws, standards and best practices in linguistic and culturally accessible services.** Start with: • [RESOURCE] Ministry of Health and Long-Term Care Guide to Requirements and Obligations Relating to French Language Health Services, November 2017. • [RESOURCE] Government of Ontario. French Language Services Act, R.S.O. 1990, c. F.32. • [RESOURCE] Ministry of Health and Long-Term Care French Language Services Designation Plan in Designation: [Re]vitalize French Language Services, Special Study (2018), Office of the French Language Services Commissioner of Ontario. • [RESOURCE] HSO Access to Health and Social Services in Official Languages (Recognition by Accreditation Canada — fees apply) • [RESOURCE] ActionMarguerite's Language Access Policy	Initiate in Phase 5				
› [SUB-ACTIVITY] **Develop and implement procedures to support the everyday practice of culturally and linguistically adapted services.** Consider developing procedures for the practice of Active Offer throughout the organization, the use of formal and informal interpreters, complaints, investigation of safety incidents to determine if language played a role. • Reference Actionmarguerite's Handbook for Managers on French Language Services	Initiate in Phase 5				
› [SUB-ACTIVITY] **Provide staff with training, education and other opportunities to learn the policies and procedures** on an ongoing basis.	Initiate in Phase 5				
› [SUB-ACTIVITY] **Ensure policies are made available in the languages spoken in the home**.	Initiate in Phase 5				

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
LP4. [ACTIVITY] **Commit to a French language service access improvement plan** that prioritizes areas for action and improvement.	Initiate in Phase 5				
› [SUB-ACTIVITY] **Routinely evaluate resident and caregiver satisfaction** regarding bilingual services and conduct quality improvement activities.	Initiate in Phase 5				
› [SUB-ACTIVITY] **Set evidence-based goals and priorities** for improving linguistically accessible services through a thorough analysis of gaps and a process to establish targets, accountabilities and how performance will be monitored or evaluated.	Initiate in Phase 5				
› [SUB-ACTIVITY] **Review French language service designation criteria and/or linguistic access accreditation standards** to understand quality standards in linguistic access and set improvement targets. • [RESOURCE] Ministry of Health and Long-Term Care French Language Services Designation Plan in Designation: [Re]vitalize French Language Services, Special Study (2018), Office of the French Language Services Commissioner of Ontario. • [RESOURCE] HSO Access to Health and Social Services in Official Languages (fees apply)	Initiate in Phase 5				

TABLE 4.2 COMMUNITY ENGAGEMENT

2. COMMUNITY ENGAGEMENT

CE1. Reflect on organization's openness to transparency and to community input
CE2. Partner with French Language Health Planning Entités, French Language Health Network and funders on community engagement
CE3. Select and use appropriate community engagement methods to seek community input and participation
CE4. Get involved and contribute to Francophone cultural and community development activities
CE5. Recruit Francophone representative to governance and advisory committees, and residents and family councils
CE6. Create a Francophone volunteer committee

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIS
CE1. [ACTIVITY] **Reflect on organization's openness to transparency and to input from the community** and how information from the community will be used. • [RESOURCE] Refer to Patient Engagement: Heard and Valued handbook for exercises on meaningful engagement of people who have not traditionally been heard in health care planning.	Initiated in Phase 2 Review annuallly				
CE2. [ACTIVITY] **Partner with Entité/Réseau and funders** who are knowledgeable about the community and can facilitate engagement with seniors in the French community.	Completed in Phase 2				
CE3. [ACTIVITY] **Select and use appropriate community engagement methods to seek community input and participation**, including the approaches used as noted in accountability agreements. • [RESOURCE] Refer to IAP2 Community Engagement Spectrum for different ways to collaborate and work with communities (see Table 2.3) • [RESOURCE] Refer to The Tamarack Institute's Index of Community Engagement Techniques for a list of engagement methods that are organized by the five IAP2 engagement levels.	Completed in Phase 3				
CE4. [ACTIVITY] **Get involved and contribute to Francophone cultural and community development activities**. Partner and share resources with other Francophone community groups and providers to enhance cultural activities for Francophone residents and community members. • As an example, Bendale Acres hosted Black History Month for the Francophone community within their facility.	Completed in Phase 3				
CE5. [Activity] **Partner with communities by recruiting Francophone representatives on governing bodies, advisory committees, and resident and family councils** so they can help shape organizational policies, priorities and other operational or strategic issues. • [RESOURCE] Refer to The Change Foundations' Enhancing Care, Enhancing Life report which showcases key findings from phase one of the Foundation's Long-Term Care Resident Councils and Family Councils Project and summarizes actions patient and family advisory councils are taking in long-term care.	Open				

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIS
CE6. [ACTIVITY] **Create a Francophone volunteer committee** to maintain connections to the Francophone community and culture. Volunteers can be adults, students (including those seeking community service credits) and companies/ organizations that have community service programs.	Open				

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TABLE 4.3: COMMUNICATION AND PROMOTION

3. COMMUNICATION AND PROMOTION

CP1. Translate communication materials
CP2. Inform residents of FLS policies and standards
CP3. Promote the availability of FLS to seniors and their families in both Francophone and Anglophone communities
CP4. Promote the availability of FLS to broader health system targeting health care providers with gatekeeping role to LTC

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
CP1. [ACTIVITY] **Translate communication materials.** Decide on what communications materials (printed, electronic, oral and audio/visual) to translate and into which languages. Materials include website, voicemail greetings and email signatures. • [RESOURCE] Refer to Government of Ontario Communications in French Guidelines, 2009 for a list of communication mediums to translate into French and adapt to your home and consider starting with the mediums that new visitors to the home would use to learn about the home (e.g. website).	Open				
CP2. [ACTIVITY] **Inform residents of French language service policies and standards.** During orientation inform new residents and families of all the home's language access services, the standards they should expect and provide them with any and all linguistic access policies and procedures in their handbook.	Open				
CP3. [ACTIVITY] **Promote the availability of Francophone long-term care** to seniors, prospective residents and their families, community groups and the general public in both Francophone and Anglophone communities. • [RESOURCE] Refer to the Stakeholder Map (Table 2.1) for target groups. Remember to advertise in both English and French listings, media, etc. since many Francophones also speak English and have family members who speak English. • Target family members, especially children of prospective residents, and consider the ways families are involved and provide caregiver support in different Francophone cultures.	Open				
› [SUB-ACTIVITY] **Invite linguistic, cultural and faith groups to tour the Francophone cluster** within the home and to participate in activities within the home and share their language and culture.	Open				
› [SUB-ACTIVITY] **In tours to the general public, include a walk through the Francophone cluster.** Doing so may potentially identify future Francophone residents, highlights the importance of language in health and the priority the home places on incorporating residents' cultural and linguistic needs in service planning and delivery					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
› [SUB-ACTIVITY] **Ensure long-term care home selection checklists and other brochures contain criteria for language-specific services and clearly explains the importance of language in health.**	Open				
CP4. [ACTIVITY] **Promote the availability of French language service to partner agencies, health service providers and the broader health system** targeting health care providers with gatekeeping role to long-term care such as physicians and long-term care placement coordinators including those in hospitals.	Open				
› [SUB-ACTIVITY] **Increase the home's visibility and promote the availability of French language service at health care conferences and planning meetings.**	Initiate in Phase 5				

