

Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of Healthcare and Social Services for OLMCs

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Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of Healthcare and Social Services for OLMCs

INTRODUCTION

For whom is this tool designed?

This tool is designed to support health and social services system decision makers, managers, and professionals who are providing services to people from official language minority communities (OLMCs) and who desire or are required to ensure the continuum of these services in the user's preferred official languageⁱ.

What is the purpose of the tool?

The tool encourages reflection on professional practices that could be initiated to promote the integration of social and health services for OLMC members. It also fosters a self-evaluation of the organization's existing resources and prioritization of objectives. In this sense, it contributes to identifying points of action, planning and developing an action plan to implement specific measures. These measures might involve improving internal and external coordination mechanisms, such as the recruitment and retention of bilingual human resources, modifying welcoming practices for the minority language population, establishing satellite service points or formal agreements between organizations, as well as any other intervention aimed at the integration or continuity of services provided in the minority official language.

The Tool was developed as a result of studies on Ontario Francophone seniors' health and social services trajectories. The likelihood is high that a senior's health situation or autonomy needs will require the intervention of several health and social service professionals from institutional and community networks located in more than one organization. And despite the presence of several French-language services in the Eastern Ontario region, several participants had experienced a breakdown in the availability of French language services. They were able to receive some of their services in French and not others. This led us to want to improve the integration or coordination mechanisms between organizations, which are necessary to ensure a seamless care and service trajectory, and to include, in this tool, questions about the coordination and integration of services offered in the minority official language. While this need for service integration and coordination is fundamental to ensuring quality care for seniors experiencing a loss of autonomy, it is also present among other types of clientele whose condition requires long-term follow-up.

ⁱ In this document, we refer to the preferred official language as the language in which the person is most comfortable communicating. The answer to this question is sometimes different from the answer to the question about the language in which the person wants to receive services. For example, sometimes people who are more comfortable in French say they want services in English so they don't have to wait.

What is service integration?

Canadian healthcare systems are moving toward an integrated model based on interprofessional teamwork and inter-organizational cooperation within a given community¹. In this context, service integration is defined as a desire to harmonize the various dimensions of the health system with the services required for seniors' well-being², and in OLMC contexts, with the minority official language population³. Service fragmentation is reduced by the creation of opportunities for dialogue and consultation among all stakeholders⁴. Researchers have identified three integration models: a) liaison, b) coordination, and c) full integration². These models focus on "either connecting seniors from one organization to another, coordinating health services, or fully integrating the services they require" (p. 30)⁵. Integration also contributes to results such as administrative simplification, economic efficiency, and improved individual health^{1, 5}.

What form does the tool take?

In this tool, managers and decision makers are presented with brief statements or questions that can be answered using dichotomous categories, nominal categories, Likert scales or short answers. Each component of the tool is supported by evidence and results of previous research⁶. The Tool refers to examples of innovative practices implemented in some organizations and identified during our research. These initiatives might inspire managers or engage their interest to seek more information and introduce changes in their own organizations.

How was this tool developed?

This tool is the result of collaboration among researchers from several Canadian universities with expertise in the field of official language minority populations and their access to social and health services. It is based on a framework⁷ that identifies the health and social services system as an organized system of actions operating within a specific context and point in time. Various groups of participants interact to achieve the system's objectives as well as their own⁸. These groups include political actors, managers, social and health services professionals/stakeholders, interest groups⁸, users, and caregivers (including family caregivers)⁹. They interact within the social space delimited by a set of structures tied to values (symbolic structure), laws and regulations (political and regulatory structure), and the organization's resources (organizational structure). These structures influence the processes by which actors can mobilize available resources⁸. They support a service trajectory in which two main groups of contributors meet: a) professionals/service providers and b) users⁹. When proactive users communicate their needs and express their requests to professionals whose practices, care processes and services, clinical tools, and inter-provider information systems facilitate a person-centered practice and service continuity, exchanges are generally more productive and lead to improved health and well-being⁹^{10 11}. The components of this model are potentiated by the community's resources, which, in turn, may promote further community vitality and engagement.