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TABLE 4.4: ENVIRONMENT

4. ENVIRONMENT

E1. Cluster Francophone residents and designated beds for Francophones
E2. Use visual cues to promote French language services, especially at first points of contact
E3. Use audio cues to promote French language services, especially at first points of contact
E4. Organize cultural and religious events and activities in French
E5. Offer cuisine in dining spaces that accommodate residents' cultural needs

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
E1. [ACTIVITY] **Cluster Francophone residents and designate beds for Francophones.** Physically cluster residents with similar linguistic and cultural backgrounds in the same unit to foster a sense of community.	Initiated in Phase 3				
E2. [ACTIVITY] **Use visual cues to promote French language service** especially at first points of contact.					
› [SUB-ACTIVITY] **Translate interior and exterior signage.** • [RESOURCE] The Ministry offers free translation services to designated identified health service providers for public communications materials. Refer to the ministry's Translation Network Guidelines.	Open				
› [SUB-ACTIVITY] **Purchase "Hello! Bonjour!", "Je parle français" or "J'apprends le français" badges** and encourage bilingual staff to identify themselves as bilingual by wearing them. • [RESOURCE] Purchase badges from the French Health Network of Central Southwestern Ontario's website	Open				
› [SUB-ACTIVITY] **Design, decorate and stock public spaces like lobby, reception and common rooms with décor, pictures, symbols and reading material** that reflect Francophone culture and all other cultures represented in the home.	Open				
› [SUB-ACTIVITY] **Translate and display promotional materials and communications documents** • [RESOURCE] See above for available translation services.	Open				
E3. [ACTIVITY] **Use audio cues to promote French language service,** especially at first points of contact.					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
› [SUB-ACTIVITY] **Arrange for reception to welcome residents and visitors in the different languages spoken in the home** and arrange for language access services, upon request. Also applies to telephone, voice mail greetings and emails. • [RESOURCE] Refer to the scripts for staff in a bilingual setting to greet people in person, on the telephone and by email. Office of the Commissioner of Official Languages. Active Offer: A Culture of Respect, A Culture of Excellence. pp.6-11.	Open				
› [SUB-ACTIVITY] **Play music in public spaces from the various cultures represented in the home.**	Open				
› [SUB-ACTIVITY] **Encourage different languages to be spoken by staff, residents and visitors in formal and informal conversations** and all other times. Managers should model behaviour for staff.	Open				
E4. [ACTIVITY] **Organize cultural and religious events and activities in French and other languages spoken at the home** in collaboration and with guidance from the communities represented in the home. Brainstorm ideas and topics with each specific community and cultural group, aiming for ones that will create joyful experiences for residents. Review programs regularly to ensure activities remain relevant to the group attending the program.	Open				
E5. [ACTIVITY] **Offer cuisine and dining experiences that accommodate residents' cultural needs.**					
› [SUB-ACTIVITY] **Offer culturally-sensitive cuisine** given the preferences of current residents. • [RESOURCE] Refer to Ontario Seniors' Secretariat *Diversity in Action: A toolkit for residential settings for seniors.* Part 3, Section 3: Delicious Recipes & Food Resources for recipes and guidance on approaches to designing culturally specific menu options for diverse populations. The key strategy is to plan new menu options with the input of residents and support of community and cultural groups.	Open				
› [SUB-ACTIVITY] **Organize dining spaces that are flexible and accommodate resident' social and cultural preferences.**	Open				

TABLE 4.5: BILINGUAL HEALTH WORKFORCE

5. BILINGUAL HEALTH WORKFORCE

BHW1. Develop a bilingual health workforce plan that identifies key bilingual positions and proficiency levels
BHW2. Cultivate a robust supply appropriately trained bilingual health professionals
BHW3. Create a supportive Francophone working environment to improve bilingual employee retention

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
BHW1. [ACTIVITY] **Develop a bilingual health workforce plan** that identifies key bilingual positions and proficiency levels					
› [SUB-ACTIVITY] **Determine how many bilingual staff already work within the home** and their self-assessed language proficiency. Consider a survey to compliment the data collected through OZi portal (see Table 1.1). Use the survey as a way to talk about the importance of culturally appropriate care and the Francophone community in the region. Provide background information and ensure staff have an opportunity to answer questions about why this information is being collected. Be prepared to respond to concerns about workload expectations from bilingual staff so feel open to share whether they speak in French.	Open				
› [SUB-ACTIVITY] **Identify key-resident facing roles that should have bilingual staff.** Include medical staff, nurses, personal support workers, social workers, reception and housekeeping staff and volunteer positions in the review. Identify enough bilingual positions so that there is always at least one bilingual staff person on duty.	Open				
› [SUB-ACTIVITY] **Determine the required language proficiency levels for each of those roles** given the risk associated with errors or miscommunications. For example, in clinical and legal discussions regarding consent or verbal assessments, there is a need for absolute clarity in communication and therefore a high level of language proficiency. Assess language proficiency during the hiring process and on an ongoing basis. • [RESOURCE] Refer to Actionmarguerite Bilingual HR policies and the required oral and written language proficiency levels for different positions.	Open				
› [SUB-ACTIVITY] **Assign bilingual staff to the cluster or to French speaking residents wherever they are located.**					
› [SUB-ACTIVITY] **Update job descriptions with bilingual requirements and include language proficiency levels**. Determine appropriate compensation any additional roles and responsibilities in providing translation services.					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
BHW2. [ACTIVITY] **Cultivate a robust supply appropriately trained bilingual health professionals from which to recruit staff from.** • [RESOURCE] The Health Human Resources Strategy was produced by the French Health Network of Central Southwestern Ontario and the Société Santé en français and offers a comprehensive list of successful strategies and tools to recruit and retain bilingual staff.					
› [SUB-ACTIVITY] **Partner with Anglophone and Francophone educational institutions to facilitate** internships, placements for students seeking bilingual educational experiences. • [RESOURCE] In Ontario, there are six postsecondary institutions offering French-language education in various health and social service disciplines, including practical nursing, personal support workers, social workers, and health promoters: Collège Boréal, Collège universitaire Glendon – York University, La Cité, University of Ottawa, Université de Hearst, Laurentian University. These institutions work with health care providers to offer clinical placements and experiential learning opportunities for students. Homes may wish to stay in touch with their placement students after graduation as they may become excellent candidates to recruit for available positions. • [RESOURCE] The Association of Faculties of Medicine of Canada, in collaboration with the *Société Santé en français* (SSF), the *Consortium National de Formation en Santé* (CNFS) and *Médecins Francophone du Canada* (MFdC), is also implementing a project titled Franco Doc. This project aims to identify and mobilize Francophone and Francophile students in English-language faculties of medicine to meet the needs of Francophone minority communities. This project showed great success and is currently being adapted to other health disciplines.	Open				
› [SUB-ACTIVITY] **Use targeted recruitment approaches such as outreach to Francophone communities,** staff referrals and advertising in English and French newspapers.	Open				
› [SUB-ACTIVITY] **Encourage staff to take French language courses.** This helps to increase bilingual capacity within the home to bridge gaps during recruitment. • [RESOURCE] Staff of identified and designated Health service providers can be reimbursed for their French as a second language courses tuition fees. Contact funder for more information.					
BHW3. [ACTIVITY] **Create a supportive Francophone working environment to improve bilingual employee retention** through adequate resources, training, adapted work schedules, technology supports and through discussions on performance expectations, staff satisfaction and improvements that can enhance Francophone work environment.					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
[SUB-ACTIVITY] **Create a workplace culture that recognizes the importance of French language services** by providing cultural competency training to all staff and training on Active Offer.	Completed in Phase 2				
[SUB-ACTIVITY] **Create or join communities of practice and networks of support among bilingual staff** internally and externally to the organization. These settings are where commonly experienced issues and challenges can be shared and solutions can be explored.	Open				
[SUB-ACTIVITY] **Hold meetings and training in French** so translation is not left to individual staff to determine.	Open				
[SUB-ACTIVITY] **Use software that translates medical terminology into French** such as Med Interpret and LexiGo Santé.	Open				
[SUB-ACTIVITY] **Design work schedule to maximize access to linguistic services** (e.g. flexible work assignments for bilingual staff on duty, ensuring all staff are aware of bilingual staff on duty)	Open				
[SUB-ACTIVITY] **Routinely monitor staff satisfaction and the quality of bilingual services and take action to resolve issues.**					

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TABLE 4.6: PERSON-CENTRED APPROACH

6. PERSON-CENTRED APPROACH

PC1. Build capacity among staff to provide culturally appropriate care and services
PC2. Institute a partnered and holistic approach to care-planning and management
PC3. Accurately determine and record linguistic identity in information systems and ensure information is available to the entire care team
PC4. Build language-specific care pathways between health sectors

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
PC1. [ACTIVITY] **Build capacity and competencies among staff to provide culturally appropriate care** and services for diverse populations including Francophones.					
› [SUB-ACTIVITY] **Educate staff on the history of Francophones in Ontario, legislative frameworks that foster inclusion of Francophones and socio-linguistic issues and challenges faced by Francophones.** • [RESOURCE] Refer to Healthy Communities Consortium and HC Link documents: Working Together with Francophones in Ontario, Parts 1-3.	Initiated in Phase 1 — Ongoing				
› [SUB-ACTIVITY] **Conduct organization-wide training staff on Active Offer.** Start with resident-facing staff and placement coordinators. Identify and remove barriers at governance, management and service-levels to implementing Active Offer. • [RESOURCE] www.activeoffertraining.ca	Initiated in Phase 2				
› [SUB-ACTIVITY] **Train staff to build competencies on effective communication with culturally diverse persons.** • [RESOURCE] Refer to Mather LifeWays' Diversity and Cultural Competency in Health Care Self-Assessment Checklist to identify gaps and areas for improvement at the organizational and provider levels within seniors living communities.	Open				
› [SUB-ACTIVITY] **Implement procedures for the use of Active Offer between residents and care team with specific protocols** for conversing with residents and families in the language they are most comfortable speaking in. Consider the use of interpretation services and bilingual staff as interpreters.					
PC2. [ACTIVITY] **Institute a partnered and holistic approach to care-planning and management** that is reflected in the choice of diagnostic tools, tests, care management and planning decisions					
› [SUB-ACTIVITY] **Document details about new residents'** health issues, care preferences and goals, as well as their personal history, interests, pleasures, cultural values, daily routine and what they need to feel supported in booklets that can be shared with care team. › [RESOURCE] Consider adapting Alzheimer Society's All About Me booklet or Summerset Manor's Les moments de ma vie. Develop iCare plans.					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
› [SUB-ACTIVITY] **Use screening tools that have been translated and validated for use in French.** • [RESOURCE] The Montreal Cognitive Assessment (MoCA) is widely used to screen for mild cognitive impairment (MCI). Both full and short versions are available in French.					
› [SUB-ACTIVITY] **Support residents and caregivers to be actively involved in care planning in residents' language of preference.** • [RESOURCE] Refer to the Experience-based Co-design Toolkit with videos and case studies on joint care planning; • [RESOURCE] New South Wales' Communicate Effectively with Culturally Diverse Persons resource contains information and exercises for staff to build competencies and learn techniques to overcome linguistic and cultural barriers; • [RESOURCE] Alberta Health Service's Compassionate Communication (p.10) contains questions and a helpful quick reference guide to cultivate mutual respect and empathy. • [RESOURCE] Minister of Health and Long-Term Care's Patient and Family Advisory Council developed a Patient Declaration of Values for Ontario describing foundational principles that are important to Ontario patients and serve as a guidance to health service providers.					
PC3. [ACTIVITY] **Accurately determine and record linguistic identity in information systems** and ensure information is available to the entire care team.					
› [SUB-ACTIVITY] **Establish a standard approach to accurately determine and record residents' linguistic identity** • Work with coordinating body responsible for long-term care home placement to ensure data quality of cultural and linguistic elements on Referral for Long-Term Care Placement forms. • Consider alternative questions and ways of identifying French-speaking individuals such as "What other languages do you speak?"					
› [SUB-ACTIVITY] **Improve data quality on linguistic identity in information systems** by routinely auditing data for completeness and accuracy. Train all staff on how to accurately record residents' key languages spoken. Ensure mandatory questions related to language are always asked and language preferences are not assumed.					
› [SUB-ACTIVITY] **Ensure information on residents linguistic identity follows the resident and is available to the entire care team.**					
PC4. [ACTIVITY] **Build language-specific care pathways between health sectors.**					

DRAFT WORK PLAN	STATUS	RESOURCES	LEAD	TIMEFRAME	KPIs
[SUB-ACTIVITY] **Work with coordinating body responsible for long-term care home placement to create a separate priority wait list for Francophones requesting admission to Francophone long-term care.** Build bilingual capacity among care coordinators that conduct intake and assessment.					
[SUB-ACTIVITY] **Build bilingual capacity in key staff positions that interact with seniors and others involved in their care decisions (e.g. family, health care providers) during the intake and assessment processes.** Designate key bilingual positions and have policies and procedures in place that ensures sufficient bilingual capacity at all times and contingency plans in case of suboptimal bilingual staff levels.					
[SUB-ACTIVITY] **Work with coordinating body responsible for long-term care home placement to ensure policies and procedures are in place to provide Active Offer of French language services to seniors and their families/care providers.** Recruit bilingual staff; train/update staff on Active Offer and the importance of language and culture for quality care; train staff to accurately record linguistic identity; educate staff on connecting Francophone to available French language services in the area. Promote the availability of Francophone long-term care to other funders and the community through communications and referral process.					
[SUB-ACTIVITY] **Arrange linguistic supports for residents transferring out of long-term care**, such as to hospital. Investigate incidents when transferred residents were not adequately supported and make improvements.					
[SUB-ACTIVITY] **Build relationships with providers along the continuum of care to improve navigation and coordination** for cultural and linguistic groups.					