The Self-Assessment Tool and the Health Standards Organization (HSO) Standard on Access to Health and Social Services in Official Languages

HSO's Standard entitled *Access to Health and Social Services in Official Languages* aims to improve access to health and social services in the continuum of care for Canada's official language communities. It addresses key points on the care continuum where effective communication is crucial to safe, high-quality health and social services. The Standard applies, on a voluntary basis, to health and social service organizations across Canada.

For organizations that wish to (or are required to) meet the Standard's requirements, the Self-Assessment Tool can be a relevant reflexive exercise on the organization's existing resources and measures that could be implemented to promote safe social and health services access in the user's preferred official language. Each section of the Tool indicates a related element, identified by the Standard number.

The Standard is available at the following website: <https://healthstandards.org/standard/access-health-social-services-official-languages/>

SECTION 1: YOUR ORGANIZATION'S VALUES AND PRINCIPLES

In recent years, we have seen changes in community values, which are consequently reflected in organizational management practices. These changes are directing the health and social services system to a more collaborative process between the individual, his or her caregivers, and social and health services providers⁹.

What the evidence shows: Person- and patient-centered care^{10, 11}, user satisfaction¹², and access to care for vulnerable people, and patient safety^{13 14}, the use of evidence-based practices^{15 16}, are important values and principles in Canada's health and social services systems. Efforts are also being made to provide culturally and linguistically appropriate care, which is, for some organizations, an important value^{17 18 19 20}.

HSO Standard: This section of the Tool touches on the following HSO Standard elements: 4.1, 4.1.2, 4.1.3, 4.3.2, 4.3.5, 4.5.2, 6.1.1, 6.1.5, 6.1.6, 7.1.6, 8.1

1. In our organization, on what values or principles can we build to support the provision of official language minority services? (Check a maximum of 3 most important values)

- Evidence
- Service quality
- User safety
- Innovation
- Integrity and respect
- Cultural and linguistic diversity
- Services provided in the user's preferred official language
- Person-centered care
- Service continuity
- User and caregiver roles within the organization
- Accountability
- Cooperation
- Commitment
- Caring
- Valuing Francophone or Anglophone culture in minority contexts
- Others, please specify: [Click here to add text](#)

Examples of innovative actions

For examples of how other organizations have used values of innovation, user safety, cultural and linguistic diversity and services in the user's preferred official language to promote the offer of French-language services, see:

- Practice 1:** [Actionmarguerite's Language Mandate: An Implementation Guide \(Manitoba\)](#)
- Practice 2:** [Summerset Manor's Francophone Household \(Prince Edward Island\)](#)
- Practice 3:** [The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres \(Ontario\)](#)
- Practice 8:** [A Bilingual Nurse-Coordinator in a Halifax Hospital \(IWK Health\) \(Nova Scotia\)](#)
- Practice 17:** [Horizon Health Network's Dialogue Sessions \(New Brunswick\)](#)
- Practice 18:** [Horizon Health Network's Contingency Plan \(New Brunswick\)](#)
- Practice 19:** [Horizon Health Network's Reminder Tools \(New Brunswick\)](#)

Overview of section 1. Your Organization's Values and Principles

- a) In our organization, to what extent are our values and principles a strength or a weakness in promoting the provision of minority official language services? (Check a number from 1 to 5 in the box below)

Weakness			Strength	
1	2	3	4	5

SECTION 2: HEALTH ACTS, REGULATIONS, AND POLICIES

What the evidence shows: The Constitution of Canada makes English and French the country's two official languages. The Official Languages Act²¹, however, does not apply to provincial governments, municipal governments, or private companies. Nevertheless, some provinces and territories have adopted policies and legislation to protect official languages in minority contexts, which is noteworthy, given the provincial jurisdiction in health services provision.

In Ontario, for example, the French Language Services Act gives users the right to obtain services in French from the Government of Ontario and its agencies in 26 designated areas of the province, as well as in designated organizations that receive provincial funding²². In Manitoba, the new Manitoba Francophone Community Enhancement and Support Act encourages various government departments and agencies to actively provide French language services and promotes the advancement of the Francophone community in Manitoba. Some organizations are designated as bilingual or Francophone by the Regional Health Authorities Act²³. These laws recognize the importance of language in delivering quality services.