PHASE 5: REVIEW, RENEW AND SUSTAIN

DESCRIPTION

The purpose of this phase is to take stock of the progress made to date in implementation, identify and address challenges and barriers, ensure standards are met, monitor and evaluate outcomes to determine that the program is making a positive difference and celebrate successes.

Processes that seem to be working are documented into policies and procedures. Implementation work plans are updated with any additional work or changes in approach.

A sustainability plan is developed that identifies where work will continue, who will be involved and how it will be supported. The Steering Committee reaffirms its commitment towards achieving goals and partnership agreements/memorandums of understanding are revised and renewed.

GOALS

By the end of Phase 5, you will:

5.1 Document procedures and develop policies.
5.2 Review all activity level metrics to gauge the status of implementation for each work plan.
5.3 Conduct a program evaluation to measure impact that includes community consultations.
5.4 Identify areas for improvement and build these into a language access plan.
5.5 Create a plan for sustainability that identifies which aspects of the initiative should be sustained, who will be responsible and other resource requirements.

STEPS

Step 1: Document procedures and develop policies for Active Offer and the provision of French-language services within the home.

#	ACTIVITIES	STATUS
5.1.1	**Identify and document all the processes that were developed to improve access and culturally-appropriate care for Francophones** in all aspects of the home such as the administration, programs and operations. Document new processes in the areas of communications and promoting long-term care services, admissions processes, care planning, recruiting and retaining bilingual staff, use of interpreter services, culturally diverse menus and dining, activities and events, welcoming visitors, community engagement, identifying and recording linguistic identity, supporting Francophones transferring between care settings (like between long-term care and hospitals), etc. Determine which processes should be incorporated into organizational-level policies vs. operational procedures.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

#	ACTIVITIES	STATUS
5.1.2	**Develop and approve policies for the new processes that support the provision of French language services at the governance and administrative levels.** Review relevant laws, standards and best practices in linguistic and culturally accessible services. Refer to: • [RESOURCE] *Ministry of Health and Long-Term Care Guide to Requirements and Obligations Relating to French Language Health Services*, November 2017. • [RESOURCE] Government of Ontario. French Language Services Act, R.S.O. 1990, c. F.32. • [RESOURCE] Ministry of Health and Long-Term Care French Language Services Designation Plan in *Designation: [Re]vitalize French Language Services*, Special Study (2018), Office of the French Language Services Commissioner of Ontario. - Entités support health service providers to undertake the designation process and can advise on ways of implementing the standards within different settings. • [RESOURCE] *HSO Access to Health and Social Services in Official Languages* (fees apply) • [RESOURCE] *ActionMarguerite's Language Access Policies*	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
5.1.3	**Develop and approve procedures at the operational level that support the provision of French language services.** • [RESOURCE] *Actionmarguerite's Handbook for Managers on French Language Services.*	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
5.1.4	**Provide staff with opportunities to learn the policies and practice the procedures** through education, training, feedback and ongoing review and dialogue at staff meetings.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
5.1.5	**Ensure policies are made available to all residents, families and personnel in the languages spoken in the home.**	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

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Step 2: Review all performance indicators in the monitoring and reporting system to gauge the status of implementation for each work plan and the impact of the program.

#	ACTIVITIES	STATUS
5.2.1	**Review work plans for outstanding activities, identify priorities, address barriers and target with additional resources if necessary.**	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
5.2.2	**Review performance reports from the shared measurement system and identify gaps and priorities to include in the language access plan (see below).**	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

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Step 3: Conduct a program evaluation to measure program impact.

#	ACTIVITIES	STATUS
5.3.1	**Consider a systematic evaluation of the program** that comprehensively reviews and provides insights into whether the program needs to change to meet system goals or address the newly recognized social challenges. Evaluations can be self-assessed or conducted by an impartial external evaluator. Use a mix of qualitative and quantitative data to measure progress and gather in depth insights on the experience of staff, residents, families and the wider Francophone community to identify areas of opportunity and improvement. • [RESOURCE] An Organizational and Community Resources Self-Assessment Tool for Active Offer and Social and Health Services Continuity was designed by *Le Groupe de recherche sur la formation et les pratiques en santé et service social en contexte francophone minoritaire* to support health and social services system decision-makers, managers, and professionals who are providing services to senior citizens in official language minority communities and want, or are required to provide these services in the official language of the users' choice. • [RESOURCE] The Réseau Santé — Nouvelle-Écosse (RSNE), the French Language Health Network of that province, conducted community consultations with the Acadian and Francophone community, in partnership with the Nova Scotia Health Authority, the Nova Scotia Department of Health and Wellness, and the IWK Health Centre, to learn about its health and wellness needs and priorities and any improvements that have been made. Their report summarizes their methodology and includes the list of questions used in the community consultations and surveys. • To complement these extensive survey evaluations, there are several key program-specific indicators that are important to monitor: > Residents of similar linguistic and cultural background are clustered > Percentage of beds in the cluster occupied by Francophones > Increased referrals and requests for Francophone long-term care > Priority waitlist for Francophones is established, used and regularly monitored > Francophone residents are engaged to discuss their experience with culturally appropriate programming, activities, décor, menus and dining.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

Step 4: Identify areas for improvement and build these into a language access plan.

#	ACTIVITIES	STATUS
5.4.1	**Based on the review of outstanding activities and the evaluation, set evidence-based goals and priorities for improving linguistically accessible services.** Establish targets, accountabilities and how performance will be monitored or evaluated.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/AA

#	ACTIVITIES	STATUS
5.4.2	**Consider pursuing designation status in collaboration with the Entité or other linguistic access accreditation**, such as Accreditation Canada and HSO. The following resources contain the latest standards in French language services that are useful to reflect on and compare against. • [RESOURCE] Ministry of Health and Long-Term Care French Language Services Designation Plan in Designation: [Re]vitalize French Language Services, Special Study (2018), Office of the French Language Services Commissioner of Ontario. • [RESOURCE] HSO Access to Health and Social Services in Official Languages (fees apply)	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/AA

Step 5: Create a plan for sustainability that identifies which aspects of the program should be sustained or terminated, who will be responsible for the ongoing operations and the resource requirements needed to sustain the program on an ongoing basis.