HSO Standard: This section of the Tool touches on the following HSO Standard elements: 4.1.3

2. Is our organization located in a province or territory where there are laws, policies or agreements that govern the delivery of official language services in minority contexts? (Check the province or territory, then select the applicable law or policy)

British Columbia ([see definitions](#))

Other, please specify:

Alberta ([see definitions](#))

Other, please specify:

Saskatchewan ([see definitions](#))

Other, please specify:

Manitoba ([see definitions](#))

Other, please specify:

Ontario ([see definitions](#))

Other, please specify:

Quebec ([see definitions](#))

Other, please specify:

New Brunswick ([see definitions](#))

Other, please specify:

Nova Scotia ([see definitions](#))

Other, please specify:

Prince Edward Island ([see definitions](#))

Other, please specify:

Newfoundland and Labrador ([see definitions](#))

Other, please specify:

Yukon ([see definitions](#))

Other, please specify:

Northwest Territories ([see definitions](#))

Other, please specify:

Nunavut ([see definitions](#))

Other, please specify:

3. If these provincial laws and policies contain requirements for health and social service organizations, what is our level of compliance with these laws and policies?
- Below legislative or policy requirements
 - In accordance with legislative or policy requirements
 - Above legislative or policy requirements
4. a) Do these laws and policies facilitate our service offer in the minority official language?
- Yes
 - No
- b) If yes, in what way? (Check all that apply)
- Access to provincial translation services
 - Access to interpretation services
 - Requirement to post certain designated bilingual positions
 - Facilitates acceptance of organization members' efforts to provide services in the minority official language
 - Presence of an official language services coordinator within a regional or provincial organization who helps us meet our obligations
 - Access to budgets to help us implement new measures to improve minority official language services
 - Existence of a provincial or regional policy that facilitates the identification of users preferred official language
 - Existence of a policy that prioritizes the referral of OLMC clients to designated or bilingual services
 - Others, please specify:

Example of innovative action

For an example of a policy that facilitates service delivery in the user's preferred official language, see:

Practice 4: [Linguistic Variable Integration in Data Collection \(Prince Edward Island\)](#)

Overview of section 2. Health acts, regulations, and policies

- a) Are there any changes that could be made to provincial health legislation, policies and regulations that would favour our service delivery in the minority official language?
- b) To what extent do the laws and policies constitute a strength or an asset for our provision of integrated services in the minority official language?

Not at all					Great asset
1	2	3	4	5	

SECTION 3: OUR ORGANIZATION'S RESOURCES AND TOOLS

This section will highlight our organization's resources and tools in an effort to improve the active offer of services in the minority official language and to harmonize health and social services toward an integrated model. It presents some examples of internal and external coordination mechanisms that support this new model.

What the evidence shows: Providing social and health services in the user's preferred language is increasingly associated with quality and safety of care^{24 25 26}. Various studies have shown that language and culture are determinants of health and that gaps in the delivery of linguistically appropriate services can be detrimental for official language minorities^{26 27 28 29 30 31 32}. Research identifies consequences such as misdiagnosis, difficulty understanding and following the treatment plan, and a tendency to delay care for users who were unable to access services in their preferred official language^{27 28 29 31}. Continuity of official language minority services can be affected by various factors related to service organization and the interaction between service providers and users³³. Moreover, knowing that communication is the core of intervention and that people in vulnerable situations do not always dare to ask for services in their language³⁴, the practice of an active offer facilitates linguistic minorities' access to social and health services. An active offer depends in part on the possibility of recruiting and retaining bilingual professionals³⁵, as well as training that prepares them to work with OLMCs^{36 37 38} and the organizational support they recognize as essential for active offer³⁹.

Furthermore, an active offer should ideally be ensured throughout the service trajectory. Integration of social and health services for Canadian seniors can help achieve results such as

administrative simplicity, economic efficiency, improved health outcomes, satisfaction and safety of users and their caregivers^{1 5}. For example, one study has shown that when seniors with diabetes and depression receive integrated care, their symptoms improve remarkably, even more than those in control groups. These individuals received integrated and collaborative care, including a case manager and a personalized care plan that comprised the services of a mental health professional, a diabetes expert, and a lifestyle consultant, among others⁴⁰.

Subsection 3.1. Active offer and coordination tools

This subsection addresses the resources, tools and mechanisms that contribute to the implementation of active offer and the integration of health and social services within an organization. The resources and mechanisms that social and health services providers already use, or could use, are presented under four main themes: 1) welcome and visibility, 2) hiring, retention, and training of human resources, 3) service continuity in the minority official language within the organization's various sectors or departments, and 4) governance and evaluation of active offer.