#	ACTIVITIES	STATUS
5.5.1	**Work with partners to renew commitment for future activities.** Renew partnership agreements and memorandums of understanding accordingly.	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A
5.5.2	**As the program integrates within the regular operations of the home, program activities and accountabilities will need to be redrawn to managers and staff.**	◉ Not started ○ In progress ○ Deferred ○ Completed ○ N/A

AFTER PROJECT COMPLETION, REVIEW RESULTS WITH PROJECT PARTNERS, ENSURE SUSTAINABILITY AND EXPLORE RENEWING THE PARTNERSHIPS TO ACHIEVE FURTHER GOALS (E.G. NEW PROGRAMS OR SERVICES, ETC.).

AFTERWORD

Increasing access to long-term care in French improves the quality of life and health outcomes of French-speaking individuals and demonstrates respect for the cultural values and dignity of seniors as they age and become more reliant on health services. This implementation manual provides step-by-step instructions for adapting the Optimal Model of Francophone Long-Term Care to seniors in residential care settings. The ideas and knowledge in this manual were drawn from the Francophone experience but it is our hope that they be extended to other cultural and linguistic groups, thereby fostering a sense of inclusion that benefits all people regardless of their beliefs, preferences, abilities or cultural and linguistic identity. Adapting the Optimal Model of Long-Term Care to homes across the province at various levels to meet the needs of diverse communities will have a positive impact on access to long-term care for Francophones and other minority groups and improve satisfaction with long-term care services associated with residents' quality of life and safety.

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GLOSSARY

Active Offer of French Language Services

Active Offer of health services in French is the regular and permanent offer of services to the Francophone population. It is the result of a rigorous and innovative process for planning and delivering services in French across the entire healthcare continuum. It depends on accountability at several levels and requires partners to exercise appropriate leadership with respect to health services in French. In concrete terms, it takes the form of a range of health services available in French and offered proactively, that is, services are clearly announced, visible and easily accessible at all times.[28]

Cluster

An area or unit within a residential care facility, such as a long-term care home, where the rooms of residents of the same linguistic and/or cultural background are located near one another to create a sense of community and where staff speak and services are actively offered in French or another language.

Cultural safety/culturally appropriate

The ability to understand power differentials inherent in health service delivery and addressing these inequities through educational processes. Cultural safety goes beyond cultural sensitivity (respecting difference) and cultural competence (skills, knowledge and attitudes of practitioners)[29].

Designation

Under the French *Language Services Act (FLSA)*, ministries or agencies of the Government of Ontario located in specified designated areas are obligated to make services available in French. Some agencies funded by the province (such as hospitals, daycare centers, group homes, etc.) are not automatically subject to the FLSA. These agencies, however, may ask to be officially 'designated', in which case Cabinet will pass a regulation to designate them as official providers of services in French.[30]

To be designated, an agency must demonstrate that it meets the following conditions:

1. Offer quality French-language services on a permanent basis by employing personnel with the required French language skills;
2. Guarantee access to French-language services;
3. Ensure proportional Francophone representation on its board of directors and executive team, and
4. Develop a written policy on French language service that has been adopted by the board of directors and set out its responsibilities in the area of French Language services.

28 Ontario's French Language Health Networks and French Language Health Planning Entités Joint Statement on Active Offer.

29 Aboriginal Nurses Association of Canada (2009), Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing.

30 Office of the French Language Services Commissioner (March 2018) Designation: [Re]vitalize French Language Services — Special Study.

Designation can be full or partial. Partial designation means that only some of an agency's services are available in French (e.g. some programs, unit within a facility, etc.). Alternatively, healthcare organizations can be an 'identified' health service, which is a process used by the Ministry of Health and Long-Term Care (MOHLTC) or Local Health Integration Networks (LHINs) to appoint a service provider with the responsibility for providing French health services.

Francophone

Francophone is any individual who speaks French as their mother tongue or as a subsequent learned language (see Inclusive Definition of Francophone below). It also encompasses the diversity of French-speaking cultures. In this manual, Francophone refers to both the linguistic and cultural elements of a French-language service.

French Language Health Planning Entités ("Entités")/Entités de planification des services de santé en français de l'Ontario

The *Local Health System Integration Act (LHSIA)* requires Local Health Integration Networks to consult with the Entités on ways to effectively engage French-speaking communities on French language health services, health needs and priorities of the French-speaking community, health services available to the French-speaking community, identification and designation of health services providers, strategies to improve access to, accessibility of and integration of French language services in the local health system and the planning for and integration of health services in the area.[31] There are six Entités in Ontario with geographic boundaries that correspond with the 14 Local Health Integration Networks (see Appendix B).

French Language Health Networks ("Réseau")/ Les réseaux santé en français

The Réeauxs are federally-funded organizations that work in the areas of networking, project implementation, and application of best practice through knowledge mobilization to ensure better access to quality French-language health services that improves the health of all Francophone and Acadian minority communities. There are 16 provincial, territorial and regional Networks under the umbrella of the not-for-profit national organization *Société Santé en français*. There are three Réseaux in Ontario with boundaries that correspond with the Entités and the Local Health Integration Networks.

See Appendix B for a map of the Entité/Réseau boundaries in Ontario, a description of the Entités' and Réseaux' respective roles and contact information.

Identified

'Identified' health service providers are healthcare organizations appointed by the Local Health Integration Network or Ministry of Health and Long-Term Care to provide French language health services.

31 Government of Ontario. Local Health System Integration Act, 2006. S.O. 2006, c. 4.

Inclusive definition of Francophone

The inclusive definition of Francophone (IDF) is a variable derived from Statistics Canada's census that defines Francophones based on three questions: mother tongue, language spoken at home and knowledge of the official language. The IDF includes persons whose mother tongue is French, in addition to those people whose mother tongue is neither French nor English (allophones) but who speak French.

Language access services or linguistically accessible services

This refers to systems and supports that allow persons to access, use and understand health and social services despite not speaking the dominant language.

Local Health Integration Networks (LHINs)

Created by the Ontario government in 2006 in the *Local Health System Integration Act*, Local Health Integration Networks are not-for-profit crown corporations mandated to plan, fund and integrate health services for their local communities. There are 14 Local Health Integration Networks in Ontario responsible for funding and overseeing the performance of health service providers, including hospitals, long-term care homes, mental health and addictions agencies. Following the integration of the Community Care Access Centres (CCACs) to the Local Health Integration Networks in 2017, they are also responsible for a range of home and community-based health care services, including admission to long-term care homes.