HSO Standard: This section of the Tool touches on the following HSO Standard elements: 4.3.1, 4.3.5, 4.4, 4.4.1, 4.4.2, 6.1.4, 6.1.5, 7.1, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5

Welcome and visibility

5. Our organization aims to provide services in both official languages.
 - Yes, for all services
 - Yes, for some services
 - No, for any service

6. In departments that provide services in both official languages, how visible is this bilingualism?
 - Visual identification of bilingual reception desks
 - Wearing of "Hello, Bonjour" or "Je parle français" or "J'apprends le français" pins by staff
 - Display/signage in both official languages
 - Presence of the minority official language in waiting rooms (magazines, television, brochures, etc.)
 - Others, please specify:

7. Users are welcomed in both official languages.

- Never
- Occasionally, in some departments
- Often, in several departments
- Always and everywhere in the organization

8. The user's mother tongue is noted to file (registration form or other).

Never	Rarely	Often	Always
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9. The official language in which the user is most comfortable communicating is noted to file (registration form or other).

Never	Rarely	Often	Always
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10. What happens when the intake employee forgets to ask for the user's preferred official language in a computerized record?

- This section remains blank
- English appears as a default
- Not applicable (manual file or language is never noted)
- Others, please specify:

11. We provide minority official language users with information materials in their preferred official language or in both official languages on the same document.

Never	Rarely	Often	Always
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Examples of innovative actions

For examples of practices that promote active offer through welcome and visibility of services in the minority official language, see:

Practice 2: [Summerset Manor's Francophone Household \(Prince Edward Island\)](#)

Practice 3: [The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres \(Ontario\)](#)

Practice 4: [Linguistic Variable Integration in Data Collection \(Prince Edward Island\)](#)

Practice 17: [Horizon Health Network's Dialogue Sessions \(New Brunswick\)](#)

Practice 18: [Horizon Health Network's Contingency Plan \(New Brunswick\)](#)

Practice 19: [Horizon Health Network's Reminder Tools \(New Brunswick\)](#)

Hiring, retention, and training of human resources

12. Our organization has a bilingual recruitment and retention policy.

- Yes, and it is regularly applied
- Yes, but it is not consistently applied
- No, there is no such policy

13. There are workers in our organization who are bilingual or able to express themselves in the minority official language.

- I don't know
- There are none
- There are some, but not enough to meet the needs
- There are enough of them to meet the needs

14. There is a mechanism for identifying bilingual personnel.

- Yes, please specify
- No

15. If known, we can enter the proportion of bilingual employees in our total workforce (in percentage):

16. There are designated bilingual positions in our organization.
- Yes
 - No
17. If "YES", most of our employees in designated bilingual positions have knowledge of the minority official language at the following level:
- Beginner
 - Intermediate
 - Advanced
18. Employees receive bonuses for bilingualism.
- Yes
 - No
19. Service providers and staff working in our organization take action to promote the active offer of services in the minority official language.
- Yes, most of them do
 - Yes, but only bilingual employees do it
 - No, most of them do not
20. Service providers and staff working in our organization seek to ensure the continuum of services in the minority official language.
- Yes, most of them do
 - Yes, but only bilingual employees do it
 - No, most of them do not
21. There are bilingual managers who can oversee service providers in their preferred official language.
- Yes, in a proportion representative of service delivery in the minority official language
 - Yes, but not enough
 - No, there are none

22. Our organization offers language training to employees who want to maintain or improve their language skills.

Yes

No

23. Our organization periodically assesses bilingual employees' language skills.

Yes

No

24. The use of the minority official language by employees is valued within our organization.

Yes

No

25. If so, in what way?

Examples of innovative actions

To see how other organizations have developed practices to facilitate the hiring, retention and training of bilingual staff, see:

Practice 2: [Summerset Manor's Francophone Household \(Prince Edward Island\)](#)

Practice 5: [The Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector and the Health Human Resources Strategy \(Pancanadian\)](#)

Practice 6: [The Café de Paris \(New Brunswick\)](#)

Practice 7: [The Francophone Institutions Tour \(Manitoba\)](#)