As per the Guide to Requirements and Obligations Relating to French Language Health Services, the Local Health Integration Networks plan, fund, integrate, and deliver local health services including for the Francophone community. Local Health Integration Networks promote health equity, reduce health disparities and inequities, and respect the diversity of communities and the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation if services.[32]

Bill 74, The People's Health Care Act, 2019, folded the Local Health Integration Networks and six other provincial agencies into one agency called Ontario Health. The transition to Ontario Health is speculated to take place over two years, or by 2021.[33] During this period, the Local Health Integration Networks will remain the points of contact for long-term care homes until further notice. Also introduced as part of the Act are Ontario Health Teams, or integrated care delivery systems, which are "groups of providers and organizers that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population." In its guidelines, the ministry has expressed that all health service providers will eventually join or become an Ontario Health Team, and that home and community care services are eligible to be or be a part of an Ontario Health Team.[34]

32 Ministry of Health and Long-Term Care. (November 2017) Guide to Requirements and Obligations Relating to French Language Health Services. Retrieved from http://www.health.gov.on.ca/en/public/programs/flhs/docs/Guide_to_FLHS_FINAL.pdf on April 23, 2019.

33 Government of Ontario. Ontario Health agency. Retrieved from https://www.ontario.ca/page/ontario-health-agency on April 17, 2019.

34 Ministry of Health. (April 2019) Ontario Health Teams: Guidance for Health Care Providers and Organizations. Retrieved from http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf on April 23, 2019.

Ministry of Health and the Ministry of Long-Term Care

Under the *Patients First Act*, the role of the Ministry with respect to French Language Health Services was to:

a) Establish overall strategic direction and provincial priorities for the health system in relation to the provision of French language health services.
b) Develop proposed legislation, regulations, standards, policies, and directives to support those strategic directions and priorities.
c) Outline system-wide expectations and accountabilities regarding the provision of French language health services in accordance with legislated mandate.
d) Monitor and report on the performance of the health system in advancing access and equity in the provision of health services for Francophones.
e) Hold Local Health Integration Networks accountable for the provision of French language health services as per their Ministry-LHIN Accountability Agreements (MLAA), and *Local Health System Integration Act (LHSIA)*.
f) Work collaboratively with the Ministry of Francophone Affairs (MFA) and Local Health Integration Networks to ensure health service providers seeking French Language Services designation follow a consistent and effective approach in accordance with the established criteria.

As of June 2019, the health and long-term care portfolios have been divided into two ministries. The application process for long-term care homes remains the same, as validated by the Long-Term Care Homes Division of that Ministry. The People's Health Care Act, 2019, clearly states that "the public health care system should recognize the diversity within all of Ontario's communities and respect the requirements of the French Language Services Act."[35]

Office of The French Language Services Commissioner (Ontario)

The Office of the French Language Services Commissioner of Ontario conducts impartial investigations and monitors government's compliance with the FLSA.

Under legislative changes that came into effect on May 1, 2019, the independent office of the French Language Services Commissioner has bene eliminated and some of the roles and responsibilities have been transferred to the Ombudsman of Ontario. The Ombudsman will create a new position of French Language Services Commissioner and a new French Language Services unit within the office for this work. The Ombudsman's jurisdiction and powers of investigation now include ensuring the rights of Ontarians and the obligations of government agencies are respected according to *the French Language Services Act*.[36]

35 Legislative Assembly of Ontario, The People's Health Care Act, 2019, Retrieved from https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2019/2019-04/b074ra_e.pdf.

36 Ombudsman Ontario. Ombudsman releases plan for new French Language Services unit. Retrieved from https://www.ombudsman.on.ca/resources/news/press-releases/2019/ombudsman-releases-plan-for-new-french-language-services-unit on April 23, 2019.

APPENDICES

APPENDIX A

Bilingual Long-Term Care Homes in an Official Language Minority Setting

PAVILLON OMER DESLAURIERS AT BENDALE ACRES
2920 Lawrence Ave E Toronto, ON M1P 2T8 Telephone: Telephone: 416 397-7000 ltc-ba@toronto.ca_
https://www.toronto.ca/community-people/housing-shelter/long-term-care-homes/ bendale-acres/

Bendale Acres is a not-for-profit municipal long-term care home run by the City of Toronto. It is home to a 37- bed French language services cluster called Pavillon Omer Deslauriers. Staff are bilingual in English and French, and are able to provide care for residents in their own language. One of the home's short-stay beds is located in the Pavillon Omer Deslauriers to provide additional support for the French language community. Residents can enjoy recreational activities, special events, spiritual and religious care, as well as music, art and complimentary care in a language-specific environment. The Central East Community Care Access Centre (which is now part of the Local Health Integration Network) will identify French-speaking clients seeking admission at Bendale Acres (category 3A/B) so they may have priority access to the beds in Pavillon Omer Deslauriers. Bendale Acres partners with French Language Health Planning Entities/Network, and Francophone health service providers in Toronto to improve the quality and access to services for Francophone residents across the continuum of care.

Bendale Acres is also home to an Ismaili cluster (approximately 17 beds). Residents are supported by volunteers from the Ismaili community, allowing them to continue their connections with their cultural community. Residents also have culturally-appropriate menu choices at meal time.

ACTIONMARGUERITE RIVER ROAD AND DESPINS STREET SITES
450 River Road, Winnipeg, MB R2M 5M4 Telephone: (204) 254-3332 Fax: (204) 254-0329
185 Despins Street Winnipeg, MB R2H 2B3 Telephone: (204) 233-3692 Fax: (204) 233-6803
www.actionmarguerite.ca

Actionmarguerite, located at 450 River Road in St. Vital, is a home for francophone seniors requiring personal and long-term care services. The programs and services are uniquely adapted to a Francophone milieu and provide a culturally sensitive experience to our 154 residents, including personal and dementia care. Established by the Grey Nuns in 1988 (under the name Foyer Valade), the home is a provincially designated site, offering services in French to Manitoba's francophone community. Prior to 1988, it was also known as Foyer Saint-Boniface.

Actionmarguerite, located at 185 Despins Street in St. Boniface, is a 299-bed bilingual long-term care facility providing a range of services to seniors and adults with physical disabilities and loss of autonomy. In 1935, the Grey Nuns established Centre hospitalier Taché Nursing Centre, until recently referred to as Taché Centre. Our mandate is to serve Winnipeg's Francophone population and deliver regional specialized services in three specific areas: dementia care with related behaviours, complex and chronic care, and care for those who suffer from an acquired brain injury. We also provide respite care and an Adult Day Centre for seniors and adults living in the community who can benefit from social interaction in a group setting.