Practice 16: [French-Language Placements to Help Serve a Francophone Minority Community's Francophone Clientele \(Ontario\)](#)

Service continuity in the minority official language between the organization's sectors/departments

26. Our staff has access to an internal directory that identifies which minority official language services and service providers are available
- Yes, and this directory is updated regularly
 - Yes, but I don't think the directory is updated regularly
 - No
27. In our organization, we have mechanisms to guide users so that they receive all the organization's services they need in their preferred official language (continuum of services)
- Yes, a liaison nurse
 - Yes, a case manager
 - Yes, other:
 - No
28. The internal referral form has a place to indicate the official language in which the user is most comfortable communicating.
- Yes
 - No
29. In our organization, there is an initial assessment of the service users' needs or situation that is common, collective and coordinated by all services and that can be done in the users' preferred official language.
- Yes
 - No
30. When our organization selects assessment tools to be used by all stakeholders, does it consider their availability in official languages (e.g., translated in-house tools, or standardized tools such as the adapted and translated Montreal Cognitive Assessment (MoCA) versus the unadapted and untranslated Cognitive Competency Test (CCT))?

Never	Rarely	Often	Always
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Examples of innovative actions

To see how other organizations have put in place activities to facilitate service continuity, see:

Practice 8: [A Bilingual Nurse-Coordinator in a Halifax Hospital \(IWK Health\) \(Nova Scotia\)](#)

Practice 9: [Primary Care Outreach to Seniors \(Ontario\)](#)

Practice 18: [Horizon Health Network's Contingency Plan \(New Brunswick\)](#)

Governance and evaluation of active offer

31. Our organization evaluates its progress in the active offer of services in the minority official language

- Never
- Occasionally
- On a regular basis (i.e., annually)

32. Our organization has the Board of Directors and senior management support to facilitate active offer and coordination mechanisms for services in the minority official language.

- Yes
- No

Overview of subsection 3.1. Active offer and service integration within our organization

In order to improve the active offer of services in the minority official language:

a) With respect to active offer and service integration, on which strengths can our organization build to improve its service offer in the minority official language?

b) What actions regarding active offer and service integration can our organization undertake to improve services in the minority official language?

- c) Within our organization, to what extent are active offer and coordination tools a strength or a weakness in promoting the offer of integrated services in the minority official language?

Weakness			Strength	
1	2	3	4	5

Subsection 3.2. Inter-agency coordination, liaison, and integration mechanisms

This subsection focuses on resources, tools, and mechanisms that help integrate social and health services while facilitating inter-organizational coordination. These mechanisms may include coordinating committees, formal agreements, satellite service points, etc. They aim to reduce service fragmentation⁴. Researchers have identified three integration models: a) liaison, b) coordination, and c) full integration².

Case Coordination Mechanisms

33. Our organization has established connections with other organizations offering services in the minority official language.
- Informal connections (telephone contacts, etc.)
 - Formal connections (coordinating committees, formal agreements, etc.).
 - No connections
34. Is there a person or mechanism (e.g., case manager, service navigator, liaison officer, centralized window/one-stop service) whose role is to accompany the user through the health and social services system?
- Yes, it ensures that users have access to the services they need
 - Yes, it ensures that users can access the services they need in their preferred official language
 - No
35. Are there other mechanisms in place to coordinate the services of multiple agencies that the user requires, in their preferred official language?
- Yes, please specify:
 - No

36. We have a directory of external agencies serving our territory that offer social and health services in the minority official language.
- Yes, but it is barely shared
 - Yes, but it is not updated regularly
 - Yes, it is updated regularly and is available to staff and users
 - No
37. The inter-agency referral form has a place to indicate the official language in which the user is most comfortable.
- Yes
 - No, we do not have an inter-agency referral form
 - No, our inter-agency referral form does not include a place or question about the official language in which the user is most comfortable

Exchange of information among organizations

In the network of organizations with which we collaborate, the following information sharing tools are used:

38. a) User files harmonized among all integrated services and accessible to all services, with the user's consent.
- Yes, completely
 - Yes, partially
 - No
- b) Other common tools facilitating information sharing (e.g., standardized assessment tools that are multipurpose to fit all partners, common tool for individualized care plans, direct and rapid communication with family physicians, others)
- Yes, please specify:
 - No
39. Our organization participates in coordinating committees where various aspects of processes and professional practices are discussed to improve user services.
- Yes, and it regularly discusses the language of services
 - Yes, but the issue of language of services is rarely addressed
 - No

SECTION 4: RELATIONS WITH SERVICE USERS

Service users are important actors in the service trajectory. In addition, in the context of the aging Canadian population, family caregivers are becoming essential players in the health and social services system^{9 41}.

What the evidence shows: Positive interaction among all stakeholders, along with patient-centered care, generates significant improvements in users' health and well-being^{9, 11, 12, 34}.

HSO Standard: This section of the Tool touches on the following HSO Standard elements: 4.1.2, 7.1.5, 8.1.1

40. The OLMC users who come to our organization are people who are aware of the possibility of obtaining services in their preferred official language.
- Most of them are
 - Most of them are not
41. OLMC users or their caregivers request services in the minority official language.
- Most of them do
 - Most of them do not
42. The social and health services provided by our organization are based on available official language minority community sociodemographic and health data (e.g., population distribution by official language, linguistic minority distribution by age, health problems, geographic unit.)
- Yes
 - No
43. Our organization has a users' committee to enquire into their needs and difficulties.
- Yes, and it includes minority official language users
 - Yes, but it does not include minority official language users
 - No, we do not have a user committee

SECTION 5: COMMUNITY RESOURCES

What the evidence shows: The vitality of a community helps build the demand for services in the minority official language, which in turn has a positive influence on the active offer of these services. Community vitality is defined as "a community's ability to take charge of its development based on several types of resources (demographic, political, legal, social, economic and cultural), that are transformed for the benefit of the community through dynamic leadership"⁴². Other studies show that strong community vitality may be associated with better self-rated health⁴³ and that community organizations such as educational centres play a very positive role in the physical and psychological health of minority official language populations⁴⁴.

HSO Standard: This section of the Tool touches on the following HSO Standard elements: 4.5.3

45. In our region, there are organizations that ensure the vitality of the minority community (e.g., school boards, community organizations).

- Yes
- No
- I don't know

46. In our region, events are organized to celebrate the language and culture of the official language minority community.

- Yes
- No
- I don't know

47. Our organization receives requests regarding services in the minority official language from associations representing the official language minority community.

Never	Rarely	Often	Always
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48. Our organization raises awareness among local organizations in order to reach users who may need services in the minority official language (active identification).

Never	Rarely	Often	Always
-------	--------	-------	--------

49. We work with these organizations to improve access to services in the minority official language (advertise events, positions, organize activities, etc.).

Never	Rarely	Often	Always
-------	--------	-------	--------

50. Our organization's collaboration with key players from official language minority communities is:

Non-existent	Strained	Good	Excellent	I don't know
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51. a) There are groups that oppose bilingualism in our community.

- Yes
- No
- I don't know

b) If so, how can we raise these groups' awareness and encourage their acceptance of services for official language minority communities?

Examples of innovative practices

To see how other health and social service organizations work with community organizations, see:

Practice 2: [Summerset Manor's Francophone Household \(Prince Edward Island\)](#)

Practice 8: [A Bilingual Nurse-Coordinator in a Halifax Hospital \(IWK Health\) \(Nova Scotia\)](#)

Practice 11: [The Information and Support Guide for Caregivers \(Quebec\)](#)

Practice 14: [The Fédération des aînés et des retraités francophones de l'Ontario \(FARFO\)'s Information Fairs \(Ontario\)](#)

Practice 15: [The Townshippers' Association Health and Social Services Component \(Quebec\)](#)

Practice 20: [Talking About Mental Illness \(TAMI\) in French \(Northwest Territories\)](#)

Practice 21 : [ConnectAînés \(Pancanadian\)](#)

Practice 22 : [Sentinelles entre aînés \(Pancanadian\)](#)

Overview of section 5. Community Resources

In order to improve services in the minority official language:

- a) With respect to the community's resources, on which strengths can our organization build to improve its service offer to members of official language minority communities?

- b) What actions can our organization take related to community resources to improve services for official language minority communities?