MAISON D'AMIS AND VILLA FAMILIALE AT SUMMERSET MANOR
15 Frank Mellish Street Summerside, PE C1N 0H3 Telephone: (902) 888-8310
http://www.healthpei.ca/summersetmanor

Summerset Manor is an 82-bed long-term care facility located in Summerside, Prince Edward Island. It is operated by Health PEI and accredited by Accreditation Canada.

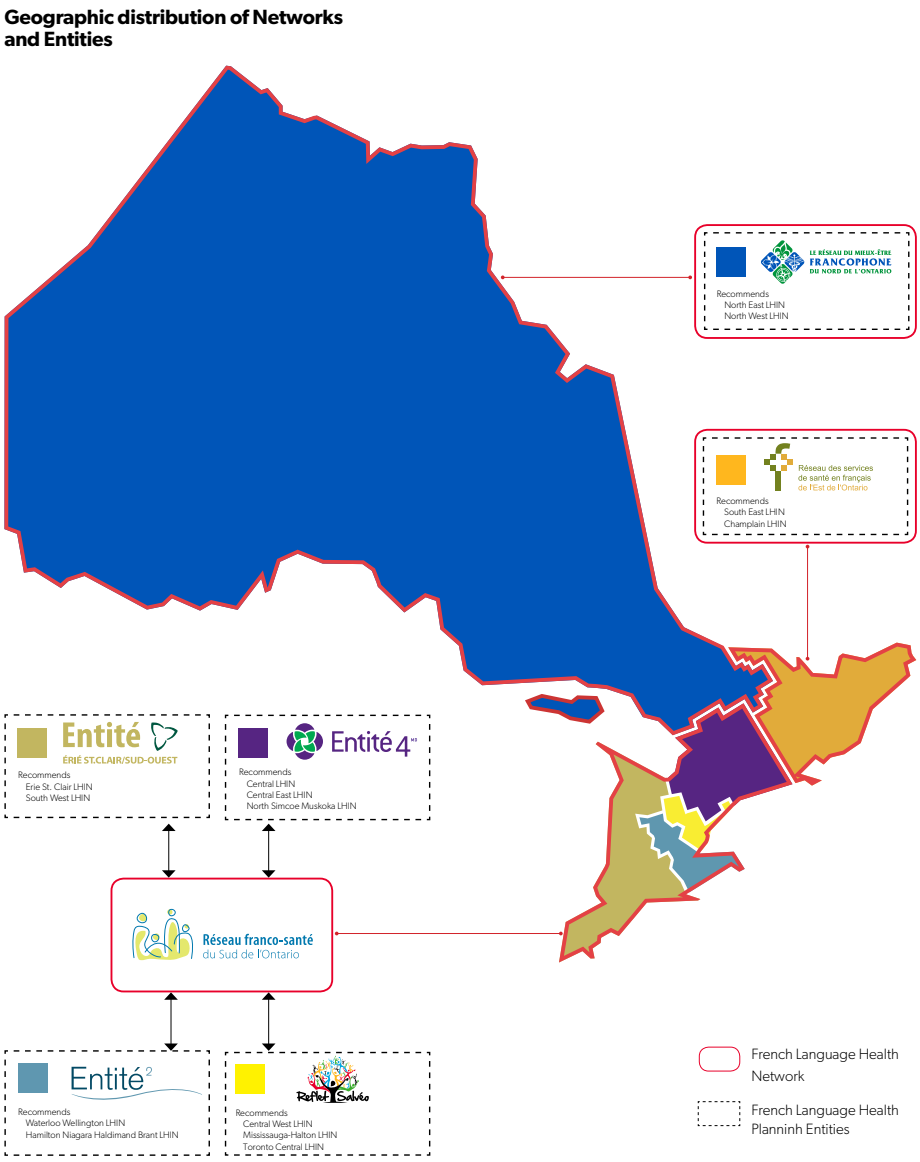
Summerset Manor's redevelopment was completed in 2012. Currently the facility is made up of six households, each with 13 or 14 residents. Every household has a kitchen, dining room and living room with a fireplace. Each resident has his or her own private room and washroom. There are also two respite beds that are available.

Two of the six households — Maison d'Amis and Villa Familiale — are designated as Francophone and bilingual (French/English). The households are decorated with an Acadian 'touch' and Acadian residents' rooms are identified with a BONJOUR sticker and an Acadian flag sticker on their memory box. Admissions to the bilingual households are prioritized by French language-status — French-speaking applicants are given priority to bilingual beds.

Summerset Manor' services include recreational activities, spiritual care, special events and pet therapy, that are individualized to meet residents' personals interests and cultural backgrounds. Summerset Manor also partners with Francophone community groups to create a sense of community. Partners include students and teachers from *École sur mer (*a French school in area), *Le Centre Belle Alliance* (an Acadian cultural centre and French-speaking volunteers).

APPENDIX B

French Language Health Resources in Ontario



Who are we?

French Language Health Networks of Ontario

The three *French Language Health Networks of Ontario* are supported by Health Canada through the Société Santé en français (SSF). SSF is a national movement which, strives to improve the health of Francophones in a minority situation across Canada; while collaborating closely with the provincial and territorial Networks.

French Language Health Planning Entities

The six *French Language Health Planning Entities*, appointed by the *Ontario Ministry of Health and Long-Term Care* (MOHLTC) in 2010, make recommendations to the 14 *Local Health Integration Networks* (LHINs) on the planning and delivery of health services in French.

The *Réseau du mieux-être francophone du Nord de l'Ontario* and the *Réseau des services de santé en français de l'Ontario* have a dual role as a Network and an Entity.

	NETWORKS	ENTITIES
FUNDING	Federal	Provincial
MISSION	Contribute to networking with partners according to the Société Santé en français (SSF) model in order to improve health of all francophone communities.	Engage the francophone community and health care stakeholders in order to provide advice to the LHINs on local health system planning and on improving access to French-language services.
AREAS OF ACTIVITY	• Networking with groups of partners • Supporting projects to improve health of Francophones	• Engaging the francophone community • Participating in the planning of French-language health care services • Recommendations to LHINs
ACCOUNTABILITY	Société Santé en français (SSF)	Local Health Integration Networks (LHINs)

Close and Strategic Collaboration

Although the Entities and Networks differ in their spheres of activity, accountability and funding, they have a common raison d'être which creates unique partnership opportunities and has a synergetic effect on our communities.

The Entities and Networks decided to work together to maximize their impact on provincial issues common to both groups and to enhance efficiency.

Common Objectives

1. Increase awareness of provincial decision makers as to the importance of identifying francophone clients in health service providers' databases.
2. Develop integrated health service delivery models offering high quality services and which are adapted to the needs of Ontario's Francophones.
3. Encourage and influence research projects to support planning of quality French-language health services.
4. Develop and reinforce productive strategic relationships in order to achieve our common objectives.