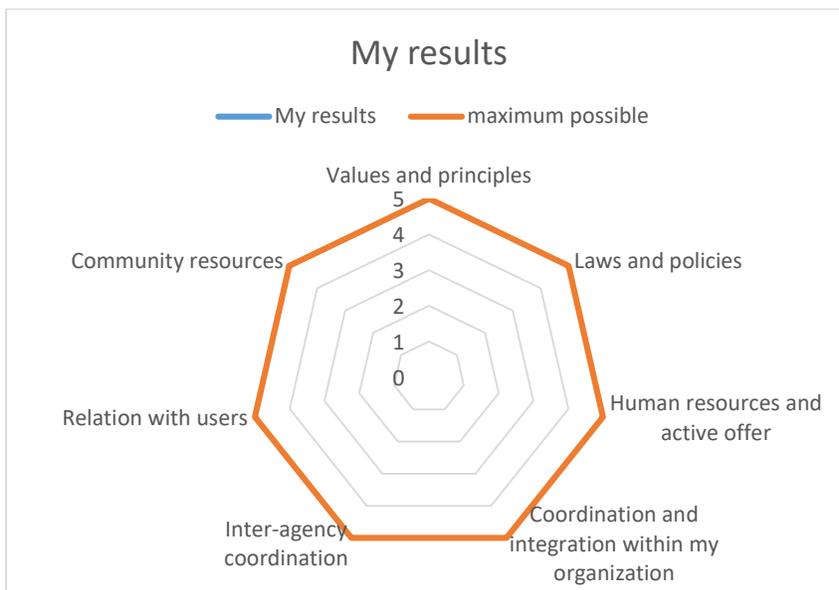
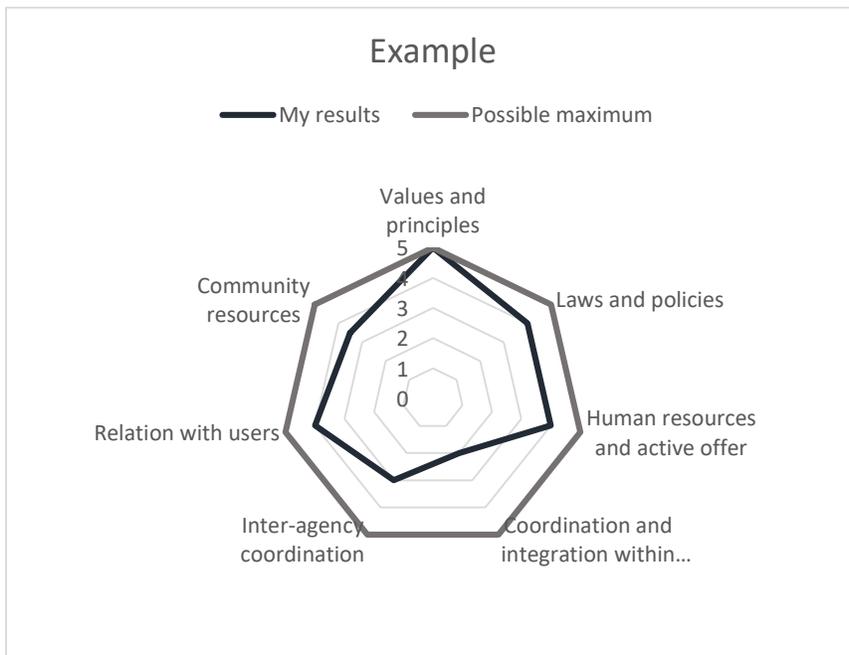
- c) To what extent are the community's resources a strength or a weakness in promoting our organization's provision of integrated services in the minority official language?

Weakness			Strength	
1	2	3	4	5

INTEGRAL OVERVIEW SECTIONS 1 TO 5

If you find it useful, you can reproduce the results you gave to the last question in each section's Overview ("how much this dimension is a strength or weakness in your organization"), to make a graph similar to the one below.

To do so, please click on the following link: <https://www.grefops.ca/integral-overview.html>



Based on the results in each of the previous sections, on which three priorities should your organization focus to improve the active offer of integrated health and social services to official language minority communities?

Priority 1

Priority 2

Priority 3

Don't forget to save your form!

APPENDIX 1: Definitions of Types of French Language Services Designations, Programs, Agreements or Acts

British Columbia

Francophone Affairs Program: An organization involved in the planning and delivery of public services in French and which provides funding to non-profit organizations to deliver programs or services in French. (Reference: [Francophone Affairs Program](#))

Canada-British Columbia Agreement on French Language Services: Agreement between the federal and provincial governments to provide more services to the public in French. (Reference: [Agreement](#))

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Alberta

Canada-Alberta Agreement on French Language Services: Agreement between the federal and provincial governments to fund local initiatives to develop, implement and improve French language services in the province. (Reference: [Agreement](#))

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Saskatchewan

Canada-Saskatchewan Agreement on French Language Services: Agreement between the federal and provincial governments to provide more services to the public in French. (Reference: [Agreement](#))

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Manitoba

Bilingual facility: A facility or program in which services are provided in both English and French, and whose primary language of operation is English.

Francophone facility: A facility or program in which services are provided in both English and French, or in French only, and whose primary language of operation is French. (Reference: [The Regional Health Authorities Act](#))

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Ontario

Designated agency: A designation under the French Language Services Act is recognition that an agency has met the government's designation criteria in providing French language services to its French-speaking clients and has demonstrated its ability to continue to do so. (Reference: [Ontario Ministry of Health, French Language Health Services](#))

Partially designated agency: A partial designation occurs when a regulation designating a public service agency may limit the designation to specific services provided by the agency, or may specify services that are excluded from the designation. (Reference: [Ontario Ministry of Health, French Language Health Services](#))

Identified agency: An organization that initiates the designation process as an identified organization (i.e., able to provide services in French) (Reference: [Réseau des services de santé en français de l'Est de l'Ontario](#))

Non-identified agency that requested the designation : An organization that has not been identified may apply for designation as an official French language service provider (Reference: [Réseau des services de santé en français de l'Est de l'Ontario](#))

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Quebec

Recognized institution: A recognized institution is an institution that provides services to persons who speak a language other than French and that has obtained recognition from the Office québécois de la langue française under section 29.1 of the Charter of the French Language (Reference: [Charter of the French Language](#))

Designated institution: A designated institution is an institution that the government designates as a recognized institution. It is an institution required to make health and social services available in English to English-speaking persons. (Reference: [Act respecting health services and social services](#))

Indicated institution: An indicated institution is an institution that is identified in an access program to offer at least one English-language service or program. (Reference: [Act respecting health services and social services](#))

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New Brunswick

Regional Health Authority A (Vitalité): Operates in French but provides health services to members of the public in the official language of their choice.

Regional Health Authority B (Horizon): Operates in English but provides health services to members of the public in the official language of their choice.
(Reference: [Regional Health Authorities Act](#))

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Nova Scotia

Designated public institutions: An organization that offers its services in French according to the French Language Services Act. (Reference: [French-language Services Act](#))

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Prince Edward Island

Designated services under the French Language Services Act: Designated services must be offered in both official languages with comparable quality. (Reference: [French-language Services Act](#))

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Newfoundland and Labrador

Agreement for Cooperation and Exchange with Respect to Francophonie Between the Government of Quebec and the Government of Newfoundland and Labrador: Agreement that increases access to French language services in several areas, including health services. (Reference: [Agreement](#))

Canada-Newfoundland and Labrador Agreement on French-Language Services: Agreement between the federal and provincial governments to provide more services to the public in French. (Reference: [Agreement](#))

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Yukon

Languages Act: Aims to develop the use of the French language in the provision of services and in public debate. (Reference: [Languages Act](#))

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Northwest Territories

GNWT Standards for French Language Communications and Services: Guides government institutions in the application of Guidelines 2 and 6b of the 2018-2023 GNWT Strategic Plan. The GNWT believes that its communications, programs, and services should be available or accessible in French through appropriate and practical methods that are adapted to the particular context and needs of the Francophone community. With this in mind, the GNWT's objective is the effective delivery of French language services and the simultaneous publication of communications materials in both French and English. (Reference: [Standards](#))

Canada-Northwest Territories Agreement on French Language Services: Agreement between the federal and territorial governments to provide more services to the public in French. (Reference: [Agreement](#))

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Nunavut

Official Languages Act: Stipulates that public services in remote areas must be provided in the official language of the community when there is significant demand. (Reference: [Official Languages Act](#))

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