To contact us

santefrancophoneontario@gmail.com

FRENCH LANGUAGE HEALTH PLANNING ENTITÉS	FRENCH LANGUAGE HEALTH PLANNING NETWORK	LOCAL HEALTH INTEGRATION NETWORKS SERVED
1. Entité de planification des services de santé en français Érié St. Clair/Sud-Ouest http://www.entite1.ca/	• Le Réseau franco-santé du Sud de l'Ontario http://francosantesud.ca/en/	• Erie St. Clair, South West
2. Entité de planification pour les services en français dans les régions de Waterloo, Hamilton, Niagara http://www.entitesante2.ca/en/		• Waterloo Wellington, Hamilton, Niagara, Haldimand, Bruce
3. Reflet Salvéo http://refletsalveo.ca/?lang=en		• Central West, Mississauga Halton, Toronto Central
4. Entité de planification des services de santé en français #4 Centre Sud-Ouest http://entite4.ca/		• Central, Central East, North Simcoe, Muskoka
5. Réseau des services de santé en français de l'Est de l'Ontario http://www.rssfe.on.ca/		• South East, Champlain
6. Réseau du mieux-être francophone du Nord de l'Ontario https://www.reseaudumieuxetre.ca/		• North East, North West

APPENDIX C

The Phases of Collective Impact

OVER-ARCHING ACTIONS	COMPONENTS OF SUCCESS	PHASE I GENERATE IDEAS AND HOST DIALOGUES	PHASE II INITIATE ACTION	PHASE III ORGANIZE FOR IMPACT	PHASE IV BEGIN IMPLE-MENTATION	PHASE IV REVIEW AND RENEW
		Pre start-up *Focus: Engagement and Exploration*	Start up *Focus: From Idea to Formation*	Growth *Focus: Early Experimentation*	Growth *Focus: Scaling efforts*	Maturity *Focus: Sustain and Renew*
		EARLY YEARS Key Question: *What needs to happen?*		MIDDLE YEARS Key Question: *How well is it working?*		LATER YEARS Key Question: *What difference are we making?*
		KEY ELEMENTS				
DESIGN, IMPLEMENT AND LEAD YOUR CI INITIATIVE	**GOVERNANCE AND INFRA-STRUCTURE** How decisions are made and responsibilities shared	Convene Community Stakeholders	Identify champions and form cross-sector Steering Committee (SC) to guide the effort	Develop infrastructure (backbone, leadership team, and working groups)	Launch work groups and formalize backbone infrastructure	Facilitate, refine and renew
	STRATEGIC PLANNING What are we trying to do and how: Our Theory of Change	Hold dialogue about issue, community context and available resources	Map the landscape and use data to make the case	Create common agenda, clear problem definition, agreement on population level goals	Develop blueprint for implementation and identify quick wins	Refine strategies to mobilize for quick wins and to review progress
UNDERSTAND CONTEXT	**COMMUNITY INVOLVEMENT** Who is involved? Who else's eyes need to be on this issue?	Determine community readiness; create a community engagement plan	Begin outreach to community leaders	Incorporate community voice, gain community perspective and input around issue	Engage community more broadly and build public will	Continue engagement and address policy change needs
ASSESS PROGRESS, OUTCOMES, IMPACT AND LEARNING	**EVALUATION AND IMPROVEMENT** What are we learning and how are we changing culture, norms and systems?	Determine if there is consensus and urgency to move forward	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement and approach)	Establish shared measures (indicators and approach at SC and WG levels	Collect, track, and report progress (process to learn, improve, and renew)

Source: Tamarack Institute. Compendium of Collective Impact Resources: The Five Phases. Retrieved from: https://www.tamarackcommunity.ca/library/compendium-of-collective-impact-resources on April 25, 2019.

APPENDIX D

Collective Impact — Fostering Social Innovation[37]

A review of the literature identified a variety of theories and frameworks from the fields of implementation science, change management and knowledge translation that have relevance to program implementation. These fields reference theories in psychology, sociology and organizational behaviour. More recently, and in response to many unsolvable "wicked problems" in society, researchers increasingly discuss the concept of innovation and in particular social innovation as an approach for promoting transformative social change.

Social innovation refers to "innovative activities and services that are motivated by the goal of meeting a social need and that are predominantly diffused through organizations whose primary purposes are social" (Mulgan, 2006, p. 146). Innovations may be ideas, products, processes, or procedures designed to benefit individuals, groups or the wider society (West & Wallace, 1990). Within healthcare, social innovation can help maximize uptake of new technologies, assist public and private efforts to deliver essential services and promote healthy behaviours among individuals and communities (Gardner, Acharya, & Yach, 2007).

Social innovation occurs in stages. Mulgan (2006) defines these stages as follows:

- *Generating ideas by understanding needs and identifying solutions.* Needs may be obvious or under recognized. Once a need is identified, it must be tied to new possibilities, whether technological, organizational or knowledge based. An effective method of generating innovation is to observe how people are solving their own problems, as well as to combine existing social ideas.
- *Developing, prototyping and piloting ideas.* Ideas must be tested in practice to evolve and improve. Early prototypes are generally flawed and require several tries.
- *Assessing, scaling up and diffusing good ideas.* Once an idea proves itself in practice, it can be grown, replicated and adapted. This requires strategy and vision, combined with the ability to gather resources and persuade potential backers through appraisal and assessment.
- *Learning and evolving.* Learning and adaptation means ideas may turn out very different from original expectations. There may be unexpected consequences or applications.

References:

Mulgan, G. (2006). The process of social innovation. *Innovations, Technology, Governance, Globalization, 1*(2), 145-162. https://doi-org.libproxy.wlu.ca/10.1162/itgg.2006.1.2.145

West, M., & Wallace, M. (1991). Innovation in health care teams. *European Journal of Social Psychology, 21*(4). 303-315. doi: 10.1002/ejsp.2420210404

37 This summary on social innovation was written by Dana Pfeiffer (MSW Practicum Student) and included with permission from the author.

THIS REPORT IS THE RESULT OF A COLLABORATIVE EFFORT BETWEEN THE FOLLOWING ORGANIZATIONS:

FRENCH HEALTH NETWORK
OF CENTRAL SOUTHWESTERN ONTARIO

Entité 2

Fairview SENIORS COMMUNITY

Ontario
WATERLOO WELLINGTON
LOCAL HEALTH INTEGRATION NETWORK

FRENCH HEALTH NETWORK OF CENTRAL SOUTHWESTERN ONTARIO
CP 90057, 1000 GOLF LINKS ROAD, ANCASTER, ON, L9K0B4
PHONE: (416) 413-1717 OR 1(888)549-5775
www.francosantesud.ca
@RFSSO (Fr) · @FrenchHealth (Eng)
RFSSO

Health Canada Santé Canada

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